



VALUE FORMULARY  
EFFECTIVE JANUARY 1, 2025

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## INFORMATION FOR MEMBERS AND PROVIDERS

The Value Formulary Guide is intended to help members and providers understand prescription drug coverage under the Independence Blue Cross Value formulary. We are committed to providing comprehensive prescription drug coverage. To achieve this, we include a formulary feature in your prescription drug benefit. The drugs are approved by the U.S. Food and Drug Administration (FDA). They are also reviewed by our Pharmacy and Therapeutics Committee, a group of doctors and pharmacists from the area. These prescription drugs have been added to the Value Formulary for their reported medical effectiveness, safety, and value.

The pharmacy benefits manager monitors all drugs to ensure they are safe and effective.

**Please note:** Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage. Drug coverage is based on medical necessity. This formulary guide was current at the time of printing and is subject to change. Please call Customer Service at the number listed on the back of your ID card if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your provider or pharmacist.

### **What is a formulary?**

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

### **What are tiers?**

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier.

### **Value Formulary tier structure**

The non-preferred tier will usually cost more than the preferred brand tier or generic tier. Below is a summary of tiers in the general order from lowest to highest level of cost-share. Benefits vary by group, so the inclusion of a drug in this formulary does not guarantee coverage. All cost-share tiers may not be available on all plans.

- Low-Cost Generic (availability varies by benefit)
- Generic
- Preferred Brand
- Non-preferred Drug
- Specialty (availability varies by benefit)
- Non-Formulary

**The non-preferred tier on the formulary is generally associated with higher cost-sharing (i.e., at the higher cost to you) than the preferred brand tier or generic tier. Non-formulary drugs are covered when a formulary exception is obtained through the prior authorization process. Please refer to the Procedures that Support Safe Prescribing in the front of the formulary list for details.** Non-formulary drugs are covered when a formulary exception approval has been obtained for which the member will pay the highest, non-specialty level of cost-sharing.

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is *non-formulary* while the generic equivalent is covered at the generic level of cost-sharing.  
**For example:** Cipro<sup>®</sup> is the brand drug and is considered non-formulary; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.
- Some brand-name drugs without generic equivalents, authorized generic (also referred to as authorized brand alternative) drugs and generic drugs are also considered *non-preferred*. This is because there are other more cost-effective alternatives covered on the formulary to treat the same condition.

Covered generic drugs not listed in the formulary guide are available at the generic level of cost-sharing; brand drugs not listed in the formulary guide are non-formulary.

**The Low-Cost Generic [LCG] tier** offers copays lower than the cost-share for the generic tier, when possible. This applies to certain generic drugs that are typically used to treat chronic conditions such as high blood pressure, high cholesterol, diabetes, heart failure, and depression. Benefits may vary. Not all plans provide this incentive. The drug list is subject to change. When this incentive is not available on a plan, these drugs will be covered at the generic cost-share level.

**Specialty Drugs [SP]** meet certain criteria, including, but not limited to drugs used to treat rare, complex, or chronic diseases, drugs that have complex storage and/or shipping requirements, and drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by your pharmacy benefit managers Specialty Pharmacy Program. Benefits may vary, and many plans cover specialty drugs on a specialty tier with higher cost-sharing. For cost-sharing purposes, drugs on the specialty tier are not eligible for tier lowering.

**Authorized Generics [AG]** are brand-name drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand-name drug company, or another company with the brand company's permission. These drugs are approved by the FDA. But they are not approved through the abbreviated new drug application (ANDA) process like a standard generic drug. For cost sharing purposes, authorized generics are treated as brand-name drugs and are not eligible for coverage on the generic tier(s). Another name for AGs is Authorized Brand Alternative [ABA]. For example: oxycodone ER tablet, an authorized generic of brand OxyContin<sup>®</sup>, is listed as non-preferred and is available at the non-preferred level of cost-sharing.

### **What are Affordable Care Act (ACA) preventive medications?**

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventive Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail-order pharmacy.

The following categories of drugs may be available at no member cost-share with a prescription. Please note that individual benefits may vary. Always refer to your benefits to determine your coverage. This list is subject to change. Refer to the searchable drug lookup tool on your health insurance plan's website to check the status of a specific drug.

Category	Product(s) Available at \$0 at the Pharmacy
<b>Aspirin products (OTC)</b> For women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
<b>Bowel preparations</b> Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-CTM, Gavilyte-GTM, Gavilyte-NTM, Gavilyte-HTM with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
<b>Breast cancer chemo prevention</b> For asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention	tamoxifen 20mg
<b>Contraceptives</b> Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, condoms, and contraceptive film and jelly (in accordance with the women's preventive services provisions of the ACA). Note: IUDs and implantable products are covered under the medical benefit.	<ul style="list-style-type: none"> <li>- Oral: generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora</li> <li>- Injectable: all generics such as medroxyprogesterone injection</li> <li>- Transdermal: Xulane® patches</li> <li>- Diaphragms</li> <li>- Cervical Caps</li> <li>- Condoms</li> <li>- Contraceptive film</li> <li>- Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi®</li> <li>- Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab</li> <li>- Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring</li> </ul>
<b>Fluoride</b> For children ages 6 months to 16 years. Includes generics strengths <b>up to 0.5mg</b>	sodium fluoride 1.1 (0.5f) mg/ml solution sodium fluoride 0.55 (0.25f) mg chewable tab Fluoritab 0.275 (0.125f) mg/drop solution Fluoritab 1.1 (0.5f) mg chewable tab
<b>Folic acid</b> For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid. For women younger than 51 years of age	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose)

Category	Product(s) Available at \$0 at the Pharmacy
<p><b>Tobacco cessation medication</b> For adults ages 18+ years, who use tobacco products and want to quit</p>	<p>varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution</p>
<p><b>Statins</b> Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75 years without a history of CVD when 1 or more CVD risk factors are present (e.g., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater</p>	<p>lovastatin 10mg lovastatin 20mg lovastatin 40mg</p>
<p><b>HIV PrEP</b> Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition</p>	<p>Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg Descovy® 200-25mg</p>
<p><b>Vaccines</b> To prevent certain illnesses in infants, children, and adults. Include immunizations to prevent Influenza, Pneumococcal, Shingles, and Respiratory Syncytial Virus Infection (RSV)</p>	<p>- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval® - Pneumococcal: Prevnar 13®, Pneumovax 23®, Prevnar 20™, Vaxneuvance®, Capvaxive™* - Shingles: Shingrix®* - RSV: Arexvy™**, Abrysvo™***, Mresvia®**</p> <p>*Note: Applies to members at least 19 years of age. Cost share applies for members 18 years of age.</p> <p>**Note: Applies to members at least 60 years of age.</p> <p>***Note: Applies to members at least 60 years of age or for pregnant individuals at 32 through 36 weeks gestational age.</p>

## PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross utilizes an independent pharmacy benefits management (PBM) company to manage the administration of its prescription drug programs. Our PBM is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and their providers. The effectiveness and safety of drugs and drug-prescribing patterns are monitored by the PBM. Several procedures, such as prior authorization, age limits, and quantity limits, have been established to support safe prescribing patterns and to provide optimal clinical outcomes for members.

### **What is prior authorization?**

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. Independence Blue Cross requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary, clinically appropriate, and is being prescribed according to FDA approved labeled or medically accepted use. The approval criteria were developed and approved by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's provider, and the member's available prescription drug therapy history. The clinical pharmacists' evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary.

Please note, coverage of certain drugs on the formulary (e.g., weight loss drugs) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Claim dollar limits are placed to require review for clinical appropriateness on prescription claims exceeding a defined dollar limit threshold. The member's provider will need to submit a prior authorization request to any claim exceeding \$10,000.

**Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy.** The prior authorization review process may take up to two business days once complete information from the provider has been received. Incomplete information may result in a delayed decision. Prior authorization approvals for some drugs may have a limited timeframe, for example six to twelve months. If the prior authorization approval for a drug is limited to a certain timeframe, an expiration date will be given at the time the approval is made. If the provider wants a member to continue the drug therapy as requested after the expiration date, a new prior authorization request will need to be submitted and approved for coverage to continue.

### **Safety Edits**

Safety edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the clinical practice guideline and FDA approved use outlined in the manufacturer package insert. Some of these safety edits will prompt member counseling at the point of sale, while some will require prior authorization review. Safety edits include age limits, quantity limits, morphine milligram equivalent (MME) limits, and concurrent drug utilization review (cDUR). Each safety edit is described below.

### **Age Limits**

Some drugs, such as zafirlukast, are approved by the FDA only for individuals aged five and older. If the member's prescription falls outside of the FDA guidelines, it may not be covered unless prior authorization is obtained. In addition, an age limit may be applied when certain drugs are more likely to be used in certain age groups. For example, drugs to treat Alzheimer's disease may require prior authorization for use in young adults. The provider may request coverage for drugs outside of the age limit when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the provider to initiate the prior authorization process.

## Quantity Limits

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses, standard dosing, and/or length of therapy of a drug. Independence Blue Cross has several different types of quantity limits that are explained in detail below. The purpose of these limits is to ensure safe and appropriate utilization. If a member requires more than the limit, the member's provider will need to submit a prior authorization request. Similar to other prior authorization requests, quantity limit override requests for certain drugs may have a limited approval timeframe.

- **Quantity Over Time:** This quantity limit is based on dosing guidelines over a rolling time period. For example, if a drug has a quantity limit over a 30-day time period and a member went to the pharmacy on January 1, 2025, for one of these medications, the plan would have looked back 30 days to December 2, 2024, to see how much medication was dispensed. The purpose of these limits is to prevent the dispensing of excessive quantities. Examples of quantity limits over time are:
  - Etonogestrel-ethinyl estradiol (Nuvaring<sup>®</sup>) = 1 ring per 28 days
  - Ibandronate (Boniva<sup>®</sup>) 150mg = 1 tablet per 30 days
  - Sumatriptan (Imitrex<sup>®</sup>) 50mg = 18 tablets per 30 days
  - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
  - Sildenafil (Viagra<sup>®</sup>), tadalafil (Cialis<sup>®</sup> 10mg, 20mg) = 8 tablets per 30 days
- **Maximum daily dose:** This quantity limit defines the maximum number of units of the drug allowed per day. Examples of maximum daily dose quantity limits are:
  - Zolpidem (Ambien<sup>®</sup>) = 1 tablet per day
  - Oxycodone/acetaminophen (Percocet<sup>®</sup>) 5/325mg = 12 tablets per day
  - Guanfacine Extended Release 24 Hour = 1 tablet per day
- **Refill too soon:** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member can receive a refill of a prescription after 75% utilization. Additional refills will be covered once 75% of the supply has been consumed. The following examples illustrate how refill too soon limit works:
  - A 30 days' supply of a prescription filled on 1/1/2025 will be refillable again on or after 1/24/2025
  - A 90 days' supply of a prescription filled on 7/1/2025 will be refillable again on or after 9/7/2025
- **Day Supply Limit:** This limit is based on the day supply and not the quantity. However, quantity limits may apply as well. Day Supply Limits apply to some classes of drugs, such as opioids. If a quantity limit applies, the member will also be limited to the maximum daily dose for that drug. The following are examples of drugs that have a day supply and a quantity limit:
  - Short acting opioids, such as oxycodone/acetaminophen 5mg/325mg
    - Day supply limit = Two 5 days' supplies limit per 60 days for adults, two 3 days' supply limit for children under 18 years of age.
  - Butalbital containing headache agents, such as butalbital/aspirin
    - Day supply limit = 5-day supply per 30 days
    - Quantity Limit = 6 tablets per 1 day
    - Maximum quantity allowed without prior authorization = 30 tablets (6 tablets per day for 5 days)



- Opioid containing cough and cold products, such as hydrocodone/homatropine
  - Day supply limit = Two 5-days' supplies limit per 60 days for adults, and two 3 days' supply limit for children under 18 years of age
  - Quantity Limit = 30ml per 1 day
  - Maximum quantity allowed without prior authorization = 150ml (30ml per day for 5 days)

### **Morphine Milligram Equivalent (MME) Limit**

Independence Blue Cross applies additional safety measures to opioid products by limiting the total daily dose. This limit accounts for various opioid products through a measurement called the Morphine Milligram Equivalent (MME) dose. The MME is a number that is used to determine and compare the potency of opioid medications. It helps to identify when additional caution is needed. The daily limit is calculated based on the number of opioid drugs, their potencies and the total daily usage. Prior authorization is required for an opioid dose that exceeds 90 MME per day. MME Limit applies to the opioid products containing the active ingredients listed below:

<b>Active Ingredient</b>			
codeine	dihydrocodeine	fentanyl	hydrocodone
hydromorphone	levorphanol	meperidine	methadone
morphine	Opium	oxycodone	oxymorphone
tapentadol	Tramadol	benzhydrocodone	

### **Cumulative Stimulant Limit**

Central nervous system (CNS) stimulants such as amphetamine and methylphenidate, when used in high doses, are associated with increased risk for cardiac related adverse events such as hypertension and new or worsening psychosis including manic behavior. Cumulative stimulant limit is a safety measure designed to ensure the provider has assessed the members for alternative medication and advised the members about the risks associated with stimulant use. The cumulative stimulant limit works by calculating the total daily stimulant dose by the drug's active ingredient. Stimulant claims that exceed the limit outlined below would require prior authorization.

<b>Active ingredient</b>	<b>Medications impacted (brands and generics)</b>	<b>High cumulative daily dose</b>
Amphetamine	Adzenys ER <sup>®</sup> [ODT], Dyanavel <sup>®</sup> , Evekeo <sup>®</sup> [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall <sup>®</sup> [IR/XR], Mydayis <sup>®</sup>	60mg/day
Dextroamphetamine	Dexedrine <sup>®</sup> , Zenzedi <sup>®</sup> , ProCentra <sup>®</sup> , Xelstrym <sup>™</sup>	60mg/day
Lisdexamfetamine	Vyvanse <sup>®</sup>	70mg/day
Methamphetamine	Desoxyn <sup>®</sup>	60mg/day
Dexmethylphenidate	Focalin <sup>®</sup> [IR/XR]	40mg/day
Methylphenidate	Ritalin <sup>®</sup> [IR/LA], Daytrana <sup>®</sup> , Cotempla <sup>®</sup> , Metadate <sup>®</sup> [ER/CD], Methylin <sup>®</sup> , Quillivant <sup>®</sup> XR, Concerta <sup>®</sup> , Aptensio XR <sup>®</sup> , QuilliChew <sup>®</sup> ER, Jornay PM <sup>™</sup> , Adhansia <sup>®</sup> XR, Relexxii <sup>®</sup>	72mg/day
Serdexmethylphenidate	Azstarys <sup>™</sup>	52.3mg/day

\*Prior authorization and other safety edits including quantity limit and age limit continue to apply.



## Concurrent Drug Utilization Review (cDUR)

These reviews are built into the pharmacy claim adjudication system to review a member's prescription history for possible drug related problems including drug-drug interactions and drug therapy duplications. Drugs may reject at the Point-of-Sale (POS) and/or generate a message to the dispensing pharmacist when there is a safety concern. The dispensing pharmacist can review the issue with the provider and override the rejection if appropriate for most edits. Examples of cDURs are:

- Drug-drug interaction: sildenafil (Viagra<sup>®</sup>/Revatio<sup>®</sup>) and nitroglycerin in combination may lead to potentially fatal hypotension.
- Drug therapy duplication: Simvastatin and atorvastatin in combination will trigger a message in the claim adjudication system to alert the dispensing pharmacist there is a duplication of statin therapy.

To determine if a covered prescription drug prescribed for you has a prior authorization requirement, an age limit, a quantity limit, or a morphine milligram equivalent (MME) limit, see the plan website at <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information> or call your pharmacy benefit manager at the phone number on the back of your ID card.

## How to submit a Prior Authorization?

Here is the process to request a prior authorization/preapproval or override:

1. The provider prescribing the drug can access electronic prior authorization (ePA) platforms such as CoverMyMeds<sup>®</sup> and SureScripts<sup>™</sup> to submit a prior authorization request. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to your pharmacy benefit manager by fax at 1-888-671-5285. The forms are available online at: <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information>.
2. The pharmacy benefit manager will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
3. A decision is made regarding the request.
  - If approved, the provider will be notified of the approval via fax and/or telephone, and the pharmacy claim adjudication system will be coded with the approval. Note: ePA approval can occur in real time, this means the member can be approved for the drug prior to leaving the provider's office with a prescription. The member may call the Customer Service phone number on his or her ID card to determine if the request is approved.
  - If denied, the prescribing provider will be notified via letter, fax, or telephone. The member is also notified via letter. The appeals process is detailed within the denial letters sent to the member and provider.

## Formulary exception requests

**Non-formulary drugs:** Providers may request consideration for coverage of a non-formulary medication when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

**Tier exceptions:** Providers may request consideration for preferred coverage of a non-preferred drug when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

- Requests for a generic medication that is located on the non-preferred drug tier to be lowered to the generic tier will be approved if the exception criteria are met.
- Requests for a brand medication or an authorized generic (also referred to as authorized brand alternative) non-preferred that is located on the non-preferred drug tier to be lowered to the preferred brand tier will be approved if the exception criteria are met.

Please note, restrictions apply to formulary exception requests. Drugs on the generic tier, the preferred brand tier and the specialty tier are not eligible for tier exceptions. Tier exceptions are not available under some plans; please refer to the member benefit booklet for details.

When requesting an exception, the provider should complete the formulary exception request form, providing detail to support the request, and fax the request to 1-888-671-5285. If the formulary exception request is approved for a non-preferred drug, the drug will pay at the appropriate preferred brand or generic level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. The forms are available online at: <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information>.

## Appealing a decision

If a request for prior authorization or exception results in a denial, the member, or the provider on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. To assist in the appeals process, it is recommended that the provider be involved to provide any additional information on the basis of the appeal.

**Prior authorization applies to all formulations of the following specific drugs, including but not limited to, tablet, capsule, and oral suspensions.\*+**

abiraterone	BeneFIX <sup>®</sup>	clovique	Eloctate <sup>™</sup>
Actemra <sup>®</sup> SC	Benlysta <sup>®</sup>	Coagadex <sup>®</sup>	Emgality <sup>®</sup> (300mg dose) Prefilled Pen 100mg/ml
Actimmune <sup>®</sup>	Benzamycinpak <sup>®</sup>	colchicine 0.6mg cap	Empaveli <sup>™</sup>
Adalimu-AACF Inj 40/0.8ml	benzphetamine	Cometriq <sup>™</sup>	Enbrel <sup>®</sup>
Adalimumab-A Kit 40/0.8ml	Berinert <sup>®</sup>	Contrave ER <sup>®</sup>	Endari <sup>™</sup>
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	Besremi <sup>®</sup>	Corifact <sup>®</sup>	Enspryng <sup>™</sup>
adapalene pad	Betoptic-S <sup>®</sup>	Corlanor <sup>®</sup>	Entyvio <sup>®</sup>
Adbry <sup>™</sup> Inj	Bevespi Aerosphere <sup>™</sup>	Cosentyx <sup>™</sup>	Eohilia <sup>™</sup>
Addyi <sup>®</sup>	bexarotene	Cotellic <sup>™</sup>	Epclusa <sup>®</sup>
Adempas <sup>®</sup>	Bimzelx <sup>®</sup>	Cresemba <sup>®</sup>	Epidiolex <sup>®</sup>
Advate <sup>®</sup>	Bonjesta <sup>®</sup>	Cutivate <sup>®</sup>	Erivedge <sup>™</sup>
Adynovate <sup>®</sup>	bosentan	cyanocobalamin spray	Erleada <sup>®</sup>
Afstyla <sup>®</sup>	Bosulif <sup>®</sup>	cyclobenzaprine ER	erlotinib
Airsupra <sup>®</sup> Aerosol	Brand prenatal vitamins <sup>1</sup>	Cystadrops <sup>®</sup>	Ertaczo <sup>®</sup>
Ajovy <sup>®</sup>	Bravelle <sup>®</sup>	Cystaran <sup>™</sup>	esomeprazole
Akeega <sup>™</sup>	Breeze <sup>®</sup> 2 glucometer	Daklinza <sup>™</sup>	esomeprazole granules
Alecensa <sup>®</sup>	Brexafemme <sup>®</sup>	Dapsone Gel	Esperoct <sup>®</sup>
Alocril <sup>®</sup>	Briviact <sup>®</sup>	Daybue	eszopiclone 3mg
Alphanate <sup>®</sup>	Bronchitol <sup>®</sup>	deferasirox tab/granules	Eucrisa <sup>™</sup>
Alphanine <sup>®</sup> SD	Brukinsa <sup>™</sup>	deferiprone	everolimus (generic for Afinitor)
Alprolix <sup>™</sup>	buprenorphine patch	deflazacort	Eversense <sup>®</sup> E3 Sensor
Altanax <sup>™</sup>	Bydureon BCise <sup>®</sup>	dexchlorpheniramine soln	Eversense <sup>®</sup> E3 Transmitter
Altuviiio <sup>®</sup>	Byetta <sup>®</sup>	Dexcom <sup>®</sup> Receiver, Sensor, Transmitter	Evrysdi <sup>™</sup>
Alunbrig <sup>™</sup>	Bylvay <sup>™</sup>	dexlansoprazole DR	Exelderm <sup>®</sup>
Alvaiz <sup>™</sup>	Byvalson <sup>™</sup>	D.H.E. <sup>®</sup> 45	Exkivity <sup>™</sup>
amphetamine (generic Evekeo)	Cabometyx <sup>™</sup>	dichlorphenate tab	Fabhalta <sup>®</sup>
Angeliq <sup>®</sup>	Calquence <sup>®</sup>	diclofenac cap 25mg	Factive <sup>®</sup>
Apokyn <sup>®</sup>	Camzyos <sup>™</sup>	diclofenac gel 3%	Fanapt <sup>™</sup>
apomorphine inj	Caprelsa <sup>®</sup>	diclofenac sodium soln 2%	Farydak <sup>®</sup>
Aptiom <sup>®</sup>	Carac <sup>®</sup>	diethylpropion HCL	Fasenra <sup>®</sup>
Augtyro <sup>™</sup>	Carbatrol <sup>®</sup>	dihydroergotamine	febuxostat
Austedo <sup>®</sup> [XR]	Cardura <sup>®</sup> XL	Dojolvi <sup>™</sup>	Feiba <sup>®</sup>
Auvi-Q <sup>®</sup> 0.15mg, 0.3mg	carglumic	doxepin tablet	Femring <sup>®</sup>
Ayvakit <sup>™</sup>	Caverject <sup>®</sup>	doxycycline hyclate tab 50mg	fentanyl citrate-OTFC
azelastine/fluticasone spray	Cayston <sup>™</sup>	doxylamine-pyridoxine	fentanyl transdermal
Azstarys <sup>™</sup>	Cequa <sup>®</sup>	droxidopa	Fetzima <sup>™</sup>
baclofen susp 25mg/5ml	Cerdelga <sup>™</sup>	Dupixent <sup>®</sup>	Filspari <sup>™</sup>
Bebulin <sup>®</sup>	Cholbam <sup>®</sup>	Duvyzat <sup>™</sup>	Filsuvez <sup>®</sup>
Belbuca <sup>™</sup>	Cibinqo <sup>™</sup>	Duzallo <sup>®</sup>	Fioricet <sup>®</sup> with Codeine
Belviq <sup>®</sup> [XR]	Ciclodan <sup>®</sup>	Ecoza <sup>™</sup>	Fiorinal <sup>®</sup> with Codeine
	Cimzia <sup>®</sup>	Edex <sup>®</sup>	Firazyr <sup>®</sup>
	clemastine syrup	Edluar <sup>™</sup>	Flector <sup>®</sup> patch
	clindamycin/benzoyl peroxide 1%/5%	Elmiron <sup>®</sup>	Fortamet <sup>®</sup>
	clobazam		

Fotivda <sup>®</sup>	Jaypirca <sup>™</sup>	Mekinist <sup>®</sup>	Nucynta ER <sup>®</sup>
Freestyle glucometer	Jesduvroq <sup>®</sup>	meloxicam cap	Nuedexta <sup>™</sup>
Fruzaqla <sup>®</sup>	Joenja <sup>®</sup>	Meloxicam susp	Nulibry <sup>™</sup>
Fulyzaq <sup>™</sup>	Jublia <sup>®</sup>	Menopur <sup>®</sup>	Nuplazid <sup>™</sup>
Fuzeon <sup>®</sup>	Juxtapid <sup>™</sup>	Metaxalone	Nurtec <sup>™</sup>
gabapentin tab	Jylamvo <sup>®</sup>	Metformin 625mg	Nutropin <sup>®</sup> (AQ)
Gattex <sup>®</sup>	Jynarque <sup>®</sup>	Metformin ER (MOD)	Nuwiq <sup>®</sup>
Gavreto <sup>™</sup>	Kalydeco <sup>™</sup>	Metformin ER (OSM)	Nuzyra <sup>®</sup>
gefitinib	Kerendia <sup>®</sup>	methadone	Obizur <sup>®</sup>
Gilotrif <sup>™</sup>	ketoprofen cap	Methitest <sup>™</sup>	Ocaliva <sup>™</sup>
Gleevec <sup>®</sup>	Kevzara <sup>®</sup>	methyltestosterone	Odactra <sup>®</sup> SL
Glucagen <sup>®</sup> Hypokit <sup>®</sup>	Kineret <sup>®</sup>	mifepristone	Odomzo <sup>®</sup>
Gonal-f <sup>®</sup>	Kisqali <sup>™</sup>	miglustat	Ofev <sup>®</sup>
Grastek <sup>®</sup>	Klisyri <sup>®</sup>	mometasone furoate	Ogsiveo <sup>™</sup>
Haegarda <sup>®</sup>	Koate <sup>®</sup> -DVI	Monoclate-P <sup>®</sup>	Ojemda <sup>™</sup>
Harvoni <sup>™</sup>	Kogenate <sup>®</sup> FS	Monodox <sup>®</sup>	Ojjaara <sup>™</sup>
Helixate <sup>®</sup> FS	Koselugo <sup>™</sup>	Mononine <sup>®</sup>	Olumiant <sup>®</sup>
Hemangeol <sup>®</sup> Soln	Kovaltry <sup>®</sup>	morphine ER	Omnitrope <sup>®</sup>
Hemlibra <sup>®</sup> Soln	Krazati <sup>®</sup>	Motegrity <sup>™</sup>	Omvoth <sup>™</sup>
Hemofil <sup>®</sup> M	Kynamro <sup>®</sup>	Mounjaro <sup>®</sup>	OneTouch <sup>®</sup> Glucometers
Hetlioz <sup>®</sup> LQ Susp	Kynmobi <sup>™</sup>	Muse <sup>®</sup>	Ongentys <sup>®</sup>
Horizant <sup>™</sup>	lansoprazole solutab	Myalept <sup>™</sup>	Onureg <sup>®</sup>
Humate-P <sup>®</sup>	lapatinib	Mycapssa <sup>®</sup>	Onzetra Xsail <sup>™</sup>
Humira <sup>®</sup> 10mg/0.1ml, 20mg/0.2ml	Lastacafi <sup>®</sup>	Myfembree <sup>®</sup>	Opsumit <sup>®</sup>
Hycamtin <sup>®</sup>	ledipasvir-sofosbuvir	Mytesi <sup>™</sup>	Opzelura <sup>™</sup>
hydrocodone ER	lenalidomide	naproxen sodium ER 750mg	Oralair <sup>®</sup>
hydromorphone ER	Lenvima <sup>™</sup>	Natpara <sup>®</sup>	Orencia <sup>®</sup> SQ
Hyftor <sup>™</sup>	Leukeran <sup>®</sup>	Nayzilam <sup>®</sup>	Orenitram <sup>™</sup>
Ibrance <sup>®</sup>	Levemir <sup>®</sup>	Nerlynx <sup>™</sup>	Orfadin <sup>®</sup>
icatibant inj	levothyroxine cap	Nestabs <sup>®</sup> One	Orgovyx <sup>™</sup>
Iclusig <sup>™</sup>	Likmez <sup>®</sup>	Neupro <sup>®</sup> Patch	Oriahnn <sup>®</sup>
Idhifa <sup>®</sup>	Liraglutide	Nexletol <sup>™</sup>	Orilissa <sup>®</sup>
Ilevro <sup>®</sup>	Litfulo <sup>™</sup>	Nexlizet <sup>™</sup>	Orkambi <sup>™</sup>
imatinib mesylate	Livmarli <sup>®</sup>	Ngenla <sup>™</sup> Inj	Orladeyo <sup>®</sup>
Imcivree <sup>™</sup>	Livtencity <sup>™</sup>	Ninlaro <sup>®</sup>	Orlistat cap
imiquimod	Lodoco <sup>®</sup>	nitisinone	orphenadrine-asa caffeine
Increlex <sup>®</sup>	Lonhala <sup>™</sup> Magnair <sup>™</sup>	Nityr <sup>®</sup>	Orserdu <sup>™</sup>
indomethacin 20mg	Lonsurf <sup>®</sup>	Non Preferred Diabetic Meters	Otezla <sup>™</sup>
Ingrezza <sup>™</sup>	Lorbrena <sup>®</sup>	Norditropin <sup>®</sup>	Oxaydo <sup>®</sup>
Inlyta <sup>®</sup>	Lucemyra <sup>™</sup>	Nourianz <sup>™</sup>	Oxbryta <sup>™</sup>
Inqovi <sup>®</sup>	luliconazole cream	Novoeight <sup>®</sup>	oxiconazole nitrate
Inrebic <sup>®</sup>	Lumakras <sup>™</sup>	Novolin <sup>®</sup> Relion <sup>™</sup>	Oxtellar <sup>®</sup> XR
Intrarosa <sup>®</sup>	Lumryz <sup>®</sup>	Novolog <sup>®</sup> Relion <sup>™</sup>	oxycodone ER
Iqirvo <sup>®</sup>	Lupkynis <sup>™</sup>	Novoseven <sup>®</sup> RT	Oxycodone/ acetaminophen Sol 5/325mg
Isturisa <sup>®</sup>	Luzu <sup>®</sup>	Noxafil <sup>®</sup>	Oxycontin <sup>®</sup>
Iwilfin <sup>™</sup>	Lynparza <sup>™</sup>	Nubeqa <sup>™</sup>	oxymorphone ER
Ixinity <sup>®</sup>	Lytgobi <sup>®</sup>	Nucala <sup>®</sup> Soln	
Jakafi <sup>™</sup>	Mavenclad Pak <sup>®</sup>		
	Mavyret <sup>™</sup>		

Oxytrol® Patch	Retevmo™	Stelara®	Truseltiq™
Ozempic®	Rezdiffra™	Stivarga®	Tukysa™
Palforzia™ cap/powder	Revlimid®	Strensiq™	Turalio™
Panretin®	Rezlidhia™	Striant®	Tyenne®
pantoprazole pak	Rezurock™	Sucraid®	Tymlos™
pazopanib	Riastap®	sumatriptan/naproxen	Tyrvaya™
Pegasys®	Rinvoq™	sunitinib	Tyvaso®
Pemazyre™	Rivfloza™	Sunosi™	Ubrelvy™
penicillamine capsule	Rixubis™	Sylatron™	Ukoniq®
Percocet®	RoxyBond™	Symlin®	Uloric®
Pexeva®	15mg, 30mg	Sympazan™ Film	Upneeq®
phendimetrazine tartrate	Rozlytrek™	Tabrecta™	Uptravi®
Phoslyra®	Rubraca®	tadalafil (generic Adcirca)	Utibron™ Neohaler
Picato®	Ruconest®	Tafinlar®	Valchlor™
Piqray®	rufinamide	Tagrisso™	Valtoco®
pirfenidone	Rukobia®	Takhzyro®	Vanflyta®
Pogo Automatic®	Ruzurgi®	Taltz Autoinjector®	varденаfil [ODT]
Mis Monitor	Rybelsus®	Talzenna®	VecamyI™
Pogo Automatic®	Rydapt®	Tasigna®	Velsipity®
Test Cartridge	Rytary™	tasimelteon	Venclexta®
Pomalyst®	sajazir inj	tavaborole	Ventavis®
Praluent®	Sancuso® Patch	Tavneos®	Verdeso®
Pramosone®	sapropterin pow/tab	Tazverik™	Veregen®
Precision Glucometer	Saxenda®	Technivie™	Verquvo®
pregabalin ER tab	Scemblix®	Tegretol® [XR]	Verzenio™
Pretomanid®	Sernivo™	Tekturna® (HCT)	Viberzi™
Prilosec®	Serostim®	temozolomide	Viekira Pak™
Procysbi®	Sevenfact®	Tepmetko®	vigabatrin pack/tab
Profilnine®	Signifor®	Teriparatide® Pen-Injector	vigadrone pack
Promacta®	sildenafil	620mcg/2.48ml	Vijoice®
Pyrukynd®	Siliq™	Texacort®	Voltaren XR®
Qinlock™	Simponi™	Tezspire® Inj	Vonjo™
Qsymia® ER	Sirturo™	Thalomid®	Vonvendi®
Qudexy® XR	Sivextro®	Tirosint®	Vosevi™
QuilliChew ER™	Skyclarys™	tolvaptan	Vowst®
Quillivant XR™	Skytrofa®	topiramate ER sprinkle	Voxzogo™
Qulipta™	Skyrizi™	Tremfya™	Voydeya™
rabeprazole	Sodium Oxybate Sol	Tresiba®	Vtama®
Radicava ORS®	(Hikma)	tretinoin caps	Vuity™
Ragwitek™	sodium phenylbutyrate	Tretten®	Vusion®
Rasuvo™	tab/powder	triamcinolone 0.05%	Vyleesi™
Rebif® Rebidose®	sofosbuvir-velpatasvir	ointment	Vyndamax®
Rebinyn®	Sohonos™	Trianax®	Vyndaqel®
Recombinate™	Somavert®	trientine	Wainua™
Recorlev®	sorafenib	Trikafta™	Wakix®
Regranex®	Sotyktu™	Trintellix®	Wegovy™
ReliOn®	Sovaldi™	Tritocin™	Welireg™
Relyvrio™ Pak	Spevigo®	Trulicity®	Wilate®
Repatha™	Sprycel®	Truqap™	Winrevair™

Xalkori <sup>®</sup>	Xpovio <sup>®</sup>	Zelnorm <sup>™</sup>	Zolpidem ER 12.5mg
Xcopri <sup>®</sup>	Xpovio <sup>®</sup> Pak	Zembrace Symtouch <sup>™</sup>	Zolpidem SL 3.5mg
Xdemvy <sup>®</sup>	Xtampza <sup>®</sup> XR	Zepatier <sup>™</sup>	Zoryve <sup>®</sup> Cream
Xeljanz <sup>®</sup> [XR]	Xtandi <sup>®</sup>	Zepbound <sup>™</sup>	Ztalmy <sup>®</sup>
Xenazine <sup>™</sup>	Xultophy <sup>®</sup>	Zeposia <sup>®</sup>	Zurampic <sup>®</sup>
Xenical <sup>®</sup>	Xuriden <sup>™</sup>	Zerviate <sup>™</sup>	Zydelig <sup>®</sup>
Xermelo <sup>™</sup>	Xyntha <sup>®</sup>	Zilbrysq <sup>®</sup>	Zykadia <sup>®</sup>
Xhance <sup>™</sup> MIS 93mcg	Xywav <sup>™</sup>	zileuton ER tab	Zymfentra <sup>™</sup>
Xifaxan <sup>®</sup>	yargesa	Zokinvy <sup>®</sup>	
Xolair <sup>®</sup>	Yupelri <sup>™</sup>	Zolinza <sup>®</sup>	
Xolremdi <sup>™</sup>	Zejula <sup>™</sup>	zolmitriptan spray	
Xospata <sup>®</sup>	Zelboraf <sup>®</sup>	Zolpidem 10mg	

<sup>1</sup> All brand prenatal vitamins require prior authorization.

\* Compound products with total cost equal to or greater than \$75 per prescription

<sup>+</sup> Prescription claims exceeding the dollar limit threshold of \$10,000 per claim

## Reading the formulary drug list

### How can I tell if a drug is generic or brand?

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications start with an uppercase letter and are written in **bold**. Generic medications are shown in *lowercase and in italic*.

<b>Brand-name Drug</b>	<b>Starts with UPPERCASE in Bold</b>	<b>Ex: Augmentin</b>
<i>Generic drug</i>	<i>Lowercase italic</i>	<i>Ex: avidoxy</i>

### Tier information

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier. Below is a reference guide to use as you review your formulary to see the abbreviation for each drug tier on the formulary list.

<b>Drug Tier</b>	<b>Abbreviation</b>
Generic	G
Non-preferred drug	NPD
Specialty drug	SP
Low-cost generic	LCG
Preferred brand	PB
Non-Formulary	NF
\$0 Preventive drug	ACA

### Drug list requirements and/or limits

Some medications are noted with letters next to them to help you see which drugs may have coverage requirements and/or limits. Below is a reference guide to use as you review your formulary to see the abbreviation for each requirement/limit on the formulary list.

<b>Requirements/Limits</b>	<b>Abbreviation</b>
Prior Authorization	PA
Quantity Limits Apply	QL
Age Limit	AL
Limited Distribution Drug	LDD
Day Supply Limit	5DS
Requires Rider	R
Quantity Over Time	Q/T
Morphine Milligram Equivalent	MME



DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>ANTIBIOTICS &amp; OTHER DRUGS USED FOR INFECTION</b>		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/lamivudine</i>	G	
<i>abacavir/lamivudine/zidovudine</i>	G	
<b>Acticlate</b>	NF	AL
<i>acyclovir</i>	G	
<i>acyclovir cream 5%</i>	G	QL
<i>adefovir dipivoxil</i>	G	
<b>Aemcolo DR</b>	NPD	QL
<i>albendazole</i>	G	
<b>Albenza</b>	NF	
<b>Alinia susp</b>	NPD	QL
<b>Alinia tab</b>	NF	QL
<b>Altabax</b>	NPD	PA
<b>Amoxicillin 775mg</b>	PB	
<i>amoxicillin</i>	LCG	
<i>amoxicillin/clavulanate</i>	G	
<i>amoxicillin/clavulanate extended-release</i>	G	
<i>ampicillin</i>	G	
<b>Amzeeq</b>	NF	
<b>Ancobon</b>	NF	
<b>Arakoda</b>	NPD	
<b>Arikayce Susp</b>	NPD, SP	PA
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/proguanil</i>	G	
<b>Atripla</b>	NF	
<b>Augmentin</b>	NF	
<b>Augmentin XR</b>	NF	
<b>Avelox</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>avidoxy</i>	G	
<i>azithromycin</i>	G	
<b>Bactrim, Bactrim DS</b>	NF	
<b>Baraclude</b>	NF	
<b>Baxdela</b>	NF	QL
<b>Benznidazole</b>	NPD	
<b>Bethkis</b>	NF, SP	
<b>Biaxin</b>	NF	
<b>Biktarvy</b>	NPD	
<b>Biltricide</b>	NF	
<b>Brexafemme</b>	NPD	PA, QL
<i>cefaclor</i>	G	
<i>cefaclor ER</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefixime susp/cap</i>	G	
<i>ceftibuten</i>	G	
<b>Ceftin</b>	NF	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	G	
<i>chloroquine phosphate</i>	G	
<b>Cimduo</b>	NPD	
<b>Cipro</b>	NPD	
<b>Cipro XR</b>	NF	
<i>ciprofloxacin</i>	LCG	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
<b>Cleocin</b>	NF	
<i>clotrimazole troches</i>	G	
<b>Combivir</b>	NF	
<b>Complera</b>	PB	
<b>Cresemba</b>	NPD	PA, QL, Q/T

**Bold type** = Brand Name Drug *Lower case italic* = Generic drug

**PA** = Prior Authorization **QL** = Quantity Limits Apply **SP** = Specialty Drug **AL** = Age Limit **LCG** = Low Cost Generic

**LDD** = Limited Distribution Drug **SDS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary

**G** = Generic **Q/T** = Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = \$0 Preventative Drug

**MME** = Morphine Milligram Equivalent **+** = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Crixivan</b>	PB	
<b>Daklinza</b>	NPD, SP	PA, Q/T, QL
<i>dapsone tablet</i>	G	
<b>Daraprim Tab</b>	NF, SP	
<i>darunavir</i>	G	
<b>Daxbia</b>	NPD	
<b>Delstrigo</b>	NPD	
<i>demeclocycline</i>	G	
<b>Descovy</b>	NPD	
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
<b>Dificid Tab/Susp</b>	NPD	QL
<b>Diflucan</b>	NF	
<b>Doryx 50mg tablet</b>	NF	
<b>Doryx 200mg tablet</b>	NF	QL
<b>Doryx MPC Tab 60mg</b>	NF	
<b>Dovato</b>	NPD	
<b>Doxycycline DR 40mg</b>	NF	
<i>doxycycline hyclate caps 50mg, 100mg</i>	LCG	
<b>Doxycycline hyclate DR 80mg</b>	NF	
<b>Doxycycline hyclate tab 75mg, 150mg</b>	NPD	AL
<b>Doxycycline hyclate tab 50mg</b>	NPD	PA
<b>Doxycycline hyclate tab DR 50mg, 100mg</b>	NPD	
<b>Doxycycline hyclate tab DR 200mg</b>	NPD	QL, QT
<i>doxycycline monohydrate cap 50mg, 100mg</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Doxycycline monohydrate cap 75mg, 150mg</b>	NPD	AL
<b>Doxycycline monohydrate tab 150mg</b>	NPD	AL
<b>Edurant</b>	PB	
<b>E.E.S. 400mg tab</b>	NF	
<i>efavirenz</i>	G	
<i>efavirenz-emtricitab-tenofovir tab</i>	G	
<i>efavirenz-lamivudine-tenofovir tab</i>	G	
<b>Egaten 250mg tablet</b>	NPD	
<i>emtricitabine cap</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300mg</i>	G, ACA	QL
<b>Emtriva</b>	NF	
<b>Emverm</b>	NPD	QL
<i>entecavir</i>	G	
<b>Eplclusa</b>	PB, SP	PA, Q/T, QL
<b>Epivir HBV Soln</b>	NPD	
<b>Epivir HBV Tab</b>	NF	
<b>Epivir Tab</b>	NF	
<b>Epzicom</b>	NF	
<b>EryPed 400mg/5ml Susp</b>	NF	
<b>Ery-Tab</b>	NF	
<b>Erythrocin</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin delayed release</i>	G	
<i>erythromycin ethylsuccinate</i>	G	
<i>erythromycin stearate</i>	G	
<i>ethambutol</i>	G	
<i>etravirine</i>	G	
<i>famciclovir</i>	G	
<b>Firvanq Soln</b>	NF	AL
<b>Flagyl</b>	NF	
<i>fluconazole suspension</i>	G	
<i>fluconazole tabs</i>	LCG	
<i>flucytosine</i>	G	
<b>Flumadine</b>	NF	
<i>fosamprenavir calcium tab</i>	G	
<i>fosfomycin pow</i>	G	
<b>Fuzeon</b>	NPD	PA
<b>Gris-PEG</b>	NF	
<i>griseofulvin microsize</i>	G	
<i>griseofulvin ultramicrosize</i>	G	
<b>Harvoni</b>	PB, SP	PA, Q/T, QL
<b>Hepsera</b>	NF, SP	
<b>Hiprex</b>	NF	
<b>Humatin</b>	NF	
<i>hydroxy-chloroquine</i>	G	
<b>Impavido</b>	NPD	Q/T, QL
<b>Intelence</b>	NF	
<b>Invirase</b>	PB	
<b>Isentress</b>	PB	
<i>isoniazid</i>	G	
<i>itraconazole</i>	G	
<i>ivermectin</i>	G	
<b>Juluca</b>	NPD	
<b>Kaletra soln/tabs</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Kalydeco Tabs/Pack</b>	NPD, SP	PA, LDD
<b>Keflex</b>	NF	
<i>ketoconazole tabs</i>	G	
<b>Krintafel</b>	NPD	
<b>Lamisil Tabs</b>	NF	
<i>lamivudine 100mg, 150mg, 300mg tab</i>	G	
<i>lamivudine/zidovudine</i>	G	
<b>Lampit</b>	NPD	
<b>Ledipasvir-sofosbuvir tablet 90-400mg</b>	NPD, SP	PA, QL
<b>Levaquin</b>	NF	
<i>levofloxacin tab</i>	LCG	
<b>Lexiva</b>	NF	
<b>Likmez Sus</b>	NPD	PA
<i>linezolid</i>	G	QL
<b>Livtensity</b>	NPD	PA, QL
<i>lopinavir/ritonavir</i>	G	
<b>Lymepak</b>	NF	
<b>Macrodantin</b>	NF	
<b>Malarone</b>	NF	
<i>maraviroc tab</i>	G	
<b>Mavyret</b>	PB, SP	PA, Q/T, QL
<i>mefloquine</i>	G	
<b>Mepron</b>	NF	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	LCG	
<b>Minocin</b>	NF	
<i>minocycline caps</i>	G	
<b>Minocycline ER cap 135mg, 45mg, 90mg</b>	NF	Q/T
<i>minocycline ER tablet</i>	G	Q/T
<b>Minolira</b>	NF	Q/T

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>moderiba</i>	G, SP	
<b>Molnupiravir 200mg</b>	NPD	QL, AL
<b>Mondoxyne NL 75mg cap</b>	NPD	AL
<b>Monurol Pak Granules</b>	NF	
<b>Moxatag</b>	NPD	
<i>moxifloxacin hcl</i>	G	
<b>Myambutol</b>	NF	
<b>Mycobutin</b>	NF	
<b>Mytesi</b>	NPD	PA
<b>Nebupent INH</b>	NF	
<i>nevirapine</i>	G	
<i>nevirapine ER</i>	G	
<i>nitazoxanide</i>	G	QL
<i>nitrofurantoin macrocrystals</i>	LCG	
<b>Nitrofurantoin susp</b>	NPD	AL
<b>Norvir powder</b>	PB	
<b>Norvir tablet</b>	NF	
<b>Noxafil</b>	NF	QL
<b>Nuzyra</b>	NPD	PA, QL
<b>Onmel</b>	NF	
<b>Oracea</b>	NF	
<b>Orkambi tablet/ packet</b>	NPD, SP	PA, LDD
<i>oseltamivir caps/ susp</i>	G	QL
<b>Paxlovid Tab</b>	PB	QL
<b>Pegasys</b>	NPD, SP	PA
<b>PegIntron</b>	NPD, SP	
<i>penicillin v potassium solution</i>	G	
<i>penicillin v potassium tablet</i>	LCG	
<i>pentamidine INH</i>	G	
<b>Pifeltro</b>	NPD	
<b>Plaquenil</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>posaconazole</i>	G	QL
<i>potassium iodide soln</i>	G	
<i>praziquantel</i>	G	
<b>Pretomanid</b>	NPD	PA
<b>Prevymis</b>	NPD, SP	
<b>Prezista</b>	NF	
<i>pyrimethamin</i>	G, SP	
<b>Qualaquin</b>	NF	QL
<i>quinine sulfate</i>	G	QL
<b>Relenza</b>	NPD	QL, AL
<b>Retrovir</b>	NF	
<b>Reyataz</b>	NF	
<i>ribasphere ribapak 200mg &amp; 400mg/ 400mg &amp; 600mg</i>	G, SP	
<i>rifabutin</i>	G	
<b>Rifadin</b>	NF	
<i>rifampin</i>	G	
<b>Rivfloza Inj</b>	NPD, SP	PA, QL
<i>rimantadine</i>	G	
<i>ritonavir</i>	G	
<b>Rukobia</b>	NPD	PA
<b>Selzentry</b>	NF	
<b>Seysara</b>	NF	Q/T
<b>Sirturo</b>	NPD	PA
<b>Sitavig</b>	NPD	QL
<b>Sivextro</b>	NPD	PA, QL
<b>Sklice Lot 0.5%</b>	NF	
<b>Skyclarys cap</b>	NPD, SP	PA
<b>Sofosbuvir-velpatasvir tablet 400-100mg</b>	NPD, SP	PA, QL
<b>Sohonos</b>	NPD, SP	PA
<b>Solodyn</b>	NF	QL, Q/T
<b>Solosec GRA</b>	NF	
<b>Sovaldi</b>	NPD, SP	PA, QL, Q/T
<b>Sovuna Tab</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sporanox</b>	NF	
<b>SSKI Solution</b>	NF	
<i>stavudine</i>	G	
<b>Stribild</b>	PB	
<b>Stromectol</b>	NF	
<i>sulfamethoxazole/ tmp</i>	LCG	
<b>Sunlenca</b>	NPD	
<b>Suprax Susp 100mg/5ml, 200mg/5ml</b>	NF	
<b>Sustiva</b>	NF	
<b>Symfi</b>	NF	
<b>Symfi Lo</b>	NF	
<b>Symtuza</b>	NPD	
<b>Talicia</b>	NPD	
<b>Tamiflu</b>	NF	QL
<b>Targadox</b>	NF	
<b>Technivie</b>	NPD, SP	PA, Q/T, QL
<b>Temixys</b>	NPD	
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	
<b>Tetracycline tab</b>	NF	
<b>Tindamax</b>	NF	
<i>tinidazole</i>	G	
<b>Tivicay PD</b>	NPD	
<b>Tobi Nebulization Soln</b>	NF, SP	
<b>Tobi Podhaler Cap</b>	NPD, SP	
<b>Tolsura</b>	NF	
<b>Trikafta</b>	NPD, SP	PA
<b>Triumeq</b>	PB	
<b>Trizivir</b>	NF	
<b>Truvada</b>	NF	
<i>valacyclovir tab</i>	G	
<b>Valcyte</b>	NF	AL
<i>valganciclovir</i>	G	AL
<b>Valtrex</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>vancomycin</i>	G	
<i>vancomycin soln</i>	G	AL
<b>Vemlidy</b>	NPD	
<b>Vfend</b>	NF	
<b>Vibramycin</b>	NF	
<b>Videx EC</b>	NF	
<b>Viekira Pak</b>	NPD, SP	PA, QL, Q/T
<b>Viekira XR</b>	NPD, SP	PA, QL, Q/T
<b>Viramune suspension</b>	NF	
<b>Viramune tablet</b>	NF	
<b>Viramune XR</b>	NF	
<b>Viread</b>	NF	
<b>Vivjoa</b>	NF	QL
<b>Vocabria</b>	NPD	
<i>voriconazole</i>	G	
<b>Vosevi</b>	PB, SP	PA, Q/T, QL
<b>Xenleta</b>	NPD	QL
<b>Xepi Cream 0.1%</b>	NF	
<b>Xifaxan 200mg</b>	NPD	QL
<b>Xifaxan 550mg</b>	NPD	PA, Q/T, QL
<b>Ximino ER</b>	NF	Q/T
<b>Xofluza Tab</b>	NPD	QL
<b>Xofluza Therapy Pack</b>	NPD	Q/T
<b>Zepatier</b>	NPD, SP	PA, Q/T, QL
<b>Zerit</b>	NF	
<b>Ziagen</b>	NF	
<i>zidovudine</i>	G	
<b>Zithromax</b>	NF	
<b>Zmax</b>	NF	
<b>Zyvox</b>	NF	QL
<b>CANCER &amp; ORGAN TRANSPLANT DRUGS</b>		
<i>abiraterone</i>	G, SP	PA
<b>Afinitor</b>	NF, SP	QL
<b>Akeega</b>	NPD, SP	PA, QL

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<b>Alecensa</b>	NPD, SP	PA
<b>Alkeran</b>	NF, SP	
<b>Alunbrig tab/pak</b>	NPD, SP	PA, QL
<i>anastrozole</i>	G	
<b>Arimidex</b>	NF	
<b>Aromasin</b>	NF	
<b>Augtyro</b>	NPD, SP	PA
<b>Ayvakit</b>	NPD, SP	PA, QL
<b>Azasan</b>	NF	
<i>azathioprine</i>	G	
<b>Balversa</b>	NPD, SP	PA
<b>Benlysta</b>	NPD, SP	PA
<b>Besremi Sol</b>	NPD, SP	PA
<i>bexarotene</i>	G, SP	PA
<i>bicalutamide</i>	G	
<b>Bosulif</b>	NPD, SP	PA
<b>Braftovi</b>	NPD, SP	PA
<b>Brukinsa</b>	NPD, SP	PA
<b>Cabometyx</b>	PB, SP	PA
<b>Calquence</b>	NPD, SP	PA
<i>capecitabine</i>	G, SP	
<b>Caprelsa</b>	NPD, SP	PA, QL
<b>Casodex</b>	NF	
<b>Cellcept</b>	NF	
<b>Cometriq</b>	NPD, SP	PA
<b>Copiktra</b>	NPD, SP	PA
<b>Cotellic</b>	NPD, SP	PA, LDD
<i>cyclophosphamide caps</i>	G	
<b>Cyclophosphamide tabs</b>	NPD	
<i>cyclosporine</i>	G	
<b>Cytosan</b>	NPD, SP	
<i>danazol</i>	G	
<b>Danocrine</b>	NPD	
<b>Dapagliflozin Pro-metformin ER 10-1000mg, 5-1000mg tablet</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Dapagliflozin propanediol 5mg, 10mg tablet</b>	NF	
<b>Daurismo</b>	NPD, SP	PA
<b>Deltasone</b>	NPD	
<b>Emcyt</b>	NPD	
<b>Erivedge</b>	NPD, SP	PA
<b>Erleada</b>	NPD, SP	PA
<i>erlotinib</i>	G, SP	PA, QL
<i>etoposide</i>	G, SP	
<b>Eulexin</b>	NF	
<i>everolimus (generic for Afinitor)</i>	G, SP	PA, QL
<i>everolimus (generic for Zortress)</i>	G	
<i>exemestane</i>	G	
<b>Exkivity</b>	NPD, SP	PA
<b>Fareston</b>	NF	
<b>Farydak</b>	NPD, SP	PA, LDD
<b>Femara</b>	NF	
<i>flutamide</i>	G	
<b>Fotivda</b>	NPD, SP	PA
<b>Fruzaqla</b>	NPD, SP	PA
<b>Gavreto</b>	NPD, SP	PA
<i>gefitinib</i>	G, SP	PA
<b>Gilotrif</b>	NPD, SP	PA, QL
<b>Gleevec</b>	NF, SP	
<b>Gleostine</b>	NPD, SP	
<b>Hexalen</b>	NPD	
<b>Hycamtin</b>	NPD, SP	PA
<b>Hydrea</b>	NF	
<b>Hyftor Gel 0.2%</b>	NPD	PA
<i>hydroxyurea</i>	G	
<b>Ibrance</b>	NPD, SP	PA, LDD
<b>Iclusig</b>	NPD, SP	PA, QL
<b>Idhifa</b>	NPD, SP	PA, QL
<i>imatinib mesylate</i>	G, SP	PA

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<b>Imbruvica 70mg, 140mg cap</b>	NPD, SP	QL	<i>mercaptopurine</i>	G	
<b>Imbruvica 140mg and 280mg tab</b>	NF, SP	QL	<b>Mesnex</b>	NPD, SP	
<b>Imbruvica 420mg tab</b>	NPD, SP	QL	<i>methotrexate tab</i>	G	
<b>Imuran</b>	NF		<i>mycophenolate</i>	G	
<b>Inlyta</b>	NPD, SP	PA	<i>mycophenolic acid</i>	G	
<b>Inqovi tab</b>	NPD, SP	PA	<b>Myfortic</b>	NF	
<b>Inrebic</b>	NPD, SP	PA	<b>Myhibbin</b>	NF	
<b>Iressa tab</b>	NF, SP		<b>Myleran</b>	NPD	
<b>Iwilfin</b>	NPD, SP	PA	<b>Neoral</b>	NPD	
<b>Jaypirca tab</b>	NPD, SP	PA, QL	<b>Nerlynx</b>	NPD, SP	PA
<b>Jylamvo Sol</b>	NPD	PA	<b>Nexavar</b>	NF, SP	
<b>Kisqali</b>	NPD, SP	PA, LDD	<b>Nilandron</b>	NF, SP	
<b>Koselugo</b>	NPD, SP	PA	<i>nilutamide</i>	G, SP	
<b>Krazati</b>	NPD, SP	PA	<b>Ninlaro</b>	NPD, SP	PA
<i>lapatinib</i>	G, SP	PA	<b>Nubeqa</b>	NPD, SP	PA
<i>lenalidomide</i>	G, SP	PA	<b>Odomzo</b>	NPD, SP	PA
<b>Lenvima</b>	NPD, SP	PA, LDD	<b>Ogsiveo</b>	NPD, SP	PA
<i>letrozole</i>	G		<b>Ojemda Tab/Sus</b>	NPD, SP	PA
<i>leucovorin calcium</i>	G		<b>Ojjaara</b>	NPD, SP	PA, QL
<b>Leukeran</b>	PB, SP	PA	<b>Onureg</b>	NPD, SP	PA
<i>leuprolide</i>	G, SP		<b>Orgovyx tab</b>	NPD, SP	PA
<b>Lonsurf</b>	NPD, SP	PA	<b>Orserdu tab</b>	NPD, SP	PA
<b>Lorbrena</b>	NPD, SP	PA	<b>Ortikos ER Cap</b>	NF	
<b>Lumakras</b>	NPD, SP	PA	<i>pazopanib</i>	G, SP	PA
<b>Lupkynis</b>	NPD, SP	PA, QL	<b>Pemazyre</b>	NPD, SP	PA, QL
<b>Lynparza</b>	PB, SP	PA	<b>Piqray</b>	NPD, SP	PA
<b>Lysodren</b>	NPD		<b>Pomalyst</b>	NPD, SP	PA
<b>Lytgobi</b>	NPD, SP	PA	<i>prednisone</i>	LCG	
<b>Matulane</b>	PB, SP		<i>prednisone therapy pack/ solution/ concentrate</i>	G	
<b>Mavenclad pak</b>	NPD, SP	PA	<b>Prograf capsule/ packet</b>	NPD	
<b>Megace</b>	NF		<b>Protopic</b>	NF	
<i>megestrol acetate</i>	G		<b>Purixan</b>	NPD, SP	
<b>Mekinist</b>	NPD, SP	PA	<b>Qinlock tab</b>	NPD, SP	PA
<b>Mektovi</b>	NPD, SP	PA	<b>Rapamune tab/sol</b>	NF	
<i>melphalan</i>	G, SP				

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<b>RediTrex Inj</b>	NF	
<b>Retevmo cap</b>	NPD, SP	PA
<b>Revlimid</b>	NPD, SP	PA
<b>Rezlidhia</b>	NPD, SP	PA
<b>Rozlytrek</b>	NPD, SP	PA
<b>Rubraca</b>	PB, SP	PA
<b>Rydapt</b>	NPD, SP	PA
<b>Sandimmune</b>	NF	
<b>Scemblix</b>	NPD, SP	PA, QL
<i>sirolimus tab/soln</i>	G	
<i>sorafenib</i>	G, SP	PA
<b>Sprycel</b>	NPD, SP	PA
<b>Stivarga</b>	PB, SP	PA
<i>sunitinib</i>	G, SP	PA
<b>Sutent</b>	NF, SP	
<b>Tabloid</b>	NPD	
<b>Tabrecta tab</b>	NPD, SP	PA
<i>tacrolimus</i>	G	
<b>Tafinlar</b>	NPD, SP	PA
<b>Tagrisso</b>	NPD, SP	PA, QL
<b>Talzenna</b>	NPD, SP	PA, QL
<i>tamoxifen</i>	G	
<b>Tarceva</b>	NF, SP	QL
<b>Targretin cap</b>	NF, SP	
<b>Tasigna</b>	NPD, SP	PA
<b>Tazverik 200mg</b>	NPD, SP	PA
<b>Temodar</b>	NF, SP	
<i>temozolomide</i>	G, SP	PA
<b>Tepmetko</b>	NPD, SP	PA
<b>Thalomid</b>	NPD, SP	PA
<b>Tibsovo</b>	NPD, SP	PA
<i>toremifene</i>	G	
<i>tretinoin caps</i>	G, SP	PA
<b>Trexall tab</b>	NPD	
<b>Truqap</b>	NPD, SP	PA
<b>Truseltiq</b>	NPD, SP	PA
<b>Tukysa</b>	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Turalio</b>	NPD, SP	PA
<b>Tykerb</b>	NF, SP	
<b>Ukoniq</b>	NPD, SP	PA
<b>Valchlor</b>	NPD, SP	PA
<b>Vanflyta</b>	NPD, SP	PA
<b>Venclexta</b>	NPD, SP	PA
<b>Verzenio</b>	NPD, SP	PA
<b>Vitrakvi</b>	NPD, SP	PA
<b>Vizimpro</b>	NPD, SP	PA
<b>Vonjo</b>	NPD, SP	PA
<b>Votrient</b>	NF, SP	
<b>Welireg</b>	NPD, SP	PA
<b>Xalkori</b>	NPD, SP	PA
<b>Xatmep</b>	NPD	AL
<b>Xeloda</b>	NF, SP	
<b>Xospata</b>	NPD, SP	PA
<b>Xpovio</b>	NPD, SP	PA
<b>Xpovio Pak</b>	NPD, SP	PA
<b>Xtandi</b>	NPD, SP	PA, LDD
<b>Yonsa</b>	NPD, SP	PA
<b>Zejula</b>	PB, SP	PA, QL, LDD
<b>Zelboraf</b>	NPD, SP	PA, LDD
<b>Zolinza</b>	NPD, SP	PA, LDD
<b>Zortress</b>	NF	
<b>Zydelig</b>	NPD, SP	PA, LDD
<b>Zykadia</b>	NPD, SP	PA, LDD
<b>Zytiga</b>	NF, SP	LDD

### PAIN, NERVOUS SYSTEM, & PSYCH

<b>Abilify</b>	NF	
<b>Abilify Mycite</b>	NF	
<b>Abilify Mycite Maintenance/ Starter Pak</b>	NF	
<b>Abstral</b>	NF	QL, MME
<i>acamprosate DR tab</i>	G	
<i>acetaminophen w/codeine</i>	LCG	QL, 5DS, AL, MME

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<b>Actiq</b>	NF	QL, MME
<b>Adderall</b>	NF	QL
<b>Adderall XR</b>	NF	QL
<b>Adhansia XR Capsule</b>	NF	QL
<b>Adipex-P</b>	NF	R
<b>Adlarity Dis</b>	NF	AL
<b>Adzenys ER susp</b>	NF	QL
<b>Adzenys XR-ODT</b>	NF	QL
<b>Aimovig</b>	PB	PA
<b>Ajovy</b>	PB	PA
<b>Allzital 25-325mg</b>	NF	QL, 5DS
<i>almotriptan maleate</i>	G	QL, AL
<i>alprazolam</i>	LCG	AL
<i>alprazolam ER</i>	G	AL
<i>amantadine</i>	G	
<b>Ambien</b>	NF	QL
<b>Ambien CR</b>	NF	QL
<b>Amerge</b>	NF	QL, AL
<i>amitriptyline</i>	G	
<i>amoxapine</i>	G	
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine</i>	G	QL
<i>amphetamine aspartate/amphetamine sulfate/dextro-amphetamine ER</i>	G	QL
<b>Amphetamine ER suspension</b>	NF	QL
<i>amphetamine tablet (generic Evekeo)</i>	G	PA, QL
<b>Anafranil</b>	NF	
<b>Antabuse</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Apadaz</b>	NPD	PA, QL, 5DS, MME
<b>Aplenzin</b>	NF	
<b>Apokyn Solution Cartridge 30mg/3ml</b>	NF, SP	PA
<i>apomorphine inj 30mg/3ml</i>	G, SP	PA
<b>Apo-Varenicline</b>	NPD, ACA	QL
<b>Aptensio XR</b>	NF	QL
<b>Aptiom</b>	NPD	PA
<b>Aricept [ODT]</b>	NF	AL
<i>aripiprazole</i>	G	
<i>armodafinil</i>	G	
<b>Arymo ER</b>	NF	QL, MME
<i>asenapine sub</i>	G	
<b>Ativan</b>	NF	AL
<i>atomoxetine</i>	G	QL
<b>Aubagio</b>	NF, SP	
<b>Austedo [XR]</b>	NPD, SP	PA
<b>Auvelity</b>	NF	
<b>Avonex</b>	PB, SP	QL
<b>Axert</b>	NF	QL, AL
<b>Azilect</b>	NF	
<b>Azstarys</b>	PB	PA, QL
<b>Banzel Susp</b>	NF	
<b>Banzel Tab</b>	NF	
<b>Belbuca</b>	PB	PA, QL, MME
<b>Belsomra</b>	NF	QL
<b>Belviiq [XR]</b>	NPD	PA, R
<b>Benzhydrocodone-acetaminophen</b>	NPD	PA, QL, 5DS, MME
<i>benzphetamine</i>	LCG	R
<i>benztropine</i>	LCG	
<b>Betaseron</b>	PB, SP	QL
<b>Brisdelle cap</b>	NF	QL
<b>Briviact suspension</b>	NPD	PA, AL
<b>Briviact tablet</b>	NPD	PA

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<b>Bromocriptine mesylate</b>	NF	
<b>Bunavail</b>	NF	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL
<i>buprenorphine patch</i>	G	PA, QL, MME
<i>buprenorphine SL</i>	G	QL
<i>bupropion</i>	G	
<i>bupropion ER 150mg</i>	G	QL
<b>Bupropion ER 450mg</b>	NF	
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
<i>bupirone</i>	G	
<b>Butal/Apap Tab 25-325mg</b>	NF	QL, 5DS
<b>Butalbital-acetaminophen 25-300mg</b>	NF	QL, 5DS
<i>butalbital/apap/caffeine</i>	G	QL, 5DS
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, AL, MME
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, AL, MME
<b>Butrans</b>	NF	QL, MME
<b>Cafergot</b>	NF	
<b>Cambia Packet</b>	NF	
<b>Capcof Syrup</b>	NPD	QL, 5DS, AL, MME
<b>Caplyta</b>	NF	
<i>carbamazepine</i>	G	
<i>carbamazepine susp</i>	G	AL
<i>carbamazepine XR</i>	G	
<b>Carbatrol</b>	NPD	PA
<i>carbidopa</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa/levodopa</i>	G	
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	
<i>carbidopa/levodopa/entacapone</i>	G	
<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, AL, MME
<b>Cataflam</b>	NF	
<b>Celexa</b>	NF	
<b>Celontin</b>	NF	
<b>Chantix</b>	NF	QL
<i>chlordiazepoxide</i>	G	AL
<i>chlorpromazine HCl</i>	G	
<i>citalopram</i>	LCG	
<b>Citalopram 30mg Cap</b>	NF	
<i>clobazam</i>	G	PA
<i>clobazam susp</i>	G	PA, AL
<i>clomipramine HCl</i>	G	
<i>clonazepam</i>	G	
<i>clorazepate dipotassium</i>	G	AL
<i>clozapine</i>	G	
<i>clozapine ODT</i>	G	QL, 5DS, AL
<b>Clozaril</b>	NF	
<i>codeine tabs</i>	G	QL, 5DS, AL, MME
<i>coditussin AC liquid</i>	G	QL, 5DS, AL, MME
<b>Comtan</b>	NF	
<b>Concerta</b>	NF	QL
<b>Contrave ER</b>	NPD	PA, R
<b>Conzip</b>	NF	QL, AL, MME
<b>Copaxone</b>	NF, SP	QL
<b>Cotempla XR-ODT</b>	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Coxanto</b>	NF	
<b>Cymbalta</b>	NF	
<b>Dantrium</b>	NF	
<i>dantrolene</i>	G	
<b>Daybue Soln</b>	NPD, SP	PA
<b>Daypro</b>	NF	
<b>Daytrana</b>	NF	QL
<b>Dayvigo</b>	NF	QL
<b>Demerol</b>	NF	QL, 5DS, MME
<b>Depakene</b>	NF	
<b>Depakote</b>	NF	
<b>Depakote ER</b>	NF	
<b>Depakote Sprinkle Caps</b>	NF	
<i>desipramine</i>	G	
<b>Desoxyn</b>	NF	QL
<b>Desvenlafaxine ER 24HR</b>	PB	
<i>desvenlafaxine succinate ER</i>	G	
<b>Dexedrine caps</b>	NF	QL
<i>dexmethylphenidate ER</i>	G	QL
<i>dexmethylphenidate hcl</i>	G	QL
<i>dextroamphetamine</i>	G	QL
<i>dextroamphetamine ER</i>	G	QL
<b>D.H.E.45</b>	NF	
<b>Dhivy</b>	NF	
<b>Diacomit</b>	NPD, SP	PA
<b>Diastat</b>	NPD	
<i>diazepam solution</i>	G	
<i>diazepam tabs</i>	LCG	
<i>diclofenac cap 25mg</i>	G	PA, QL
<b>Diclofenac cap 35mg</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac potassium</i>	G	
<i>diclofenac powder</i>	G	
<i>diclofenac sodium</i>	G	
<i>diclofenac sodium gel 1%</i>	G	
<i>diethylpropion HCL</i>	G	R, PA
<i>diflunisal</i>	G	
<i>dihydrocodeine/APAP/caff</i>	G	QL, 5DS, AL, MME
<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, AL, MME
<i>dihydroergotamine inj</i>	G	PA
<i>dihydroergotamine mesylate nasal spray</i>	G	PA
<b>Dilantin chewable tablets</b>	PB	
<b>Dilaudid</b>	NF	QL, MME, 5DS
<i>dimethyl fumarate DR cap</i>	G, SP	
<i>disulfiram</i>	G	
<i>divalproex sodium</i>	G	
<i>divalproex sodium ER</i>	G	PA, QL
<i>divalproex sprinkle cap</i>	G	
<b>Dolophine</b>	NF	QL, MME
<i>donepezil hydrochloride</i>	LCG	AL
<b>Doral</b>	NF	AL
<i>doxepin capsule</i>	G	
<i>doxepin HCL con 10mg/ml</i>	G	
<i>doxepin tablet</i>	G	PA
<b>Drizalma Sprinkle</b>	NF	
<i>duloxetine</i>	G	
<b>Duragesic patch</b>	NF	QL, MME

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<b>Dyanavel XR</b>	NF	QL
<b>Edluar SL tab</b>	NPD	PA, QL
<b>Effexor XR</b>	NF	
<b>Eldepryl</b>	NF	
<b>Elepsia XR</b>	NF	
<i>eletriptan</i>	G	QL, AL
<b>Elyxyb</b>	NF	QL
<b>Embeda</b>	NPD	QL, MME
<b>Emgality (300mg Dose) Prefilled Pen 100mg/ml</b>	PB	PA, QL
<b>Emgality Prefilled Pen/ Auto-Injector 120mg/ml</b>	NF	
<i>endocet</i>	LCG	QL, 5DS, MME
<i>entacapone</i>	G	
<b>Epidiolex Soln</b>	NPD	PA
<b>Eprontia soln</b>	NF	
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	LCG	
<b>Esgic cap/tab</b>	NF	QL, 5DS
<i>estazolam</i>	G	QL, AL
<i>eszopiclone</i>	G	PA, QL (3mg only)
<i>ethosuximide</i>	G	
<i>etodolac</i>	G	
<b>Evekeo [ODT]</b>	NF	QL
<b>Evzio</b>	NF	QL
<b>Exalgo ER</b>	NF	QL, MME
<b>Exelon</b>	NF	AL
<b>Exservan Mis</b>	NPD	
<b>Extavia</b>	NF, SP	QL
<b>Fanapt</b>	NPD	PA
<b>Fazaclo</b>	NPD	
<i>felbamate</i>	G	
<b>Felbatol</b>	NF	
<b>Feldene</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenoprofen calcium</i>	G	
<i>fentanyl citrate OTFC</i>	G	PA, QL, MME
<b>Fentanyl citrate tablet</b>	NF	QL, MME
<b>Fentora</b>	NF	QL, MME
<b>Fetzima</b>	NPD	PA
<i>fingolimod</i>	G, SP	
<b>Fintepla sol</b>	NF	
<b>Fioricet</b>	NF	QL, 5DS
<b>Fioricet with codeine</b>	NF	QL, AL, 5DS, MME
<b>Fiorinal with codeine</b>	NF	QL, AL, 5DS, MME
<i>fluoxetine</i>	G	QL (Weekly Only)
<i>fluoxetine 10mg, 20mg, 40mg</i>	G	
<i>fluoxetine soln</i>	G	AL
<i>fluphenazine</i>	G	
<i>flurazepam</i>	G	QL, AL
<i>flurbiprofen</i>	G	
<i>fluvoxamine</i>	G	
<i>fluvoxamine ER</i>	G	
<b>Focalin</b>	NF	QL
<b>Focalin XR</b>	NF	QL
<b>ForFivo XL</b>	NF	
<b>Frova</b>	NF	QL, AL
<b>Frovatriptan succinate</b>	NPD	QL, AL
<b>Fycompa</b>	NPD	
<i>gabapentin</i>	G	
<i>gabapentin soln</i>	G	AL
<i>gabapentin tab</i>	G	PA
<b>Gabitril</b>	NF	
<i>galantamine</i>	G	AL
<i>galantamine ER</i>	G	AL
<b>Geodon</b>	NF	
<b>Gilenya</b>	NF, SP	

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<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL
<b>Gocovri</b>	NF	
<b>Gralise Mis</b>	NF	
<i>guaifenesin-codeine soln 10mg/5ml</i>	LCG	QL, AL, 5DS, MME
<i>guanfacine ER</i>	G	QL
<b>Halcion</b>	NF	QL, AL
<i>haloperidol</i>	G	
<b>Hetlioz Cap</b>	NF, SP	QL
<b>Hetlioz LQ Susp</b>	NPD, SP	PA
<b>Horizant</b>	NPD	PA
<i>hydrocodone/acetaminophen</i>	LCG	QL, 5DS, AL, MME
<i>hydrocodone-homatropine</i>	G	QL, 5DS, AL, MME
<i>hydrocodone ER</i>	G	PA, QL, MME
<i>hydromorphone ER</i>	G	PA, QL, MME
<i>hydromorphone IR</i>	G	QL, 5DS, MME
<b>Hysingla ER</b>	NF	QL, MME
<b>Ibudone</b>	NF	QL, 5DS, MME, AL
<i>ibuprofen/hydrocodone</i>	G	QL, 5DS, MME, AL
<b>Imcivree 10mg/ml Inj</b>	NPD, SP	PA
<i>imipramine</i>	G	
<b>Imitrex</b>	NF	AL, QL
<b>Inbrija</b>	NPD, SP	PA
<b>Indocin Suppository</b>	NF	
<b>Indocin susp</b>	NF	AL
<b>Ingrezza</b>	NPD, SP	PA
<b>Intermezzo</b>	NF	QL
<b>Intuniv</b>	NF	QL
<b>Invega ER tablet</b>	NF	
<i>isometheptene/dichloralphenazone/apap</i>	G	
<b>Jakafi</b>	NPD, SP	PA, LDD, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Jornay PM Capsule</b>	NF	QL
<b>Kadian ER</b>	NF	QL, MME
<b>Kapvay</b>	NF	QL
<b>Keppra</b>	NF	
<b>Keppra XR</b>	NF	
<i>ketorolac</i>	G	
<b>Khedeza</b>	NF	
<b>Klonopin</b>	NF	
<b>Kloxxado Liq</b>	PB, ACA	QL
<b>Kynmobi Kit Titration</b>	NPD, SP	PA
<b>Kynmobi Mis</b>	NPD, SP	PA, QL
<i>lacosamide</i>	G	
<b>Lamictal</b>	NF	
<b>Lamictal ODT</b>	NF	
<b>Lamictal XR</b>	NF	
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
<b>Latuda</b>	NF	
<b>Lazanda</b>	NF	QL, MME
<i>levetiracetam</i>	LCG	
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
<b>Lexapro</b>	NF	
<b>Libervant Mis</b>	NF	QL
<b>Librax</b>	NF	
<i>lisdexamfetamine cap/chew</i>	G	QL
<i>lithium carbonate</i>	G	
<i>lithium carbonate ER</i>	G	
<b>Lodine</b>	NF	
<b>Lodosyn</b>	NF	
<b>Lomaira</b>	NPD	R
<i>lorazepam</i>	LCG	AL
<i>lorazepam concentrate</i>	G	AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Loreev XR</b>	NF	
<b>Lortab</b>	NF	QL, 5DS, AL
<i>lortab elixir</i>	LCG	QL, MME
<i>loxapine</i>	G	
<b>Lumryz Pak</b>	NPD, SP	PA, QL
<b>Lunesta</b>	NF	QL
<i>lurasidone tab</i>	G	
<b>Lybalvi</b>	NF	
<b>Lyrica</b>	NF	
<b>Lyrica CR</b>	NF	
<b>Lyrica soln</b>	NF	AL
<i>maprotiline</i>	G	
<b>Maxalt, Maxalt-MLT</b>	NF	AL, QL
<b>Mayzent tablet, starter pak</b>	NPD, SP	
<b>m-clear WC soln</b>	NPD	AL, QL, 5DS, MME
<i>meclofenamate</i>	G	
<i>memantine</i>	G	AL
<i>memantine ER</i>	G	AL
<i>meperidine HCl</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
<b>Mestinon syrup</b>	NF	AL
<b>Mestinon tablet</b>	NF	
<b>Metadate CD Cap</b>	NF	QL, MME
<i>methadone</i>	LCG	PA, QL, MME
<b>Methadose concentrate [SF]</b>	NF	QL, MME
<b>Methamphetamine</b>	NPD	QL
<i>methocarbamol 500mg, 750mg</i>	LCG	
<i>methsuximide</i>	G	
<b>Methylin</b>	NF	QL
<i>methylphenidate</i>	G	QL
<i>methylphenidate ER</i>	G	QL
<i>methylphenidate ER (CD)</i>	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>methylphenidate ER (LA)</i>	G	QL
<b>Methylphenidate ER (XR)</b>	NF	QL
<i>methylphenidate pad</i>	G	QL
<b>Midrin</b>	NPD	
<b>Migranal</b>	NF	
<b>Mirapex</b>	NF	
<b>Mirapex ER</b>	NF	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	
<i>molindone hcl</i>	G	
<b>MorphaBond ER</b>	NF	QL, MME
<i>morphine IR</i>	G	QL, 5DS, MME
<i>morphine sulfate ER</i>	G	PA, QL, MME
<i>morphine suppositories</i>	G	QL, 5DS, MME
<b>Motpoly XR</b>	NF	
<b>MS Contin</b>	NF	QL, MME
<b>Mydayis</b>	NF	QL
<b>Mysoline</b>	NF	
<i>nabumetone</i>	G	
<b>Nalfon</b>	NF	
<b>Nalocet</b>	NF	QL, 5DS, MME
<b>Naloxone injection 2mg</b>	NPD	QL
<i>naloxone spray</i>	G	QL
<i>naltrexone 50mg</i>	G	
<b>Namenda [XR]</b>	NF	AL
<b>Namzaric</b>	NF	AL
<i>naratriptan</i>	G	QL, AL
<b>Narcan 4mg/ actuation spray</b>	PB	QL
<b>Nardil</b>	NF	
<b>Nayzilam</b>	NPD	PA, QL
<i>nefazodone</i>	G	
<b>Neupro Patch</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Neurontin</b>	NF	
<b>Neurontin soln</b>	NF	AL
<i>ninjacof-XG liquid</i>	G	QL, AL, 5DS, MME
<b>Norpramin</b>	NF	
<i>nortriptyline</i>	G	
<i>nortriptyline soln</i>	G	AL
<b>Nourianz</b>	NPD	PA
<b>Nucynta</b>	NPD	QL, 5DS, MME
<b>Nucynta ER</b>	NPD	PA, QL, MME
<b>Nuplazid</b>	NPD	PA
<b>Nurtec Chw ODT</b>	PB	PA, QL, AL
<b>Nuvigil</b>	NF	
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	LCG	
<i>olanzapine/ fluoxetine hcl</i>	G	
<b>Onfi</b>	NF	
<b>Onfi susp</b>	NF	AL
<b>Ongentys</b>	NPD	PA
<b>Onzetra Xsail</b>	NPD	PA, QL, AL
<b>Opana</b>	NF	QL, 5DS, MME
<b>Opana ER</b>	NF	QL, MME
<b>Opvee Spray</b>	NPD	QL
<b>Orap</b>	NF	
<b>Osmolex ER</b>	NF	
<i>oxaprozin</i>	G	
<b>Oxaydo</b>	NPD	PA, QL, 5DS, MME
<i>oxazepam</i>	G	AL
<i>oxcarbazepine susp</i>	G	AL
<i>oxcarbazepine tab</i>	G	
<b>Oxtellar XR</b>	NPD	PA
<b>Oxycodone ER tablet</b>	NF	QL, MME
<i>oxycodone IR</i>	G	QL, 5DS, MME
<i>oxycodone/ acetaminophen</i>	LCG	QL, 5DS, MME
<b>Oxycodone/ acetaminophen sol 10/300mg</b>	NF	QL, 5DS, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Oxycodone acetaminophen 7.5/300mg</b>	NF	QL, 5DS, MME
<b>Oxycodone/ acetaminophen Sol 5/325mg</b>	NPD	PA, QL, 5DS, MME
<b>Oxycodone/APAP 2.5-300mg, 5-300mg, 10-300mg tab</b>	NF	QL, 5DS, MME
<i>oxycodone/aspirin</i>	G	QL, 5DS, MME
<i>oxycodone/ ibuprofen</i>	G	QL, 5DS, MME
<b>OxyContin</b>	NF	QL, MME
<i>oxymorphone ER</i>	G	PA, QL, MME
<i>oxymorphone IR</i>	G	QL, 5DS, MME
<b>Ozobax Soln</b>	NF	
<i>paliperidone ER tablet</i>	G	
<b>Pamelor</b>	NF	
<b>Parlodel</b>	NF	
<b>Parnate</b>	NF	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	
<i>paroxetine susp</i>	G	
<b>Paxil CR</b>	NF	
<b>Paxil suspension</b>	NF	
<b>Paxil tablet</b>	NF	
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
<b>Percocet</b>	NF	QL, 5DS, MME
<i>perphenazine</i>	G	
<b>Pexeva</b>	NPD	PA
<i>phendimetrazine tartrate</i>	G	PA, R
<i>phenelzine</i>	G	
<i>phenobarbital</i>	G	
<i>phentermine hcl</i>	LCG	R
<b>Phenytek</b>	NPD	
<i>phenytoin</i>	G	

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<i>pimozide</i>	G	
<i>piroxicam</i>	G	
<b>Plegridy</b>	PB, SP	QL
<b>Ponvory</b>	NF, SP	
<i>pramipexole</i>	LCG	
<i>pramipexole ER</i>	G	
<i>pregabalin</i>	G	
<i>pregabalin ER tab</i>	G	PA
<i>pregabalin soln</i>	G	AL
<i>primidone</i>	G	
<b>Primlev</b>	NF	QL, 5DS, MME
<b>Pristiq</b>	NF	
<b>Procentra 1mg/ml</b>	NF	QL
<b>Prolate Sol 10/300mg</b>	NF	QL, 5DS, MME
<b>Prolate tab</b>	NF	QL, 5DS, MME
<i>promethegan supp</i>	G	
<b>Provigil</b>	NF	
<b>Prozac</b>	NF	
<i>pyridostigmine soln</i>	G	AL
<i>pyridostigmine tab</i>	G	
<b>Qdolo Sol 5mg/ml</b>	NF	QL, AL
<b>Qelbree ER</b>	NF	QL
<b>Qmiiz ODT</b>	NF	
<b>Qsymia ER</b>	NPD	PA, R
<i>quazepam</i>	G	AL
<b>Qudexy XR</b>	NPD	PA
<i>quetiapine fumarate [ER]</i>	G	
<b>Quillichew ER</b>	NPD	PA, QL
<b>Quillivant XR</b>	NPD	PA, QL
<b>Qulipta</b>	PB	PA, QL
<b>Radicava ORS Susp</b>	PB, SP	PA
<b>Quviviq</b>	NF	QL
<i>ramelteon</i>	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>rasagiline</i>	G	
<b>Razadyne</b>	NF	AL
<b>Razadyne ER</b>	NF	AL
<b>Rebif Rebidose</b>	NPD, SP	PA, QL
<b>Regimex</b>	NF	R
<b>Relafen</b>	NF	
<b>Relafen DS</b>	NF	
<b>Relexxii</b>	NF	QL
<b>Relpax</b>	NF	QL, AL
<b>Relyvrio Pak</b>	NPD, SP	PA
<b>Remeron</b>	NF	
<b>Remeron SolTab</b>	NF	
<b>Requip</b>	NF	
<b>Requip XL</b>	NF	
<b>Restoril</b>	NF	AL
<b>Rextovy Spr</b>	NF	QL
<b>Rexulti</b>	NPD	
<b>Reyvow</b>	NF	QL, AL
<b>Rilutek</b>	NF	
<i>riluzole</i>	G	
<b>Risperdal, Risperdal M-Tab</b>	NF	
<i>risperidone</i>	LCG	
<b>Ritalin LA</b>	NF	QL
<b>Ritalin Tab</b>	NF	QL
<i>rivastigmine</i>	G	AL
<i>rizatriptan benzoate</i>	G	QL, AL
<b>Robaxin</b>	NF	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	
<b>Roxicodone</b>	NF	QL, 5DS, MME
<b>Roxybond 15mg, 30mg</b>	NPD	PA, QL, 5DS, MME
<b>Roxybond 5mg</b>	NF	QL, 5DS, MME
<b>Rozerem</b>	NF	QL
<i>rufinamide susp 40mg/ml</i>	G	PA
<i>rufinamide tab</i>	G	PA

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<b>Rytary</b>	NPD	PA
<b>Sabril tablet/ packet</b>	NF, SP	
<b>Saphris</b>	NF	
<b>Saxenda</b>	NPD	PA, R, QL
<b>Secuado Patch</b>	NF	
<b>Seglentis 56-44mg Tab</b>	NF	QL
<i>selegiline HCl</i>	G	
<b>Seroquel</b>	NF	
<b>Seroquel XR</b>	NF	
<i>sertraline</i>	LCG	
<b>Sertraline Cap</b>	NF	
<b>Silenor</b>	NF	
<i>silodosin</i>	G	
<b>Sinemet</b>	NF	
<b>Sinemet CR</b>	NF	
<b>Sodium Oxybate Sol (Hikma)</b>	NPD, SP	PA, QL
<b>Sonata</b>	NF	QL
<b>Spritam Oral Disintegrating Tab</b>	NF	
<b>Sprix Nasal Spray</b>	NF	QL
<b>Stalevo</b>	NF	
<b>Strattera</b>	NF	QL
<b>Suboxone Sublingual Film</b>	NF	QL
<b>Subsys</b>	NF	QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL, AL
<i>sumatriptan/ naproxen</i>	G	PA, QL
<b>Sunosi</b>	PB	PA
<b>Sylatron</b>	NPD, SP	PA
<b>Symbyax</b>	NF	
<b>Sympazan Film</b>	NPD	PA
<b>Tascenso ODT</b>	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>tasimelteon</i>	G, SP	PA, QL
<b>Tasmar</b>	NF	
<b>Tecfidera</b>	NF, SP	LDD
<b>Tegretol susp</b>	NPD	PA, AL
<b>Tegretol [XR]</b>	NPD	PA
<i>temazepam</i>	G	QL, AL
<i>teriflunomide</i>	G, SP	
<i>tetrabenazine</i>	G, SP	PA
<i>thioridazine</i>	G	
<i>thiothixene</i>	G	
<i>tiagabine hcl</i>	G	
<b>Tiglutik Susp</b>	PB	
<b>Tivorbex</b>	NF	
<b>Tofranil</b>	NF	
<i>tolcapone</i>	G	
<i>tolmetin sodium</i>	G	
<b>Topamax</b>	NF	
<b>Topamax Sprinkle Capsules</b>	NF	
<i>topiramate</i>	G	
<i>topiramate ER cap</i>	G	
<i>topiramate sprinkle cap</i>	G	PA
<b>Tosymra Nasal Solution</b>	NF	QL, AL
<i>tramadol</i>	LCG	QL, AL, MME
<b>Tramadol ER cap</b>	NF	QL, AL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, AL, MME
<i>tramadol ER tablet</i>	G	QL, AL, MME
<b>Tramadol soln 5mg/ml</b>	NF	QL, AL, MME
<i>tramadol/ acetaminophen</i>	G	QL, AL, MME
<b>Tranxene T</b>	NF	AL
<i>tranycypromine sulfate</i>	G	

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<i>trazodone</i>	G	
<b>Treximet</b>	NF	QL, AL
<b>Trezix</b>	NF	
<i>triazolam</i>	G	QL, AL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	LCG	
<b>Trileptal Susp</b>	NF	AL
<b>Trileptal Tab</b>	NF	
<i>trimipramine</i>	G	
<b>Trintellix</b>	NPD	PA
<b>Trokendi XR</b>	NF	
<b>Trudhesa AER</b>	NF	QL
<i>trymine CG liquid</i>	G	AL, QL, 5DS, MME
<b>Tylenol w/Codeine</b>	NF	QL, 5DS, AL, MME
<b>Ubrelyv</b>	PB	PA, QL, AL
<b>Ultracet</b>	NF	QL, AL, MME
<b>Ultram</b>	NF	QL, AL, MME
<b>Valium</b>	NF	
<i>valproic acid</i>	G	
<b>Valtoco</b>	NPD	PA, QL
<b>Vanatol S/LQ</b>	NPD	PA, QL, 5DS
<i>varenicline</i>	G, ACA	QL
<i>varenicline Pak</i>	G, ACA	
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
<b>Venlafaxine Tab 112.5mg</b>	NF	
<b>Veozah</b>	NF	
<i>vigabatrin</i>	G, SP	PA
<i>vigadrone</i>	G, SP	PA
<b>Vimpat solution</b>	NF	
<b>Vimpat tablet</b>	NF	
<b>Virtussin AC w/ ALC liquid</b>	NPD	QL, 5DS, MME
<b>Vivlodex</b>	NF	
<b>Vraylar</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Vyvanse</b>	NF	QL
<b>Wainua Inj</b>	NPD, SP	PA, QL
<b>Wakix</b>	NPD, SP	PA, QL
<b>Wellbutrin SR</b>	NF	
<b>Wellbutrin XL</b>	NF	
<b>Xadago</b>	NF	
<b>Xanax</b>	NF	AL
<b>Xanax XR</b>	NF	AL
<b>Xcopri pak/tab</b>	NPD	PA
<b>Xelstrym Pad</b>	NF	QL
<b>Xenazine</b>	NF	
<b>Xodol, Norco</b>	NF	QL, 5DS, AL, MME
<b>Xtampza ER</b>	PB	PA, QL, MME
<b>Xyrem</b>	NF, SP	QL
<b>Xywav Soln</b>	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL
<b>Zarontin</b>	NF	
<b>Zavzpret Nasal Soln</b>	NF	QL, AL
<b>Zebutal</b>	NF	QL, 5DS
<b>Zembrace Symtouch</b>	NPD	PA, QL
<b>Zenzedi</b>	NF	QL
<b>Zepbound Inj</b>	NPD	PA, R, QL
<b>Zimhi Soln</b>	NPD	QL
<i>ziprasidone</i>	G	
<b>Zohydro ER</b>	NF	QL, MME
<i>zolmitriptan</i>	G	QL, AL
<i>zolmitriptan spray</i>	G	PA, QL, AL
<b>Zoloft</b>	NF	
<i>zolpidem tartrate</i>	LCG	PA, QL (10mg only)
<b>Zolpidem Tartrate Cap 7.5mg</b>	NF	QL
<i>zolpidem tartrate ER</i>	G	PA, QL (12.5mg only)
<i>zolpidem tartrate SL</i>	G	PA, QL (3.5mg only)
<b>Zolpimist</b>	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zomig</b>	NF	QL, AL
<b>Zonegran</b>	NF	
<b>Zonisade Susp</b>	NF	
<i>zonisamide</i>	G	
<b>Zorvolex</b>	NF	
<b>Ztalmy Susp</b>	NPD, SP	PA
<b>Zubsolv</b>	PB	QL
<b>Zurzuvae</b>	NPD	QL
<b>Zyban</b>	NF	QL
<b>Zyprexa</b>	NF	
<b>Zyprexa Zydis</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Amicar</b>	NF	
<i>amiloride</i>	G	
<i>amiloride/HCTZ</i>	G	
<i>aminocaproic acid</i>	G	
<i>amiodarone</i>	G	
<i>amlodipine</i>	LCG	
<i>amlodipine besylate/olmesartan</i>	G	
<i>amlodipine/benazepril</i>	G	
<i>amlodipine/valsartan</i>	G	
<i>amlodipine/valsartan/HCTZ</i>	G	
<i>anagrelide</i>	G	
<b>Antara</b>	NPD	
<b>Arixtra</b>	NF	
<i>aspirin-dipyridamole er</i>	G	
<b>Aspruzyo Spr Gra</b>	NF	
<b>Atacand</b>	NF	
<b>Atacand HCT</b>	NF	
<i>atenolol</i>	LCG	
<i>atenolol/chlorthalidone</i>	G	
<b>Atorvaliq Soln</b>	NF	AL
<i>atorvastatin</i>	G	
<i>atorvastatin/amlodipine</i>	G	
<b>Avalide</b>	NF	
<b>Avapro</b>	NF	
<b>Azor</b>	NF	
<b>Bebulin</b>	NPD, SP	PA
<i>benazepril</i>	G	
<i>benazepril/HCTZ</i>	G	
<b>BeneFIX</b>	PB, SP	PA
<b>Benicar</b>	NF	
<b>Benicar HCT</b>	NF	

**HEART, BLOOD PRESSURE, & CHOLESTEROL**

<b>Accupril</b>	NF	
<b>Accuretic</b>	NF	
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
<b>Actimmune</b>	NPD, SP	PA
<b>Adalat CC</b>	NF	
<b>Adcirca</b>	NF, SP	
<b>Adempas</b>	PB, SP	PA
<b>Advate</b>	PB, SP	PA
<b>Adynovate</b>	NPD, SP	PA
<b>Afstyla</b>	NPD, SP	PA
<b>Aggrenox</b>	NF	
<b>Agrylin</b>	NF	
<b>Aldactazide</b>	NF	
<b>Aldactone</b>	NF	
<i>aliskiren</i>	G	
<b>Alphanate</b>	PB, SP	PA
<b>AlphaNine</b>	NPD, SP	PA
<b>Alprolix</b>	NPD, SP	PA
<b>Altace</b>	NF	
<b>Altoprev ER</b>	NF	
<b>Altuviio Inj</b>	NPD, SP	PA
<i>ambrisentan</i>	G, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Betapace AF</b>	NF	
<i>betaxolol</i>	G	
<b>Bevyxxa</b>	NPD	QL
<b>Bidil</b>	NF	
<i>bisoprolol</i>	G	
<i>bisoprolol/HCTZ</i>	G	
<i>bumetanide</i>	G	
<b>Bystolic</b>	NF	
<b>Byvalson</b>	NPD	PA
<b>Caduet</b>	NF	
<b>Calan</b>	NF	
<b>Calan SR</b>	NF	
<b>Camzyos</b>	NPD, SP	PA, QL
<i>candesartan</i>	G	
<i>candesartan/hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
<b>Cardizem</b>	NF	
<b>Cardizem CD</b>	NF	
<b>Cardizem LA</b>	NF	
<b>Carospir</b>	NF	
<i>cartia XT</i>	G	
<i>carvedilol</i>	G	
<i>carvedilol ER</i>	G	
<b>Catapres tablets</b>	NF	
<b>Catapres-TTS</b>	NF	
<i>chlorothiazide</i>	G	
<i>chlorthalidone</i>	G	
<i>cholestyramine</i>	G	
<i>cholestyramine light</i>	G	
<i>cilostazol</i>	G	
<i>clonidine ER 12 HR tab</i>	G	
<b>Clonidine ER 24HR tab</b>	NF	
<i>clonidine IR tablet</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine patches</i>	G	
<i>clopidogrel</i>	G	
<b>Coagadex</b>	NPD, SP	PA
<i>colesevelam</i>	G	
<b>Colestid</b>	NF	
<i>colestipol HCl</i>	G	
<b>Conjupri</b>	NF	
<b>Coreg</b>	NF	
<b>Coreg CR</b>	NF	
<b>Corgard</b>	NF	
<b>Corifact</b>	NPD, SP	PA
<b>Corlanor</b>	NPD	PA
<b>Corzide</b>	NF	
<b>Coumadin</b>	PB	
<b>Cozaar</b>	NF	
<b>Crestor</b>	NF	
<i>dabigatran cap</i>	G	
<b>Demadex</b>	NF	
<b>Dibenzyline</b>	NF	
<i>digitek</i>	G	
<i>digox</i>	G	
<i>digoxin</i>	G	
<i>dilt-CD</i>	LCG	
<i>diltiazem HCl</i>	G	
<i>diltiazem HCl CD</i>	G	
<i>diltiazem HCl ER</i>	G	
<i>diltiazem HCl LA</i>	G	
<i>diltiazem HCl SR</i>	G	
<i>diltzac ER</i>	LCG	
<b>Diovan</b>	NF	
<b>Diovan HCT</b>	NF	
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
<i>droxidopa</i>	G, SP	PA
<b>Durlaza</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Dutoprol</b>	NPD	
<b>Dyazide</b>	NF	
<b>Dyrenium</b>	NF	
<b>Edarbi</b>	NF	
<b>Edarbyclor</b>	NF	
<b>Edecrin</b>	NF	
<b>Effient</b>	NF	
<b>Eliquis</b>	PB	
<b>Eloctate</b>	NPD, SP	PA
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<i>enalapril solution</i>	G	AL
<i>enoxaparin</i>	G	
<b>Entadfi</b>	NF	QL
<b>Entresto</b>	PB	QL
<b>Epaned Sol 1mg/ml</b>	NF	AL
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	
<b>Esperoct</b>	NPD, SP	PA
<i>ethacrynic acid</i>	G	
<b>Exforge</b>	NF	
<b>Exforge HCT</b>	NF	
<i>ezetimibe</i>	G	
<b>Ezetimibe/atorvastatin</b>	NF	
<b>Ezetimibe/rosuvastatin</b>	NF	
<i>ezetimibe/simvastatin</i>	G	
<b>Ezzalor Sprinkle Cap</b>	NF	
<b>Feiba</b>	NPD, SP	PA
<i>felodipine ER</i>	G	
<i>fenofibrate</i>	G	
<b>Fenofibrate micronized cap 30mg, 90mg</b>	NPD	
<i>fenofibrate nanocrystallized</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid</i>	G	
<b>Fenoglide</b>	NF	
<b>Fibricor</b>	NF	
<i>flecainide</i>	G	
<b>Flolipid susp</b>	NF	AL
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
<b>Fragmin</b>	NPD	
<b>Furoscix Kit 80mg/10ml</b>	NF	
<i>furosemide solution</i>	LCG	
<i>furosemide tabs</i>	LCG	
<i>gemfibrozil</i>	G	
<i>guanfacine</i>	G	
<b>Helixate FS</b>	NPD, SP	PA
<b>Hemangeol Soln</b>	NPD	PA
<b>Hemlibra Soln</b>	NPD, SP	PA
<b>Hemofil M</b>	NPD, SP	PA
<b>Humate-P</b>	PB, SP	PA
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
<b>Hyzaar</b>	NF	
<i>icosapent cap</i>	G	
<b>IFE-PG20 Inj</b>	NF	QL
<i>indapamide</i>	G	
<b>Inderal LA</b>	NF	
<b>InnoPran XL</b>	NF	
<b>Inpefa</b>	NF	
<b>Inspra</b>	NF	
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
<b>Isordil Titradoso Tabs</b>	NF	

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<i>isosorb dinitrate-hydralazine</i>	G	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
<b>Ixinity</b>	NPD, SP	PA
<i>jantoven</i>	G	
<b>Jesduvroq</b>	NPD, SP	PA
<b>Jivi</b>	NPD, SP	PA
<b>Juxtapid</b>	NPD, SP	PA
<b>Kaspargo</b>	NF	
<b>Katerzia Susp</b>	NF	AL
<b>Kerendia</b>	NPD	PA
<b>Koate-DVI</b>	PB, SP	PA
<b>Kogenate FS</b>	PB, SP	PA
<b>Kovaltry</b>	PB, SP	PA
<b>Kynamro</b>	NF, SP	
<i>labetalol HCl</i>	G	
<b>Lanoxin 62.5mcg, 187.5mcg tablets</b>	NF	
<b>Lanoxin 125mcg and 250mcg tablets</b>	NF	
<b>Lasix</b>	NF	
<b>Lescol XL</b>	NF	
<b>Letairis</b>	NF, SP	
<b>Levamlodipine</b>	NF	
<b>Lipitor</b>	NF	
<b>Lipofen</b>	NF	
<b>Liqrev Susp</b>	NF, SP	
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
<b>Livalo</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Lopid</b>	NF	
<b>Lopressor HCT</b>	NF	
<i>losartan</i>	G	
<i>losartan-HCTZ</i>	G	
<b>Lotensin</b>	NF	
<b>Lotrel</b>	NF	
<i>lovastatin</i>	ACA	
<b>Lovaza</b>	NF	
<b>Lovenox</b>	NF	
<b>Maxzide</b>	NF	
<i>methyl dopa</i>	G	
<i>metolazone</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol tartrate</i>	LCG	
<i>metoprolol tartrate/HCT</i>	G	
<b>Mevacor</b>	NF	
<i>mexiletine HCl</i>	G	
<b>Micardis</b>	NF	
<b>Micardis HCT</b>	NF	
<b>Microzide</b>	NF	
<b>Minipress</b>	NF	
<i>minitran</i>	G	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
<b>Monoclate-P</b>	NPD, SP	PA
<b>Mononine</b>	PB, SP	PA
<b>Mulpleta</b>	NF, SP	
<b>Multaq</b>	PB	
<i>nadolol</i>	G	
<i>nadolol-bendroflume thiazide</i>	G	
<i>nebivolol</i>	G	
<b>Nexiclon XR</b>	NF	
<b>Nexletol</b>	PB	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Nexlizet</b>	PB	PA
<i>niacin ER</i>	G	
<b>Niaspan ER</b>	NF	
<i>nicardipine</i>	G	
<i>nifedical XL</i>	G	
<i>nifedipine</i>	G	
<i>nifedipine ER</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine ER</i>	G	
<b>Nitro-Bid</b>	PB	
<b>Nitro-Dur</b>	NF	
<i>nitro-time cap</i>	G	
<b>Nitro-Time CR Cap</b>	NF	
<i>nitroglycerin ER</i>	LCG	
<i>nitroglycerin oint 0.4%</i>	G	
<i>nitroglycerin patches</i>	G	
<i>nitroglycerin SL</i>	G	
<i>nitroglycerin spray</i>	G	
<b>Nitrolingual Spray</b>	NF	
<b>Nitromist</b>	NPD	
<b>Nitrostat SL</b>	NF	
<b>Nocdurna SL</b>	NF	
<b>Norliqva Soln</b>	NF	AL
<b>Norpace</b>	NF	
<b>Northera</b>	NF, SP	
<b>Norvasc</b>	NF	
<b>Novoeight</b>	PB, SP	PA
<b>NovoSeven RT</b>	NPD, SP	PA
<b>Nuwiq</b>	PB, SP	PA
<b>Nymalize Sol</b>	NPD	
<b>Obizur</b>	NPD, SP	PA
<i>olmesartan medoxomil</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>olmesartan/amlodipine/hctz</i>	G	
<i>olmesartan/hctz</i>	G	
<i>omega-3 acid ethyl esters</i>	G	
<b>Opsumit</b>	PB, SP	PA
<b>Opsynvi</b>	NF	
<b>Orenitram</b>	NPD, SP	PA
<b>Ormalvi Tab</b>	NF	
<i>pacerone</i>	G	
<i>pentoxifylline ER</i>	G	
<i>perindopril</i>	G	
<b>Persantine</b>	NPD	
<i>phenoxybenzamine</i>	G	PA
<i>pindolol ER</i>	G	
<i>pitavastatin</i>	G	
<b>Plavix</b>	NF	
<b>Pradaxa</b>	NPD	
<b>Pradaxa Pak</b>	NF	
<b>Praluent</b>	NPD	PA
<i>prasugrel</i>	G	
<b>Pravachol</b>	NF	
<i>pravastatin</i>	G	
<i>prazosin</i>	G	
<i>prevalite</i>	G	
<b>Prinivil</b>	NF	
<b>Procardia</b>	NF	
<b>Procardia XL</b>	NF	
<b>Profilnine</b>	NPD, SP	PA
<b>Promacta</b>	NPD, SP	PA
<i>propafenone</i>	G	
<i>propafenone SR</i>	G	
<i>propranolol</i>	G	
<i>propranolol ER</i>	G	
<i>propranolol/HCTZ</i>	G	
<b>Qbrelis</b>	NF	AL
<b>Questran</b>	NF	

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<b>Questran Light</b>	NF	
<i>quinapril HCl</i>	LCG	
<i>quinapril/HCTZ</i>	G	
<i>ramipril</i>	G	
<b>Ranexa</b>	NF	
<i>ranolazine</i>	G	
<b>Rebinyn Soln</b>	NPD, SP	PA
<b>Recombinate</b>	PB, SP	PA
<b>Rectiv</b>	NF	
<b>Repatha</b>	PB	PA
<b>Revatio</b>	NF, SP	
<b>Riastap</b>	NPD, SP	PA
<b>Rixubis</b>	NPD, SP	PA
<i>rosuvastatin</i>	G	
<b>Roszet</b>	NF	
<b>Rythmol SR</b>	NF	
<b>Samsca</b>	NF, SP	LDD
<b>Sevenfact Inj</b>	NPD, SP	PA
<i>sildenafil citrate 20mg tab, 10mg/ml susp</i>	G, SP	PA
<i>sildenafil citrate 25mg, 50mg, 100mg</i>	LCG	QL
<i>simvastatin</i>	LCG	
<b>Simvastatin susp</b>	NF	AL
<b>Skytrofa Inf</b>	NPD, SP	PA
<b>Soanz</b>	NF	
<b>Sogroya Inj</b>	NF, SP	
<i>sotalol HCl</i>	G	
<b>Sotylize</b>	NPD	
<i>spironolactone</i>	G	
<i>spironolactone/ HCTZ</i>	G	
<b>Stimate</b>	NF	
<b>Sular</b>	NF	
<b>Tadliq Susp</b>	NF, SP	
<b>Tarka</b>	NF	
<i>taztia XT</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Tekturna</b>	NF	
<b>Tekturna HCT</b>	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan- amlodipine</i>	G	
<i>telmisartan/ hydrochloro- thiazide</i>	G	
<b>Tenoretic</b>	NF	
<b>Tenormin</b>	NF	
<b>Thalitone</b>	NF	
<i>tiadylt ER</i>	G	
<b>Tiazac</b>	NF	
<i>ticlopidine HCl</i>	G	
<b>Tikosyn</b>	NF	
<i>timolol</i>	G	
<i>tolvaptan 15mg, 30mg tab</i>	G, SP	PA
<b>Toprol XL</b>	NF	
<i>torseamide</i>	G	
<i>trandolapril</i>	G	
<i>trandolapril/ verapamil ER</i>	G	
<b>Tretten</b>	NPD, SP	PA
<i>triamterene/HCTZ</i>	LCG	
<i>triamterene cap</i>	G	
<b>Tribenzor</b>	NF	
<b>Tricor</b>	NF	
<b>Trilipix</b>	NF	
<b>Twynsta</b>	NF	
<b>Tyvaso</b>	NPD, SP	PA
<b>Uptravi</b>	NPD, SP	PA
<i>valsartan</i>	G	
<b>Valsartan Soln</b>	NF	AL
<i>valsartan/ hydrochloro- thiazide</i>	G	
<b>Vascepa</b>	NF	
<b>Vaseretic</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Vasotec</b>	NF	
<i>vecamyl</i>	G	PA
<b>Ventavis</b>	NPD, SP	PA
<b>Verelan ER, PM</b>	NF	
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
<b>Verquvo</b>	NPD	PA, QL
<b>Vijoice</b>	NPD, SP	PA, QL
<b>Vonvendi</b>	NPD, SP	PA
<b>Voxzogo</b>	NPD, SP	PA
<b>Vyndaqel, Vyndamax</b>	NPD, SP	PA
<b>Vytorin</b>	NF	
<i>warfarin</i>	G	
<b>Welchol</b>	NF	
<b>Wilate</b>	PB, SP	PA
<b>Xarelto</b>	PB	
<b>Xolremdi</b>	NPD, SP	PA, QL
<b>Xyntha</b>	PB, SP	PA
<b>Zestoretic</b>	NF	
<b>Zestril</b>	NF	
<b>Zetia</b>	NF	
<b>Ziac</b>	NF	
<b>Zocor</b>	NF	
<b>Zypitamag</b>	NF	
SKIN MEDICATIONS		
<b>Absorica</b>	NF	
<b>Absorica LD</b>	NF	
<b>Acanya</b>	NF	
<i>accutane cap</i>	G	
<i>acitretin</i>	G	
<i>acyclovir cream/ oint</i>	G	
<b>Aczone</b>	NF	AL
<b>Adapalene 0.1% lotion</b>	NPD	AL
<i>adapalene 0.3% gel</i>	G	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>adapalene-benzoyl-peroxide gel</i>	G	AL
<i>adapalene cream</i>	G	AL
<b>Adapalene pad 0.1%</b>	NF	AL
<b>Adbry Inj 150mg/ml</b>	PB, SP	PA
<b>Aklief Cream 0.005%</b>	NF	AL
<b>Aktipak</b>	NF	
<i>ala-cort cream</i>	LCG	
<b>Ala-Scalp</b>	NF	
<i>alclometasone cream, ointment</i>	G	
<b>Aldara</b>	NF	
<b>Altreno lotion 0.05%</b>	NF	AL
<i>amcinonide</i>	G	
<b>Apexicon E</b>	NF	
<b>Arazlo lotion 0.045%</b>	NF	AL
<b>Atralin</b>	NF	AL
<i>avita</i>	G	AL
<b>Azelex</b>	NF	
<i>azelaic acid gel 15%</i>	G	
<b>Benzaclin</b>	NF	
<b>Benzamycin gel</b>	NF	
<b>Benzamycinpak</b>	NPD	PA
<i>benzoyl peroxide/ erythromycin</i>	G	
<i>beser lotion 0.05%</i>	G	
<i>betamethasone dipropionate</i>	G	
<i>betamethasone valerate</i>	G	
<i>betamethasone/ clotrimazole</i>	G	
<b>Bimzelx Inj</b>	NPD, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>brimonidine gel 0.33%</i>	G	
<b>Bryhali lotion 0.01%</b>	NF	
<b>Cabtreo Gel</b>	NF	
<i>calcipotriene cream</i>	G	
<b>Calcipotriene foam</b>	NF	
<i>calcipotriene-betamethasone dp oint</i>	G	
<i>calcipotriene-betamethasone dp susp</i>	G	
<i>calcitriol ointment</i>	G	
<b>Capex</b>	NF	
<b>Carac</b>	NPD	PA
<b>Centany ointment 2%</b>	NF	
<b>Cibinqo Tab</b>	PB, SP	PA
<i>ciclopirox 0.77% cream</i>	G	
<i>ciclopirox 8% solution</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G	
<b>Cleocin T</b>	NF	
<b>Clindagel</b>	NF	
<i>clindamycin, clindamycin cream, clindamycin-benzoyl peroxide gel [w/pump]</i>	G	
<b>Clindamycin/benzoyl peroxide 1-5%</b>	NF	
<i>clindamycin HCL caps</i>	LCG	
<i>clindamycin phosphate sol 1%</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin/tretinoin gel</i>	G	AL
<i>clobetasol cream, ointment, solution</i>	G	
<b>Clobex</b>	NF	
<b>Clocortolone pivalate</b>	NPD	PA
<i>clodan</i>	G	
<b>Cloderm</b>	NF	
<b>Condylox</b>	NF	
<b>Cordran</b>	NF	
<b>Cosentyx</b>	NPD, SP	PA
<b>Crotan</b>	NPD	
<b>Cutivate</b>	NF	
<b>Cystaran Soln 0.44%</b>	NPD, SP	PA, QL
<b>Dapsone Gel 5%, 7.5%</b>	NPD	PA, AL
<b>Denavir</b>	NF	QL
<b>Derma-Smoothe FS</b>	NF	
<b>Dermatop</b>	NF	
<b>Desonate</b>	NF	
<i>desonide gel 0.05%</i>	G	
<b>Desowen</b>	NF	
<i>desoximetasone cream, gel, ointment</i>	G	
<i>desrx gel 0.05%</i>	G	
<i>diclofenac sodium gel 3%</i>	G	PA
<b>Differin 0.1% cream</b>	NF	AL
<b>Differin 0.1% lotion</b>	NF	AL
<b>Differin 0.3% gel</b>	NF	AL
<b>Diflorasone diacetate</b>	NPD	PA
<b>Diprolene, Diprolene AF</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Dovonex cream</b>	NF	
<i>doxepin cream 5%</i>	G	QL
<b>Duac</b>	NF	
<b>Duobrii Lotion</b>	NF	
<b>Dupixent</b>	PB, SP	PA
<i>econazole</i>	G	
<b>Ecoza</b>	NPD	PA
<b>Efudex cream</b>	NF, SP	
<b>Elidel</b>	NF	
<b>Elimite</b>	NF	
<b>Elocon</b>	NF	
<b>Enstilar</b>	NPD	
<b>Epiduo</b>	NF	AL
<b>Epiduo Forte gel</b>	NPD	AL
<b>Epsolay</b>	NF	
<b>Ertaczo</b>	NPD	PA
<b>Erygel</b>	NF	
<i>erythromycin gel, soln, swabs</i>	G	
<b>Eucrisa</b>	PB	PA
<b>Eurax</b>	NF	
<b>Evoclin</b>	NF	
<b>Exelderm</b>	NPD	PA
<b>Extina</b>	NF	
<b>Fabior</b>	NF	AL
<b>Fasenra</b>	PB, SP	PA
<b>Filsuvez Gel 10%</b>	NPD, SP	PA, QL
<b>Finacea</b>	NF	
<i>fluocinolone acetonide cream, soln, oil</i>	G	
<i>fluocinonide gel</i>	G	
<i>fluocinonide ointment</i>	LCG	
<b>Fluorouracil cream 0.5%</b>	PB	
<i>fluorouracil solution 2%</i>	G, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Flurandrenolide cream, lotn, oint</b>	NPD	PA
<i>fluticasone propionate cream, lotn, oint</i>	G	
<i>gentamicin topical cream, ointment</i>	G	
<i>halcinonide cream 0.1%</i>	G	
<i>halobetasol AER 0.05%</i>	G	
<i>halobetasol propionate</i>	G	
<b>Halobetasol propionate foam 0.05%</b>	NF	
<b>Halog</b>	NF	
<i>hydrocortisone 2.5%</i>	G	
<i>hydrocortisone butyrate 0.1%</i>	G	
<i>hydrocortisone butyrate/emoll</i>	G	
<i>hydrocortisone lot</i>	G	
<i>hydrocortisone supp</i>	G	
<i>hydrocortisone valerate 0.2%</i>	G	
<i>hydrocortisone/lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	PA
<b>Imiquimod Cream 3.75% Pump</b>	NF	
<b>Impeklo Lotion</b>	NF	
<b>Impoyz cream 0.025%</b>	NF	
<i>isotretinoin</i>	G	
<b>Jublia</b>	NPD	PA
<b>Kenalog Spray</b>	NF	
<b>Kerydin</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
<b>Klaron</b>	NF	
<b>Klisyri Oint 1%</b>	NPD	PA
<b>Lexette Foam</b>	NF	
<i>lidocaine</i>	G	
<i>lidocaine solution</i>	G	
<b>Lidoderm</b>	NF	
<b>Litfulo</b>	NPD, SP	PA
<b>Locoid</b>	NF	
<b>Locoid Lipocream</b>	NF	
<b>Loprox</b>	NF	
<b>Lotrisone</b>	NF	
<b>Luliconazole cream</b>	NPD	PA
<b>Luxiq</b>	NF	
<b>Luzu</b>	NPD	PA
<i>malathion lotion</i>	G	
<i>methoxsalen</i>	G	
<b>MetroCream</b>	NF	
<b>MetroGel</b>	NF	
<b>MetroLotion</b>	NF	
<i>metronidazole cream, lotion, gel</i>	G	
<b>Miconazole-zinc ointment</b>	NPD	PA
<b>Mirvaso</b>	PB	
<i>mometasone cream, ointment, solution</i>	LCG	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream/gel</i>	G	
<b>Naftin</b>	NF	
<b>Natroba</b>	NF	
<b>Nizoral shampoo</b>	NF	
<b>Noritrate</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>nystatin/triamcinolone cream, ointment</i>	LCG	
<i>nystatin oint</i>	LCG	
<i>nystatin suspension</i>	G	
<b>Olux [E]</b>	NF	
<b>Onexton</b>	NF	
<b>Opzelura Cream</b>	PB	PA, QL
<b>Ovide</b>	NF	
<b>Oxiconazole nitrate</b>	NPD	PA
<b>Oxistat</b>	NF	
<b>Oxsoralen Ultra</b>	NF	
<b>Pandel</b>	NF	
<b>Panretin Gel</b>	NPD	PA
<i>penciclovir cream 1%</i>	G	QL
<b>Penlac</b>	NF	
<i>permethrin</i>	G	
<i>pimecrolimus cre 1%</i>	G	
<i>podofilox gel 0.5</i>	G	
<i>podofilox soln</i>	G	
<b>Pramosone cream/lotion</b>	NPD	PA
<i>prednicarbate ointment</i>	G	
<i>prilocaine/lidocaine</i>	G	
<b>Proctofoam HC</b>	PB	
<b>Prudoxin cream 5%</b>	NF	QL
<b>Qbrexza Pad 2.4%</b>	NPD	PA, QL
<b>Retin-A</b>	NF	AL
<b>Retin-A Micro 0.04%, 0.1%</b>	NF	AL
<b>Retin-A Micro 0.08%</b>	NF	AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Rhofade 1% cream</b>	NPD	PA
<i>selenium sulfide shampoo/lotion</i>	G	
<b>Sernivo</b>	NPD	PA
<b>Siliq</b>	NPD, SP	PA
<b>Silvadene</b>	NF	
<i>silver sulfadiazine</i>	LCG	
<b>Skyrizi Inj</b>	PB, SP	PA
<i>sodium sulfacetamide suspension</i>	G	
<b>Solaraze</b>	NF	
<b>Soolantra</b>	PB	
<b>Soriatane</b>	NF	
<b>Sorilux Foam</b>	NF	
<b>Spevigo Inj</b>	NPD, SP	PA
<i>spinosad</i>	G	
<i>SSD cream 1%</i>	LCG	
<b>Sulconazole cream/solution</b>	NPD	PA
<b>Sulfamylon</b>	NF	
<b>Synalar</b>	NF	
<b>Taclonex</b>	NPD	
<b>Taltz Autoinjector</b>	NPD, SP	PA
<b>Targretin gel</b>	NF, SP	
<i>tavorole sol 5%</i>	G	PA
<b>Tazarotene AER 0.1%</b>	NF	AL
<i>tazarotene cream 0.1%</i>	G	AL
<i>tazarotene gel</i>	G	AL
<b>Tazorac cream/gel</b>	NF	AL
<b>Temovate</b>	NF	
<b>Texacort soln</b>	NPD	PA
<b>Tobradex ointment</b>	NPD	
<b>Topicort cream/ointment</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Topicort spray</b>	NF	
<b>Tremfya</b>	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
<b>Tretinoin microspheres gel</b>	NPD	AL
<i>triamcinolone acetonide</i>	LCG	
<b>Triamcinolone oint 0.05%</b>	NPD	PA
<b>Trianex</b>	NPD	PA
<b>Tridacaine Pad 5%</b>	NF	QL
<b>Tridacaine II Pad 5%</b>	NF	QL
<i>triderm cream</i>	LCG	
<b>Tritocin oint 0.05%</b>	NPD	PA
<b>Twynéo 0.1-3% Cream</b>	NF	AL
<b>Tyenne Inj</b>	NPD, SP	PA
<b>Ultravate</b>	NF	
<b>Vectical</b>	NF	
<b>Veltin</b>	NF	AL
<b>Verdeso</b>	NPD	PA
<b>Veregen Oint</b>	NPD	PA, QL
<b>Vtama Cream</b>	NPD	PA
<b>Vusion</b>	NPD	PA
<b>Winlevi Cream 1%</b>	NF	
<b>Wynzora Cream</b>	NPD	
<b>Xaciato Gel</b>	NPD	
<b>Xerese Cream</b>	NF	
<b>Xolegel</b>	NF	
<b>Ziana</b>	NF	AL
<b>Zilxi Aer</b>	NF	
<b>Zonalon cream 5%</b>	NPD	QL
<b>Zoryve Cream</b>	NPD	PA
<b>Zoryve Foam</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zovirax cream</b>	NF	QL
<b>Zovirax oint</b>	NF	
<b>Ztlido Pad 1.8%</b>	NF	QL
<b>Zyclara Cream/ Pump</b>	NF	

### EAR, NOSE, THROAT MEDICATIONS

<i>acetasol HC, acetic acid HC otic</i>	G	
<b>Astepro</b>	NF	
<i>azelastine</i>	G	
<b>Bactroban nasal oint</b>	PB	
<b>Cetraxal</b>	NF	
<i>cevimeline hcl</i>	G	
<b>Ciprodex</b>	NF	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin- dexamethasone otic sus</i>	G	
<b>Ciprofloxacin- fluocinolone PF otic soln</b>	NF	
<i>cortane B otic drops</i>	G	
<b>Dermotic</b>	NF	
<b>Evoxac</b>	NF	
<i>fluocinolone acetamide oil</i>	G	
<i>mometasone furoate nasal spray</i>	G	PA
<b>Nasonex</b>	NF	
<i>neomycin/ polymyxin/ hydrocortisone</i>	LCG	
<i>ofloxacin otic</i>	LCG	
<i>olopatadine</i>	G	
<b>Omnaris</b>	NPD	
<b>Patanase</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>pilocarpine HCl</i>	G	
<b>Qnasl</b>	NF	
<i>ribavirin</i>	G, SP	
<b>Ryaltris Spray 665-25mcg/act</b>	NF	
<b>Salagen</b>	NF	
<b>Virazole</b>	NF	
<b>Xhance</b>	NF	
<b>Zetonna</b>	NPD	

### DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES

<i>acarbose</i>	G	
<b>Actos</b>	NF	
<b>Adlyxin</b>	NF	
<b>Admelog</b>	PB	QL
<b>Adthyza tab</b>	NPD	
<b>Afrezza</b>	NF	
<b>Alogliptin benz/ metformin hcl</b>	PB	
<b>Alogliptin benz/ pioglitazone</b>	PB	
<b>Alogliptin benzoate</b>	PB	
<b>Amaryl</b>	NF	
<b>Androderm patch</b>	NF	
<b>Androgel 1.62% Packet, Pump</b>	NF	
<b>Androgel 1%</b>	NF	
<b>Apidra</b>	PB	QL
<b>Armour Thyroid</b>	NPD	
<b>Aveed Soln 750mg/3ml Intramuscular</b>	NF	
<b>Axiron</b>	NF	
<b>Bafiertam DR Cap</b>	PB, SP	
<b>Baqsimi</b>	PB	
<b>Basaglar</b>	PB	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaine powder</i>	G, SP	
<b>Bexagliflozin</b>	NF	
<b>Breeze2 Glucometer</b>	PB	PA, QL
<b>Breeze2 Test Strips</b>	NF	QL
<b>Brenzavvy</b>	NF	
<b>Bydureon</b>	PB	PA, QL
<b>Byetta</b>	PB	PA, QL
<b>Bynfezia Pen</b>	NPD, SP	PA
<i>calcitriol capsules</i>	G	
<b>Carnitor</b>	NF	
<b>Cetrotide Kit</b>	NF, SP	R
<i>cinacalcet</i>	G	
<b>Contour Glucometers</b>	PB	QL
<b>Contour Next Test Strips</b>	PB	QL
<b>Contour Test Strips</b>	PB	QL
<b>Cortef</b>	NF	
<b>Cortisone tab</b>	NPD	
<b>Cytomel</b>	NPD	
<i>danazol</i>	G	
<b>DDAVP</b>	NF	
<i>deflazacort</i>	G, SP	PA
<b>Degludec Flextouch Inj</b>	NF	QL
<b>Delatesteryl</b>	NF	
<b>Delestrogen Oil Intramuscular</b>	NF	
<b>Demser</b>	NF	
<b>Depo-Estradiol Oil 5mg/ml Intramuscular</b>	NF	
<b>Depo-Testosterone Solution 100mg/ml, 200mg/ml</b>	NF	
<i>desmopressin acetate</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Desmopressin Nasal Soln</b>	NF	
<b>Dexabliss</b>	NF	
<i>dexamethasone</i>	LCG	
<i>dexamethasone pak, 6-day, 10-day, 13-day</i>	G	
<b>Dexcom Continuous Glucose Monitor Receiver</b>	PB	PA, QL
<b>Dexcom Continuous Glucose Monitor Transmitter</b>	PB	PA, QL
<b>Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors</b>	PB	PA, QL
<b>Dexpak pak</b>	NF	
<i>diazoxide suspension 50mg/ml</i>	G	
<i>doxercalciferol</i>	G	
<b>Duetact</b>	NF	
<b>Duvyzat Sus</b>	NPD, SP	PA
<b>Dxevo 11-Day Therapy Pack 1.5mg</b>	NF	
<b>Emflaza</b>	NF, SP	
<i>estradiol valerate oil intramuscular</i>	G	
<i>euthyrox</i>	G	
<b>Eversense E3 Sensor</b>	NPD	PA, QL
<b>Eversense E3 Transmitter</b>	NPD	PA, QL
<b>Farxiga</b>	PB	
<b>Fiasp</b>	PB	QL
<i>fludrocortisone acetate</i>	G	
<b>Fortamet</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Forteo</b>	NF, SP	Q/T
<b>Fortesta</b>	NF	
<b>Freestyle Glucometer</b>	PB	PA, QL
<b>Freestyle InsuLinx Test Strips</b>	NF	QL
<b>FreeStyle Libre Reader, Sensor, Reader Device</b>	NF	QL
<b>Freestyle Lite Test Strips</b>	NF	QL
<b>Freestyle Test Strips</b>	NF	QL
<b>Genotropin</b>	NF, SP	
<i>glimepiride</i>	G	
<i>glipizide ER</i>	G	
<i>glipizide tab</i>	LCG	
<i>glipizide XL</i>	G	
<b>Glucagen Hypokit</b>	NF	
<i>glucagon emergency kit (generic)</i>	G	
<b>Glucagon Emergency Kit (Lilly)</b>	NF	
<b>Glucophage</b>	NF	
<b>Glucophage XR</b>	NF	
<b>Glucotrol</b>	NF	
<b>Glucotrol XL</b>	NF	
<b>Glucovance</b>	NF	
<i>glyburide</i>	G	
<i>glyburide micronized</i>	G	
<b>Glynase</b>	NF	
<b>Glyset</b>	NF	
<b>Glyxambi</b>	PB	
<b>Gvoke HypoPen</b>	NF	AL
<b>Gvoke PFS inj</b>	NF	AL
<b>Hectorol</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Hemady</b>	NF	
<b>Humalog</b>	PB	QL
<b>Humatrope</b>	NF, SP	
<b>Humulin</b>	PB	QL
<b>Humulin R U-500 (Concentrated and KwikPen)</b>	PB	QL
<i>hydrocortisone</i>	G	
<b>Increlex</b>	NPD, SP	PA, LDD
<b>Insulin aspart inj</b>	NF	QL
<b>Insulin aspart protamin inj flexpen</b>	NF	QL
<b>Insulin Degludec Inj</b>	NF	QL
<b>Insulin Glargine</b>	NF	QL
<b>Insulin lispro</b>	PB	QL
<b>Insulin lispro inj junior</b>	PB	QL
<b>Insulin lispro inj protamin</b>	PB	QL
<b>Invokamet [XR]</b>	NF	
<b>Invokana</b>	NF	
<b>Isturisa</b>	NPD, SP	PA, QL
<b>Janumet</b>	PB	
<b>Janumet XR</b>	PB	
<b>Januvia</b>	PB	
<b>Jardiance</b>	PB	
<b>Jatenzo</b>	NF	
<b>Javygtor</b>	NF, SP	
<b>Jentadueto tablet</b>	PB	
<b>Jentadueto XR</b>	PB	
<b>Kazano tablet</b>	NF	
<b>Kombiglyze XR</b>	NF	
<b>Korlym tablet</b>	NF, SP	
<b>Kyzatrex</b>	NF	
<b>Lantus</b>	PB	QL
<b>Levemir</b>	NF	QL, AL
<i>levocarnitine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Levothyroxine cap</b>	NPD	PA
<i>levothyroxine tab</i>	G	
<i>levo-T tab</i>	G	
<i>levoxyl</i>	G	
<i>liothyronine</i>	G	
<b>Liraglutide Soln Pen Inj</b>	PB	PA, QL
<b>Lyumjev Inj/Pen</b>	PB	QL
<b>Medrol</b>	NF	
<b>Medtronic Continuous Glucose Monitor Receiver</b>	NPD	PA, QL
<b>Medtronic Continuous Glucose Monitor Guardian Transmitter</b>	NPD	PA, QL
<b>Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors</b>	NPD	PA, QL
<i>metformin</i>	G	
<b>Metformin 625mg</b>	NPD	PA
<b>Metformin ER (MOD)</b>	NPD	PA
<b>Metformin ER (OSM)</b>	NPD	PA
<i>metformin ER (generic for Glucophage XR)</i>	G	
<i>metformin HCL 500mg/5ml oral soln</i>	G	AL
<i>metformin/glyburide</i>	G	
<i>methimazole</i>	G	
<b>Methitest Tab</b>	NPD	PA
<i>methylprednisolone</i>	G	
<i>methyltestosterone</i>	G	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>metirosine</i>	G	
<i>mifepristone</i>	G, SP	PA
<i>miglitol</i>	G	
<b>Millipred solution</b>	NF	
<b>Millipred tabs</b>	NF	
<b>Mounjaro Inj</b>	PB	PA, QL
<b>Myalept</b>	NPD, SP	PA
<b>Mycapssa cap</b>	NPD, SP	PA
<i>nateglinide</i>	G	
<b>Natesto</b>	NF	
<b>Natpara</b>	NPD, SP	PA
<b>Nature-Throid</b>	NPD	
<b>Nesina tablet</b>	NF	
<b>Ngenla Inj</b>	NPD, SP	PA
<b>Noctiva Emulsion</b>	NF	
<b>Non Preferred Diabetic Meters</b>	PB	PA, QL
<b>Norditropin</b>	PB, SP	PA
<b>Novolin</b>	PB	QL
<b>Novolin R</b>	PB	QL
<b>Novolin Relion</b>	NPD	PA, QL
<b>Novolog</b>	PB	QL
<b>Novolog Relion</b>	NPD	PA, QL
<i>NP thyroid</i>	G	
<b>Nutropin AQ</b>	PB, SP	PA
<b>Omnipod 5 Pack</b>	PB	
<b>Omnipod Dash System</b>	PB	
<b>Omnipod Dash 5 Pack</b>	PB	
<b>Omnipod Go Kit</b>	PB	
<b>Omnipod Starter Kit</b>	PB	
<b>Omnitrope</b>	PB, SP	PA
<b>One Touch Glucometers</b>	PB	PA, QL
<b>One Touch Test Strips</b>	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Onglyza</b>	NF	
<b>Orapred ODT</b>	NF	
<b>Orilissa</b>	PB	PA, QL
<b>Oseni</b>	NF	
<b>Oxandrin</b>	NF	
<i>oxandrolone</i>	G	QL
<b>Ozempic Soln</b>	PB	PA, QL
<b>Palynziq</b>	NPD, SP	PA
<i>paricalcitol</i>	G	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
<b>Pogo Automatic Mis Monitor</b>	PB	PA, QL
<b>Pogo Automatic Test Cartridge</b>	NPD	PA, QL
<b>Prandin</b>	NF	
<b>Precision Glucometer</b>	PB	PA, QL
<b>Precision XTRA Test Strips</b>	NF	QL
<b>Precose</b>	NF	
<i>prednisolone</i>	G	
<b>Procysbi</b>	NPD, SP	PA
<b>Proglycem Susp</b>	NF	
<i>propylthiouracil</i>	G	
<b>Qtern</b>	NF	
<b>Rayos</b>	NF	
<b>Regranex gel</b>	NPD	PA
<i>repaglinide</i>	G	
<b>Rezdifra Tab</b>	NPD	PA, QL
<b>Rezvoglar Inj</b>	PB	QL
<b>Riomet [ER] solution/ suspension 500mg/5ml</b>	NF	AL
<b>Rocaltrol capsules</b>	NF	
<b>Rybelsus</b>	PB	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Saizen</b>	NF, SP	
<i>saxagliptin</i>	G	
<i>saxagliptin- metformin</i>	G	
<b>Segluromet</b>	NF	
<b>Semglee Inj 100U/ML</b>	NF	QL
<b>Sensipar</b>	NF	
<b>Serostim</b>	NPD, SP	PA, LDD
<b>Signifor</b>	NPD, SP	PA
<b>Sitagliptin tab</b>	NF	
<b>Sitagliptin/ Metformin</b>	NF	
<b>Soliqua</b>	PB	
<b>Somavert</b>	NPD, SP	PA
<b>Starlix</b>	NF	
<b>Steglatro</b>	NF	
<b>Steglujan</b>	NF	
<b>Striant buccal system</b>	NPD	PA
<b>Symlin</b>	PB	PA
<b>Synjardy</b>	PB	
<b>Synjardy XR</b>	PB	
<b>Synthroid</b>	NPD	
<b>Tanzeum</b>	NF	
<b>Tapazole</b>	NF	
<b>Teriparatide Pen-Injector 620mcg/2.48ml</b>	PB, SP	PA, Q/T
<b>Teriparatide Pen-Injector 600mcg/2.4ml</b>	NF, SP	
<b>Testim Gel</b>	NF	
<b>Testosterone Cypionate Solution 200mg/ ml Injection</b>	NPD	
<i>testosterone cypionate solution 100mg/ml, 200mg/ml intramuscular</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone enanthate inj 200mg/ml</i>	G	
<i>testosterone enanthate solution</i>	G	
<i>testosterone gel 10mg/act (2%)</i>	G	
<i>testosterone gel 1%, 1.62%</i>	G	
<i>testosterone solution 30mg/act</i>	G	
<b>Thyquidity Soln</b>	NPD	PA, AL
<b>Tirosint capsule/soln</b>	NPD	PA
<b>Tlando</b>	NF	
<i>tolbutamide</i>	G	
<b>Toujeo Solostar</b>	PB	QL
<b>Tradjenta tablet</b>	PB	
<b>Tresiba</b>	NF	QL, AL
<b>Trijardy XR</b>	PB	
<b>Trulicity</b>	PB	PA, QL
<b>Tymlos</b>	PB, SP	PA, Q/T
<b>Uceris</b>	NF	
<i>unithroid</i>	G	
<b>V-GO</b>	PB	
<b>Veripred soln 20mg/5ml</b>	NF	
<b>Victoza</b>	NF	QL
<b>Vogelxo</b>	NF	
<b>Vumerity</b>	PB, SP	
<b>Wegovy</b>	NPD	PA, R, QL
<b>Westhroid</b>	NPD	
<b>WP Thyroid</b>	NPD	
<b>Xigduo XR</b>	PB	
<b>Xultophy</b>	NPD	PA
<b>Xyosted Soln</b>	NPD	PA
<b>Zcort 7-day tab</b>	NF	
<b>Zegalogue Inj</b>	PB	
<b>Zemplar</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zituvio</b>	NF	
<b>Zomacton</b>	NF, SP	
STOMACH, ULCER, & BOWEL MEDS		
<b>Abrilada Inj</b>	NF, SP	QL
<b>Aciphex</b>	NF	QL
<b>Aciphex Sprinkle</b>	NF	QL, AL
<b>Actigall</b>	NF	
<b>Agamree Susp</b>	NPD, SP	PA
<b>Amitiza</b>	NF	
<b>Amoxicill-clarithro-lansoprazole</b>	NPD	
<b>Ampyra</b>	NF, SP	QL
<b>Anusol-HC cream</b>	NF	
<i>aprepitant</i>	G	QL
<b>Apriso</b>	NF	
<b>Asacol HD</b>	NF	
<b>Azulfidine</b>	NF	
<i>balsalazide</i>	G	
<b>Bentyl</b>	NF	
<b>Bismuth/metronidazole/tetracycline</b>	NPD	
<b>Bonjesta</b>	NPD	PA
<i>budesonide ER tablet</i>	G	
<b>Budesonide-formoterol</b>	NF	
<b>Bylvay</b>	PB, SP	PA
<b>Canasa supp</b>	NF	
<b>Carafate susp</b>	NF	
<b>Carafate tabs</b>	NF	
<b>Chenodal</b>	NPD, SP	
<i>chlordiazepoxide/clidinium</i>	LCG	AL
<b>Cholbam</b>	NPD, SP	PA
<i>cimetidine</i>	G	
<b>Clenpiq</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Colazal</b>	NF	
<i>colocort</i>	G	
<b>Creon</b>	PB	
<b>Cuvposa</b>	NF	
<b>Cuvrior</b>	NF, SP	
<b>Cyltezo Inj</b>	NF, SP	QL
<b>Cyltezo Kit Crohns</b>	NF, SP	QL
<b>Cyltezo Psor Kit</b>	NF, SP	QL
<b>Cytotec</b>	NF	
<i>dalfampridin ER</i>	G, SP	PA, QL
<b>Delzicol</b>	NF	
<b>Dexilant DR</b>	NF	QL
<i>dexlansoprazole DR cap</i>	G	PA, QL
<b>Diclegis</b>	NF	
<i>dicyclomine</i>	G	
<i>diphenoxylate HCl/atropine</i>	G	
<i>doxylamine-pyridoxine</i>	G	PA
<i>dronabinol</i>	G	
<b>Emend</b>	NF	QL
<b>Emverm</b>	NPD	QL
<b>Endari powder</b>	NPD	PA
<b>Entocort EC</b>	NF	
<b>Entyvio Inj</b>	NPD, SP	PA
<i>esomeprazole</i>	G	PA, QL
<i>esomeprazole granules</i>	G	PA, QL
<b>Esomeprazole strontium</b>	NPD	PA, QL
<i>famotidine 40mg tab, suspension</i>	G	
<b>Gastrocrom</b>	NF	
<b>Gattex</b>	NPD, SP	PA
<b>Gimoti Spray</b>	NF	Q/T
<b>Golytely solution reconstituted 227.1gm</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Golytely solution reconstituted 236gm</b>	NF	QL
<i>granisetron</i>	G	
<b>Hemmorex-HC Supp</b>	NF	
<i>hydrocortisone cream</i>	G	
<i>hydrocortisone retention enema</i>	G	
<b>Ibsrela</b>	NF	
<b>Iqirvo</b>	NPD, SP	PA
<b>Konvomep Soln</b>	NF	QL
<b>Kristalose Pak</b>	NF	
<b>Lactulose pak</b>	NF	
<i>lactulose soln</i>	G	
<i>lansoprazole cap</i>	G	QL
<i>lansoprazole solutab</i>	G	PA, QL
<b>Lialda</b>	NF	
<b>Linzess</b>	PB	
<b>Livmarli Soln</b>	NPD, SP	PA
<b>Lomotil</b>	NF	
<i>loperamide</i>	G	
<i>lubiprostone caps</i>	G	
<b>Marinol</b>	NF	
<i>meclizine</i>	LCG	
<i>mesalamine</i>	G	
<i>mesalamine DR</i>	G	
<i>mesalamine rectal susp</i>	G	
<i>metoclopramide</i>	G	
<b>Metoclopramide odt</b>	NPD	
<i>misoprostol</i>	LCG	
<b>Motegrity</b>	NPD	PA
<b>Movantik</b>	NF	
<b>Moviprep</b>	NF	
<b>Nexium capsule</b>	NF	QL
<b>Nexium packets</b>	NF	QL, AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>nizatidine cap</i>	G	
<i>nizatidine solution</i>	G	
<b>Nulytely</b>	NF	QL
<b>Olpruva Pak</b>	NF, SP	
<b>Omeclamox-Pak</b>	NPD	
<i>omeprazole</i>	G	QL
<b>OmvoH Inj</b>	NPD, SP	PA
<i>ondansetron HCl</i>	LCG	
<b>Orlistat cap</b>	NPD	PA, R
<b>Osmoprep</b>	NF	
<b>Pancreaze</b>	NF	
<i>pancrelipase EC/SA</i>	G	
<i>pantoprazole</i>	G	QL
<i>pantoprazole pak</i>	G	PA, QL
<i>peg 3350 &amp; electrolytes</i>	G	QL
<i>peg-kcl-nacl-nasulf-na asc-c soln reconstituted</i>	G	
<b>Peg-Prep</b>	NPD	QL
<b>Pentasa 250mg</b>	NPD	QL
<b>Pentasa 500mg</b>	NF	
<b>Pepcid tabs, suspension</b>	NF	
<b>Pertzye</b>	NF	
<b>Pheburane Mis 483/gm</b>	NF, SP	
<b>Plenvu Soln</b>	NF	
<b>Prevacid caps</b>	NF	QL
<b>Prevacid SoluTab</b>	NF	QL
<b>Prilosec packets</b>	NPD	PA, QL
<i>prochlorperazine suppository</i>	G	
<i>prochlorperazine tabs</i>	G	
<b>Proctocort Supp 30mg</b>	NF	
<b>Protonix</b>	NF	QL
<b>Protonix packets</b>	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Pylera Cap</b>	NPD	
<i>rabeprazole DR tab 20mg</i>	G	QL
<b>Rabeprazole Sprinkle Cap 10mg</b>	NF	QL
<i>ranitidine 300mg</i>	G	
<b>Ravicti Liquid</b>	NF, SP	
<b>Recorlev 150mg Tab</b>	NPD, SP	PA, QL
<b>Reglan</b>	NF	
<b>Relistor</b>	NF	
<b>Reltone</b>	NF	
<b>Sancuso Patch</b>	NPD	PA
<i>scopolamine patch</i>	G	
<b>SFRowasa enema</b>	NPD	
<i>sodium/potassium sol magnesium</i>	G	
<i>sucrafate tabs</i>	G	
<b>Suflave Sol</b>	NPD	QL
<i>sulfasalazine</i>	G	
<b>Suprep Bowel Prep Kit</b>	NPD	
<b>Sutab</b>	NPD	
<b>Symproic</b>	PB	
<b>Syndros Sol</b>	NF	
<b>Tigan</b>	NF	
<b>Transderm-Scop patch</b>	NF	
<i>trimethobenzamide</i>	G	
<b>Trulance</b>	NF	
<b>Urso 250 Tab</b>	NF	
<b>Urso Forte Tab</b>	NF	
<b>Ursodiol Cap</b>	NF	
<i>ursodiol tab</i>	G	
<b>Varubi</b>	NPD	
<b>Velsipity</b>	NPD, SP	PA
<b>Viberzi</b>	NPD	PA
<b>Viokace</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Voquezna Pak</b>	NPD	
<b>Voquezna Tab</b>	NF	QL
<b>Xenical</b>	NPD	PA, R
<b>Xermelo</b>	NPD, SP	PA
<b>Xphozah</b>	NF	
<b>Zantac</b>	NF	
<b>Zegerid packets</b>	NF	QL
<b>Zelnorm</b>	NPD	PA
<b>Zenpep</b>	PB	
<b>Zofran</b>	NF	
<b>Zorbtive</b>	NF, SP	
<b>Zuplenz</b>	NF	
<b>Zymfentra Inj</b>	NPD, SP	PA
BONE, JOINT, & MUSCLE		
<b>Actemra SC</b>	NPD, SP	PA
<b>Actonel</b>	NF	QL
<b>Adalimu-AACF Inj 40/0.8ml</b>	PB, SP	PA, QL
<b>Adalimu-AATY Kit</b>	NF, SP	QL
<b>Adalimu-Adaz Inj 40/0.4ml (Sandoz)</b>	NF, SP	QL
<b>Adalimu-RYVK Inj</b>	NF, SP	QL
<b>Adalimumab - AATY</b>	NF, SP	QL
<b>Adalimumab adbm</b>	NF, SP	QL
<b>Adalimumab-ADB M Crohns/ UC/HS Starter</b>	NF, SP	QL
<b>Adalimumab-ADB M Psoriasis/ Uveitis Starter</b>	NF, SP	QL
<b>Adalimumab fkjp</b>	NF, SP	QL
<b>Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml</b>	PB, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Adalimumab-ryvk</b>	NF, SP	QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
<b>Allopurinol 200mg Tab</b>	NF	
<i>alosetron hcl</i>	G	
<b>Amjevita</b>	NF, SP	QL
<b>Amrix</b>	NF	
<b>Anaprox DS</b>	NF	
<b>Arava</b>	NF	
<b>Arthrotec</b>	NF	
<b>Atelvia</b>	NF	QL
<i>baclofen</i>	G	
<b>Baclofen soln</b>	NF	
<i>baclofen susp 25mg/5ml</i>	G	PA, QL
<b>Binosto</b>	NF	QL
<b>Boniva</b>	NF	QL
<i>calcitonin-salmon inj</i>	G	
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
<b>Celebrex</b>	NF	
<i>celecoxib</i>	G	
<i>chlorzoxazone 375mg, 500mg, 750mg</i>	G	
<b>Cimzia</b>	PB, SP	PA
<i>colchicine 0.6mg cap</i>	G	PA
<i>colchicine 0.6mg tab</i>	G	
<i>colchicine/probenecid</i>	G	
<b>Colcrys</b>	NF	
<b>Cuprimine</b>	NF, SP	
<i>cyclobenzaprine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Cyclobenzaprine ER</b>	NF	
<b>Dantrium</b>	NF	
<i>dantrolene</i>	G	
<b>Dartisla ODT</b>	NF	QL
<b>Diclofenac epolamine 1.3% transdermal</b>	NF	QL
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium DR</i>	G	
<i>diclofenac sodium ER</i>	G	
<i>diclofenac sodium soln 1.5%</i>	G	
<i>diclofenac sodium soln 2%</i>	G	PA
<i>diclofenac/misoprostol</i>	G	
<b>EC-Naprosyn</b>	NF	
<b>Enbrel</b>	PB, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
<b>Evista</b>	NF	
<i>febuxostat</i>	G	PA
<b>Feldene</b>	NF	
<b>Fenoprofen calcium</b>	NPD	PA
<b>Fenortho</b>	NPD	PA
<i>fesoterodine tab ER</i>	G	
<b>Fexmid</b>	NF	
<b>Flector Patch</b>	NF	QL
<b>Fleqsuvy Susp 25mg/5ml</b>	NF	QL
<i>flurbiprofen</i>	G	
<b>Fosamax</b>	NF	QL
<b>Fosamax Plus D</b>	NF	QL
<b>Gloperba Soln</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glycopyrrolate oral solution 1mg/5ml</i>	G	
<i>glycopyrrolate tab</i>	G	
<b>Hadlima Inj</b>	NF, SP	QL
<b>Hulio Inj</b>	NF, SP	QL
<b>Humira Pen Pen-Injector Kit 40mg/0.8ml</b>	NF, SP	QL
<b>Humira (2 Pen) Pen-Injector Kit 40mg/0.4ml, 80mg/0.8ml</b>	NF, SP	QL
<b>Humira (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20 mg/0.1ml</b>	PB, SP	QL, PA
<b>Humira Prefilled Syringe Kit 40mg/0.8ml</b>	NF, SP	QL
<b>Humira-Ped &gt;=40kg Crohns Start Prefilled Syringe Kit</b>	NF, SP	QL
<b>Humira-Ped &lt;40kg Crohns Starter Prefilled Syringe Kit</b>	NF, SP	QL
<b>Humira-Ped &gt;=40kg UC Starter Pen-Injector Kit</b>	NF, SP	QL
<b>Humira-Psoriasis/Uveit Starter Pen-Injector Kit</b>	NF, SP	QL
<b>Hyrimoz Inj (Sandoz)</b>	NF, SP	QL
<b>Hyrimoz Soln Auto-Injector/ Prefilled Syringe 40/0.8ml (Cordavis)</b>	NF, SP	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibandronate</i>	G	QL
<i>ibuprofen</i>	LCG	
<b>Idacio Inj</b>	NF, SP	QL
<i>indomethacin</i>	G	
<b>Indomethacin 20mg capsule</b>	NF	
<i>indomethacin SR</i>	G	
<i>indomethacin sus 25mg/5ml</i>	G	AL
<b>Joenja</b>	NPD, SP	PA
<b>Ketoprofen 25mg cap</b>	NPD	PA
<i>ketoprofen SR</i>	G	
<i>ketorolac</i>	LCG	
<b>Ketorolac sol tromethamine</b>	NF	QL
<b>Kevzara</b>	NPD, SP	PA
<b>Kineret</b>	NPD, SP	PA
<i>leflunomide</i>	G	
<b>Licart Dis 1.3%</b>	NF	QL
<b>Lodoco</b>	NPD	PA
<b>Lorzone</b>	NF	
<b>Lotronex</b>	NF	
<b>Lyvispah Gra</b>	NF	
<i>meloxicam cap</i>	G	PA
<b>Meloxicam susp</b>	NPD	PA
<i>meloxicam tab</i>	LCG	
<b>Metaxalone</b>	NPD	PA
<b>Miacalcin</b>	NF	
<b>Mitigare</b>	NF	
<b>Mobic</b>	NF	
<i>nabumetone</i>	G	
<b>Naprelan</b>	NF	
<b>Naprosyn</b>	NF	
<b>Naprosyn susp</b>	NF	AL
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium ER</i>	G	PA
<i>naproxen sodium susp</i>	G	AL
<b>Norgesic</b>	NF	
<b>Norgesic Tab Forte</b>	NF	
<b>Orencia</b>	NPD, SP	PA
<b>Oriahnn cap</b>	PB	PA
<b>Orphenadrine-asa-caffeine</b>	NPD	PA
<i>orphenadrine ER</i>	G	
<b>Orphengesic Forte Tab</b>	NF	
<b>Otezla</b>	PB, SP	PA
<b>Otrexup</b>	NF	
<i>oxaprozin</i>	G	
<b>Oxaprozin 300mg cap</b>	NF	
<b>Pennsaid</b>	NF	
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
<i>raloxifene hcl</i>	G	
<b>Rasuvo</b>	PB	PA
<i>risedronate</i>	G	QL
<i>risedronate DR</i>	G	QL
<b>Robaxin</b>	NF	
<i>salsalate tab</i>	G	
<b>Simlandi Kit/Inj 40/0.4ml</b>	NF, SP	QL
<b>Simponi</b>	PB, SP	PA
<b>Skelaxin</b>	NF	
<b>Soma</b>	NF	
<b>Sotyktu</b>	NPD, SP	PA
<b>Stelara</b>	PB, SP	PA
<i>sulindac</i>	G	
<i>tizanidine</i>	G	
<i>tolmetin</i>	G	
<b>Toviaz</b>	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Uloric</b>	NF	
<b>Viibryd</b>	NF	
<i>vilazodone</i>	G	
<b>Voltaren Gel</b>	NPD	
<b>Xeljanz [XR]</b>	PB, SP	PA
<b>Yuflyma 2pen Kit 40/0.4ml</b>	NF, SP	QL
<b>Yuflyma 2Syr Kit 40/0.4ml</b>	NF, SP	QL
<b>Yuflyma Kit 20/0.2ml</b>	NF, SP	QL
<b>Yusimry Soln</b>	NF, SP	QL
<b>Zanaflex</b>	NF	
<b>Zeposia</b>	NPD, SP	PA
<b>Zipsor</b>	NF	QL
<b>Zurampic 200mg</b>	NPD, SP	PA
<b>Zyloprim</b>	NF	

### FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.

<b>Activella</b>	NF	
<b>Addyi</b>	NPD	PA
<b>Alora</b>	NF	
<b>Angeliq</b>	NPD	PA
<b>Anovera Mis</b>	NPD	QL
<i>aurovela 24 FE 1/20</i>	G	
<b>Aygestin</b>	NF	
<b>Balcoltra</b>	NF	
<b>Beyaz</b>	NF	
<b>Bijuva</b>	NPD	
<i>blisovi 24 FE 1/20</i>	G	
<b>Bravelle</b>	NPD, SP	PA, QL, R
<b>Brevicon</b>	NF	
<b>Cenestin</b>	PB	
<i>cetorelix inj</i>	G, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>charlotte 24 chew FE 1/20</i>	G	
<b>Cleocin vaginal</b>	NF	
<b>Climara patch</b>	PB	
<b>Clindesse Vaginal</b>	NPD	
<i>clomiphene citrate</i>	G	
<b>Crinone Gel</b>	NF	
<b>Cyclessa</b>	NF	
<b>Depo SubqQ Provera</b>	NF	QL
<b>Depo-Provera</b>	NF	QL
<b>Desogen</b>	NF	
<i>desogestrel-ethinyl estradiol</i>	ACA	
<b>Diflucan</b>	NF	
<b>Divigel</b>	NF	
<i>drospirenone-ethinyl estradiol</i>	G	
<i>eluryng mis</i>	ACA	QL
<b>Endometrin Insert Vagina</b>	PB	
<b>Estrace</b>	NF	
<i>estradiol</i>	G	
<i>estradiol cream 0.01%</i>	G	
<i>estradiol transdermal</i>	G	
<b>Estring</b>	PB	
<b>Estrogel</b>	NF	
<i>estropipate</i>	ACA	
<b>Estrostep FE</b>	NF	
<b>Evista</b>	NF	
<i>fayosim tab</i>	G	
<b>Femcon FE</b>	NF	
<b>FemHRT</b>	NF	
<b>Femring</b>	NPD	PA
<i>finzala chew FE 1/20</i>	G	
<b>Follistim AQ</b>	NPD, SP	QL, R

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Gemmily cap 1/20</b>	ACA	
<b>Generess FE</b>	NF	
<b>Gonal-f</b>	NPD, SP	PA, QL
<i>hailey 1.5/30</i>	ACA	
<i>hailey 24 FE 1/20</i>	G	
<b>Imvexxy</b>	PB	
<b>Intrarosa Vaginal</b>	NPD	PA
<i>joyeaux</i>	G	
<i>junel FE 24 tab</i>	G	
<i>kaitlib FE chew</i>	G	
<i>layolis FE chew</i>	G	
<i>leena tab</i>	G	
<i>levonorgestrel/ethinyl estradiol</i>	G	
<i>levonorgestrel/my way/next dose</i>	ACA	QL
<b>Lo Loestrin FE</b>	PB	
<b>Loestrin</b>	NF	
<b>Loestrin FE</b>	NF	
<b>LoSeasonique</b>	NF	
<i>lyllana Dis</i>	G	
<b>Lysteda</b>	NF	
<i>medroxy-progesterone acetate suspension IM</i>	ACA	QL
<i>medroxy-progesterone acetate tab</i>	LCG	
<i>melodetta chew 24 FE</i>	G	
<b>Menest</b>	NPD	
<b>Menopur</b>	NPD, SP	PA, QL, R
<b>Metrogel vaginal</b>	NF	
<i>metronidazole</i>	LCG	
<i>metronidazole vaginal gel</i>	G	
<i>mibelas 24 chew FE</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>microgestin 24 FE 1/20</i>	G	
<b>Minastrin 24 FE</b>	NF	
<b>Minivelle</b>	NF	
<b>Mircette</b>	NF	
<b>Myfembree</b>	PB	PA
<b>Natazia</b>	NPD	
<b>Nextstellis</b>	NF	
<i>nore/eth/fer chew 0.4mg-35mcg</i>	G	
<i>norethin-ethynil-fer cap 1/20</i>	G	
<i>norethindrone</i>	ACA	
<i>norethindrone acetate</i>	G	
<i>norethindrone-ethinyl estradiol</i>	ACA	
<i>norethindrone-mestranol</i>	ACA	
<i>norgestimate-ethinyl estradiol</i>	ACA	
<i>norgestrel-ethinyl estradiol</i>	ACA	
<b>Nuvaring</b>	NF	QL
<b>Nuversa Vaginal Gel</b>	NF	
<b>OB Complete</b>	NF	
<b>Ortho Micronor</b>	NF	
<b>Ortho Novum</b>	NF	
<b>Ortho Tri-Cyclen</b>	NF	
<b>Ortho Tri-Cyclen Lo</b>	NF	
<b>Ortho-Cyclen</b>	NF	
<b>Ovidrel</b>	PB, SP	R
<b>Plan B One-Step</b>	NPD	QL
<b>Premarin</b>	PB	
<b>Premarin vaginal cream</b>	PB	
<b>Premphase</b>	PB	
<b>Prempro</b>	PB	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>progesterone, micronized</i>	G		<b>Alphagan P</b>	NF	
<b>Prometrium</b>	NF		<b>Alrex</b>	NF	
<b>Provera</b>	NF		<i>apraclonidine</i>	G	
<b>Quartette</b>	NF		<i>atropine sulfate</i>	G	
<i>raloxifene</i>	G		<i>azelastine HCL drops</i>	G	
<i>rivelsa tab</i>	G		<b>Azopt</b>	NF	
<b>Safyral</b>	NF		<i>bacitracin ophth</i>	G	
<b>Seasonique</b>	NF		<i>bacitracin/ polymyxin B ophth oint</i>	G	
<b>Slynd</b>	NF		<i>bepotastine</i>	G	
<b>Synarel</b>	NPD		<b>Bepreve Soln</b>	NF	
<i>tarina 24 FE tab</i>	G		<b>Besivance</b>	PB	
<b>Taytulla</b>	NF		<b>Betagan</b>	NF	
<i>terconazole cream</i>	G		<i>betaxolol</i>	G	
<i>tilia FE tab</i>	G		<b>Betimol</b>	NPD	
<i>tri-legest FE</i>	G		<b>Betoptic S</b>	NPD	PA
<b>Tri-Norinyl</b>	NF		<i>bimatoprost</i>	G	
<b>Twirla Dis</b>	NF	QL	<b>Bleph 10</b>	NF	
<b>Tyblume</b>	NPD		<b>Blephamide S.O.P. ointment</b>	NPD	
<i>tydemi tab</i>	G		<i>brimonidine sol 0.1%</i>	G	
<b>Vagifem</b>	NF		<i>brimonidine tartrate</i>	G	
<b>Vandazole</b>	NF		<i>brimonidine/ timolol soln 0.2-0.5%</i>	G	
<b>VCF Vaginal Gel 4%</b>	NPD		<i>bromfenac drops</i>	G	
<b>Vivelle Dot</b>	NF		<i>brinzolamide sus 1%</i>	G	
<b>Vyleesi</b>	NPD	PA, QL	<b>Bromsite sol 0.075%</b>	NF	
<i>wymzya Fe tablet chewable</i>	G		<i>carteolol</i>	G	
<i>xulane</i>	ACA	QL	<b>Cequa Sol 0.09%</b>	NPD	PA, QL
<b>Yasmin</b>	NF		<b>Ciloxan Sol</b>	NF	
<b>YAZ</b>	NF		<i>ciprofloxacin</i>	G	
<i>yuvafem</i>	G		<b>Combigan soln 0.2-0.5%</b>	NF	
<b>Zafemy DIS</b>	ACA	QL			
EYE MEDICATIONS					
<b>Acular/Acular LS</b>	NF				
<b>Alcaine</b>	NF				
<b>Alocril</b>	NPD	PA			

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<b>Cosopt</b>	NF	
<i>cromolyn ophth</i>	LCG	
<b>Cyclogyl</b>	NF	
<i>cyclopentolate HCl</i>	G	
<i>cyclosporine emulsion</i>	G	QL
<b>Cystadrops Soln</b>	NPD, SP	PA, QL
<i>dexamethasone ophth</i>	G	
<b>Diamox Sequels</b>	NF	
<i>diclofenac soln 0.1% ophth</i>	G	
<i>difluprednate</i>	G	
<i>dorzolamide HCl 2%</i>	G	
<i>dorzolamide-timolol</i>	G	
<b>Durezol Emu</b>	NF	
<b>Elestat</b>	NF	
<i>epinastine HCl</i>	G	
<i>erythromycin ethylsuccinate susp</i>	G	
<i>erythromycin ophth oint</i>	G	
<b>Eysuvis Drop 0.25%</b>	NPD	
<i>fluorometholone</i>	G	
<i>flurbiprofen</i>	G	
<b>FML Liquifilm suspension</b>	NF	
<i>gentak oint 0.3% OP</i>	NF	
<i>gentamicin ophth</i>	G	
<b>Homatropaire sol 5% OP</b>	NPD	
<i>homatropine ophthalmic</i>	LCG	
<b>Ilevro Susp 0.3%</b>	NPD	PA
<b>Inveltys Susp</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Iopidine</b>	NF	
<b>Isopto Carpine</b>	NF	
<b>Istalol Drops</b>	NF	
<b>Iyuzeh Drops 0.005%</b>	NF	
<i>ketorolac ophth soln</i>	G	
<b>Lastacft Soln</b>	NPD	PA
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
<i>levofloxacin ophth soln</i>	G	
<b>Lotemax [SM]</b>	NF	
<i>loteprednol susp</i>	G	
<b>Lumigan</b>	PB	
<b>Maxitrol</b>	NF	
<i>methazolamide</i>	G	
<b>Miebo Drops</b>	PB	QL
<b>Moxeza</b>	NF	
<i>moxifloxacin ophthalmic soln</i>	G	
<b>Mydriacyl</b>	NF	
<i>neomycin/polymyxin B/dexamethasone</i>	G	
<b>Neosporin soln</b>	NF	
<b>Nevanac Susp 0.1%</b>	NPD	PA
<b>Ocufen</b>	NF	
<b>Ocuflox</b>	NF	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
<b>Omnipred</b>	NF	
<b>Oxervate soln 200mcg/ml</b>	NPD, SP	PA, QL
<b>Patanol</b>	NF	
<b>Pediapred Sol</b>	NF	
<b>Phospholine Iodide</b>	PB	
<i>pilocarpine</i>	G	

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<i>polymyxin B/neo/bacitracin</i>	G	
<i>polymyxin B/neo/gramicidin</i>	G	
<i>polymyxin B/trimethoprim soln</i>	G	
<b>Polytrim</b>	NF	
<b>Pred-Forte</b>	NF	
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/sodium sulfacetamide</i>	G	
<b>Prolensa sol 0.07%</b>	NF	
<i>proparacaine</i>	G	
<b>Rescula</b>	NF	
<b>Restasis Emulsion 0.05% Ophthalmic</b>	NF	QL
<b>Restasis Multidose</b>	PB	QL
<b>Rhopressa Soln 0.02%</b>	NPD	
<b>Rocklatan Soln</b>	NPD	
<b>Simbrinza Susp 1-0.2%</b>	PB	
<i>sulfacetamide</i>	G	
<i>tafluprost soln</i>	G	
<i>timolol ophth</i>	G	
<b>Timoptic</b>	NF	
<b>Timoptic Ocudose</b>	NF	
<b>Timoptic XE</b>	NF	
<i>tobramycin ophthalmic</i>	LCG	
<i>tobramycin-dexamethasone</i>	G	
<b>Tobrex</b>	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Travatan Z</b>	NF	
<i>travoprost</i>	G	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/polymyxin B</i>	G	
<i>tropicamide</i>	LCG	
<b>Trusopt</b>	NF	
<b>Tyrvaya soln</b>	NPD	PA, QL
<b>Upneeq Soln</b>	NPD	PA
<b>Verkazia Emu 0.1%</b>	NF	QL
<b>Vevye Drops 0.1</b>	NF	QL
<b>Vigamox</b>	NF	
<b>Viroptic</b>	NF	
<b>Vuity Sol</b>	NPD	PA
<b>Vyzulta Soln 0.024% OP</b>	NF	
<b>Xalatan</b>	NF	
<b>Xdemvy Drops 0.25%</b>	NPD	PA, QL
<b>Xelpros Emulsion</b>	NF	
<b>Xiidra</b>	PB	QL
<b>Zerviate Drops 0.24%</b>	NPD	PA
<b>Zioptan</b>	NF	
<b>Zymaxid</b>	NF	

### ALLERGY, COUGH & COLD, LUNG MEDS

<b>Accolate</b>	NF	AL
<i>acetylcysteine</i>	G	
<b>Advair Diskus</b>	NF	
<b>Advair HFA</b>	PB	
<b>Aerospan</b>	NF	
<b>AirDuo Digihaler</b>	NF	
<b>AirDuo RespiClick</b>	NF	
<b>Airsupra AER</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
<b>Alkindi Sprinkle</b>	NF	
<b>Alvesco</b>	NF	
<b>Anoro Ellipta</b>	PB	
<i>arformoterol neb</i>	G	
<b>ArmonAir Digihaler</b>	NF	
<b>ArmonAir RespiClick</b>	NF	
<b>Arnuity Ellipta</b>	PB	
<b>Asmanex</b>	NF	
<b>Asmanex HFA</b>	NF	
<b>Atrovent HFA</b>	PB	
<b>Auvi-Q 0.1mg</b>	NPD	AL, QL
<b>Auvi-Q 0.15mg and 0.3mg</b>	NPD	PA, QL
<i>azelastine/ fluticasone spray 137-50</i>	G	PA
<b>Beconase AQ</b>	NF	
<i>benzonatate</i>	LCG	
<b>Bevespi Aerosphere</b>	NPD	PA
<i>bosentan</i>	G, SP	PA
<b>Breo Ellipta</b>	PB	
<b>Breyna AER</b>	NF	
<b>Breztri Aerosphere</b>	PB	
<i>bromfed DM</i>	G	
<b>Bronchitol Cap</b>	NPD, SP	PA
<b>Brovana Neb</b>	NF	
<i>budesonide susp.</i>	G	
<i>carbinoxamin</i>	G	
<b>Carbinoxamin Sus</b>	NPD	
<b>Cayston</b>	NPD, SP	PA
<i>cheratussin AC</i>	G	5DS, QL, AL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>cheratussin DAC</i>	G	5DS, QL, AL, MME
<b>Clarinox</b>	NF	
<b>Clarinox-D</b>	NF	AL
<i>clemastine syrup</i>	NPD	PA
<i>clemastine tab</i>	NPD	
<b>Combivent Respimat</b>	PB	
<i>cromolyn sodium solution (oral,nasal, inhalation)</i>	G	
<i>cyproheptadine</i>	LCG	
<b>Daliresp</b>	NF	
<i>desloratadine</i>	G	
<b>Dexchlorphen-iramine</b>	NF	
<b>Duaklir</b>	NF	
<b>Dulera</b>	NF	
<b>Dymista</b>	NF	
<b>Elixophyllin Elixir</b>	NPD	
<b>Epinephrine pen 0.15mg</b>	PB	QL
<i>epinephrine pen 0.3mg</i>	G	QL
<b>EpiPen</b>	NF	QL
<b>EpiPen Jr.</b>	NF	QL
<b>Esbriet</b>	NF, SP	LDD
<b>Filspari tab</b>	NPD, SP	PA, QL
<b>Flovent Diskus</b>	NF	
<b>Flovent HFA</b>	NF	(Bypass NF exception for members 5 years of age and under)
<i>flunisolide</i>	G	
<b>Flutic/Vilan INH</b>	NF	
<b>Fluticasone AER</b>	NF	
<b>Fluticasone HFA AER</b>	NF	(Bypass NF exception for members 5 years of age and under)

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate nasal soln</i>	G	
<b>Fluticasone/Salmeterol AER</b>	NF	
<i>fluticasone-salmeterol AER powder</i>	G	
<i>formoterol neb</i>	G	
<b>Grastek</b>	NPD	PA
<b>Hycodan Sol 5-1.5mg/ml</b>	NF	QL, 5DS, AL, MME
<b>Hycodan Tab 5-1.5mg</b>	NF	QL, 5DS, MME
<b>Hycofenix</b>	NPD	QL, 5DS
<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, AL, MME
<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, AL, MME
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, AL, MME
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, AL, MME
<i>hydromet</i>	G	QL, 5DS, AL, MME
<i>hydroxyzine HCL syrup</i>	G	
<i>hydroxyzine HCL tab</i>	LCG	
<i>hydroxyzine pamoate</i>	G	
<b>HyperSal</b>	NPD	
<b>Incruse Ellipta</b>	NF	
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>	G	
<b>Kitabis Pak</b>	NF, SP	LDD
<b>Kuvan</b>	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Levalbuterol tartrate HFA</b>	NPD	QL
<i>levalbuterol nebulizer</i>	G	
<b>Lonhala Magnair</b>	NPD	PA
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
<b>Nucala Soln</b>	PB, SP	PA
<b>Obredon</b>	NF	QL, 5DS, AL, MME
<b>Odactra SL</b>	NPD	PA
<b>Ofev</b>	NPD, SP	PA
<b>Oralair</b>	NPD	PA
<b>Palforzia cap/powder</b>	NPD	PA
<b>Perforomist Neb</b>	NF	
<i>pirfenidone</i>	G, SP	PA
<b>ProAir Digihaler</b>	NF	QL
<b>ProAir HFA</b>	NPD	QL
<b>ProAir RespiClick</b>	NPD	QL
<i>promethazine</i>	LCG	
<i>promethazine/codeine</i>	LCG	QL, 5DS, AL, MME
<i>promethazine/dextromethorphen</i>	G	
<i>promethazine/phenylephrine</i>	G	
<i>promethazine/phenylephrine/codeine</i>	G	QL, 5DS, AL, MME
<b>Proventil HFA</b>	NF	QL
<b>Pulmicort Flexhaler</b>	PB	
<b>Pulmicort Respules</b>	NF	
<b>Pulmozyme</b>	PB, SP	
<b>Qvar</b>	NF	
<b>Ragwitek</b>	NPD	PA
<b>Rebetol</b>	NF, SP	

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<b>Rezira</b>	NF	QL, 5DS, AL, MME
<b>Rezurock</b>	NPD, SP	PA, QL
<i>roflumilast</i>	G	
<b>Ryclora</b>	NF	
<b>Ryvent</b>	NF	
<b>Seebri</b>	NF	
<b>Semprex-D</b>	NF	QL
<b>Serevent Diskus</b>	PB	
<b>Singulair</b>	NF	
<i>sodium chloride inhalation</i>	LCG	
<b>Spiriva</b>	PB	
<b>Stiolto Respimat</b>	PB	
<b>Striverdi Respimat Aer Solution</b>	PB	
<b>Symbicort</b>	PB	
<b>Symdeko</b>	NF, SP	
<b>Symjepi Inj</b>	NPD	QL
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	QL
<b>Tarpeyo</b>	NF	QL
<i>terbutaline sulfate tablet</i>	G	
<b>Tessalon Perles</b>	NF	
<b>Tezspire Inj</b>	PB, SP	PA
<b>Theo-24</b>	PB	
<i>theochron</i>	G	
<i>theophylline extended release</i>	G	
<i>theophylline soln</i>	G	
<b>Thiola [EC]</b>	NF, SP	
<i>tiotropium bromide cap 18mcg</i>	NF	
<i>tiopronin</i>	G, SP	
<b>Tracleer</b>	NF, SP	LDD
<b>Trelegy Ellipta</b>	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Tudorza Pressair</b>	NF	
<b>Tussicap</b>	NF	QL, 5DS, AL, MME
<b>Tuxarin ER</b>	NF	QL, 5DS, AL, MME
<b>Tuzistra XR</b>	NPD	QL, 5DS, AL, MME
<b>Utibron Neohaler</b>	NPD	PA
<b>Ventolin HFA</b>	NF	QL
<b>Vistaril</b>	NF	
<b>Vituz</b>	NF	QL, 5DS, AL, MME
<b>VoSpire ER</b>	NF	
<b>Winrevair Inj</b>	NPD, SP	PA
<i>wixela inhub aer</i>	G	
<b>Xhance</b>	NF	
<b>Xolair Inj</b>	PB, SP	PA
<b>Xopenex Nebulization Soln</b>	NF	
<b>Xopenex HFA</b>	NF	QL
<b>Yupelri Soln</b>	NPD	PA
<b>Z-Tuss AC</b>	NF	QL, 5DS, AL, MME
<i>zafirlukast</i>	G	AL
<i>zileuton ER 600mg</i>	G	PA
<b>Zutripro</b>	NF	QL, 5DS, AL, MME
<b>Zyflo 600mg</b>	NF	AL
<b>Zyflo CR 600mg</b>	NF	AL

### URINARY & PROSTATE MEDS

<b>Accrufer</b>	NF	
<i>alfuzosin</i>	G	
<b>Anaspaz</b>	NPD	
<b>Avodart</b>	NF	AL
<i>bethanechol</i>	G	
<b>Cardura</b>	NF	
<b>Cardura XL</b>	NPD	PA
<b>Caverject</b>	PB	PA, QL
<b>Cialis</b>	NF	QL
<i>darifenacin ER</i>	G	
<b>Detrol</b>	NF	
<b>Detrol LA</b>	NF	
<b>Ditropan XL</b>	NF	

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<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	AL
<i>dutasteride/tamsulosin hcl</i>	G	
<b>Edex</b>	NPD	PA, QL
<b>ED-Spaz</b>	NPD	
<b>Elmiron</b>	NPD	PA
<b>Enablex</b>	NF	
<i>finasteride</i>	G	AL
<i>flavoxate</i>	G	
<b>Flomax</b>	NF	
<b>Gelnique Gel</b>	NF	
<b>Gemtesa</b>	NF	
<i>hyoscyamine</i>	LCG	
<i>hyosyne</i>	LCG	
<b>Jalyn</b>	NF	
<b>Levbid</b>	NPD	
<b>Levitra</b>	NF	QL
<b>Levsin</b>	NPD	
<i>mirabegron</i>	G	
<b>Muse</b>	PB	PA, QL
<b>Myrbetriq</b>	PB	
<b>Nulev</b>	NPD	
<i>oscimin</i>	LCG	
<i>oxybutynin tab [ER]</i>	G	
<i>oxybutynin sol</i>	G	
<i>oxybutynin syrup</i>	LCG	
<b>Oxytrol Patch</b>	NPD	PA
<i>phenazopyridine</i>	LCG	
<b>Potassium citrate</b>	NF	
<b>Proscar</b>	NF	AL
<b>Pyridium</b>	NF	
<b>Rapaflo</b>	NF	
<i>solifenacin</i>	G	
<b>Staxyn</b>	NF	QL
<b>Stendra</b>	NF	QL
<b>Symax</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>tamsulosin</i>	G	
<i>terazosin</i>	G	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>trospium chloride</i>	G	
<b>Urecholine</b>	NF	
<b>Urocit-K</b>	NF	
<b>Uroxatral</b>	NF	
<i>varденаfil</i>	G	PA, QL
<i>varденаfil ODT</i>	G	PA, QL
<b>Vesicare</b>	NF	
<b>Viagra</b>	NF	QL

### VITAMINS & ELECTROLYTES

<b>Auryxia</b>	NPD	
<b>Brand Prenatal vitamins</b>	NF	
<b>Buphenyl Powder/Tablet</b>	NF, SP	
<b>Calciferol</b>	NPD	
<i>cyanocobalamin spray</i>	G	PA
<b>Dailyvite w/Zinc &amp; NephplexRx</b>	NPD	
<b>Dojolvi Liq</b>	NPD	PA
<b>Duzallo</b>	NPD	PA
<i>ergocalciferol</i>	G	
<i>fluoritab chew tab</i>	G	
<b>Fosrenol chewable tab</b>	NF	
<b>Jynarque</b>	NPD, SP	PA
<b>K-Phos</b>	NF	
<b>K-Tab</b>	NF	
<i>klor-Con</i>	G	
<i>lanthanum chewable tab</i>	G	
<b>Lokelma Pak</b>	NPD	
<b>Mephyton</b>	NF	

**Bold type** = Brand Name Drug *Lower case italic* = Generic drug

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**LDD** = Limited Distribution Drug **5DS** = Day Supply Limit **R** = Requires Rider **NF** = Non Formulary

**G** = Generic **Q/T** = Quantity Over Time **PB** = Preferred Brand **NPD** = Non Preferred Drug **ACA** = \$0 Preventative Drug

**MME** = Morphine Milligram Equivalent **+** = Claim Dollar Limit

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>multivitamin with fluoride drops, tabs</i>	G	
<b>Nascobal</b>	NF	
<b>Nebusal Nebulization Solution</b>	NPD	
<b>Nestabs One</b>	NPD	PA
<b>Phospho-trin tab K500</b>	NF	
<i>phytonadione</i>	G	
<b>Pokonza Pow</b>	NF	
<i>potassium bicarbonate/ potassium citrate effervescent</i>	G	
<i>potassium chloride</i>	G	
<b>Pulmosal Nebulization Solution</b>	NPD	
<b>Quflora</b>	NF	
<b>Rayaldee</b>	NF	
<i>sodium fluoride chew tab</i>	G	
<i>sodium phenylbutyrate tab/powder</i>	G, SP	PA
<b>SPS Suspension 15GM/60ml</b>	NPD	
<b>Tri-Vi-Flor, Poly-Vi-Flor with and without iron</b>	NPD	

**DIAGNOSTICS & MISCELLANEOUS AGENTS**

<b>Alvaiz Tab</b>	NPD, SP	PA
<b>Arcalyst</b>	NPD, SP	PA
<b>Bafiertam</b>	PB, SP	
<b>Berinert</b>	NPD, SP	PA
<b>Cablivi Kit</b>	NPD, SP	QL
<i>calcium acetate</i>	G	
<b>Carbaglu</b>	NF, SP	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>carglumic</i>	G, SP	PA
<b>Cerdelga</b>	NPD, SP	PA
<b>Chemet</b>	PB	
<b>Chorionic gonadotropin</b>	NF, SP	
<b>Cinryze</b>	NF, SP	
<i>clovique</i>	G, SP	PA
<b>Cystadane</b>	NF, SP	
<b>Cystagon</b>	NPD, SP	PA
<i>deferasirox tab/ granules</i>	G	PA
<i>deferiprone tab</i>	G	PA
<b>Depen Titratub</b>	PB, SP	
<b>D-Penamamine 125mg tablet</b>	NPD, SP	
<i>dichlorophenate tab</i>	G, SP	PA
<b>Doptelet</b>	NPD, SP	PA
<b>Empaveli</b>	NPD, SP	PA
<b>Eohilia Sus</b>	NPD	PA, QL
<b>Ermeza Soln</b>	NF	
<b>Enspryng Inj</b>	NPD, SP	PA
<b>Evrysdi Soln</b>	NPD, SP	PA
<b>Exjade</b>	NF	
<b>Fabhalta</b>	NPD, SP	PA
<b>Ferriprox</b>	NF	
<b>Firazyr</b>	NPD, SP	PA, QL
<b>Firdapse</b>	NPD, SP	PA
<b>Galafold</b>	NPD, SP	PA, QL
<i>ganirelix acetate soln</i>	G, SP	R
<b>Haegarda</b>	NPD, SP	PA
<i>icatibant inj</i>	G, SP	PA, QL
<b>Idelvion</b>	NF, SP	
<b>Jadenu Sprinkle</b>	NF	
<b>Jadenu Tab</b>	NF	
<b>Kesimpta Inj</b>	PB, SP	
<b>Keveyis</b>	NF, SP	
<b>Kionex suspension</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Lucemyra</b>	NPD	PA, QL, Q/T
<b>Metopirone</b>	NPD	
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
<i>nitisinone</i>	G, SP	PA
<b>Nityr</b>	NPD, SP	PA
<b>Novarel 10000 Unit</b>	PB, SP	
<b>Novarel 5000 Unit</b>	NF, SP	
<b>Nulibry Inj</b>	NPD, SP	PA
<b>Ocaliva</b>	NPD, SP	PA
<b>Olumiant</b>	NPD, SP	PA
<b>Opfolda</b>	NPD, SP	
<b>Orfadin Cap/ Susp</b>	NPD, SP	PA
<b>Orladeyo Cap</b>	NPD, SP	PA
<b>Oxbryta</b>	NPD, SP	PA
<i>penicillamine capsule</i>	G, SP	PA
<i>penicillamine tablet</i>	G, SP	
<b>PhosLo</b>	NF	
<b>Phoslyra soln</b>	NPD	PA
<i>phospha</i>	G	
<b>Potaba</b>	NPD	
<i>pregnyl</i>	G, SP	
<b>Pyrukynd</b>	NPD, SP	PA
<b>Renagel</b>	NF	
<b>Renvela</b>	NF	
<b>Ridaura</b>	NPD, SP	
<b>Rinvoq</b>	PB, SP	PA
<b>Ruconest</b>	NPD, SP	PA
<b>Ruzurgi</b>	NPD, SP	PA
<i>sajazir inj</i>	G, SP	PA, QL
<i>sapropterin pow/ tab</i>	G, SP	PA
<i>sevelamer carbonate</i>	G	
<b>Siklos</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Strensiq</b>	NPD, SP	PA
<b>Sucraid Solution 8500 unit/ml</b>	NPD, SP	PA
<b>Syprine</b>	NF, SP	
<b>Takhzyro</b>	NPD, SP	PA
<b>Tavalisse</b>	NPD, SP	PA
<b>Tavneos</b>	NPD, SP	PA
<b>Tegsedi</b>	NPD, SP	PA
<i>trientine</i>	G, SP	PA
<b>Velphoro Tab Chew</b>	NF	
<b>Vowst</b>	NPD	PA, QL
<b>Voydeya</b>	NPD, SP	PA
<b>Xuriden</b>	NPD, SP	PA
<i>yargesa</i>	G, SP	PA
<b>Zavesca</b>	NF, SP	
<b>Zilbrysq Inj</b>	NPD, SP	PA
<b>Zokinvy</b>	NPD, SP	PA

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    clindamycin-benzoyl peroxide gel [w/pump],  
    **40**  
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clobetasol cream, ointment, solution, **40**  
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- Depo-Testosterone Solution 100mg/ml,  
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- Derma-Smoothe FS, **40**
- Dermatop, **40**
- Dermotic, **44**
- Descovy, **16**
- desipramine, **25**
- desloratadine, **60**
- desmopressin acetate, **45**
- Desmopressin Nasal Soln, **45**
- Desogen, **55**
- desogestrel-ethinyl estradiol, **55**
- Desonate, **40**
- desonide gel 0.05%, **40**
- Desowen, **40**
- desoximetasone cream, gel, ointment, **40**
- Desoxyn, **25**
- desrx gel 0.05%, **40**
- Desvenlafaxine ER 24HR, **25**
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- Dexabliss, **45**
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- dexamethasone pak, 6-day, 10-day, 13-day,  
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- Dexchlorpheniramine, **60**
- Dexcom Continuous Glucose Monitor G7, G6,  
G5, G4 Sensors, **45**
- Dexcom Continuous Glucose Monitor Receiver,  
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- Dexcom Continuous Glucose Monitor  
Transmitter, **45**
- Dexedrine caps, **25**
- Dexilant DR, **50**
- dexlansoprazole DR cap, **50**
- dexmethylphenidate ER, **25**
- dexmethylphenidate hcl, **25**
- Dexpak pak, **45**
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- Dhivy, **25**
- Diacomit, **25**
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- Diastat, **25**
- diazepam solution, **25**
- diazepam tabs, **25**
- diazoxide suspension 50mg/ml, **45**
- Dibenzyline, **34**
- dichlorphenate tab, **64**
- Diclegis, **50**
- diclofenac cap 25mg, **25**
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- Diclofenac epolamine 1.3% transdermal, **53**
- diclofenac potassium, **25, 53**
- diclofenac powder, **25**
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- diclofenac sodium DR, **53**
- diclofenac sodium ER, **53**
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- diclofenac sodium gel 3%, **40**
- diclofenac sodium soln 1.5%, **53**
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- diclofenac soln 0.1% ophth, **58**
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- dicloxacin, **16**
- dicyclomine, **50**
- didanosine, **16**
- diethylpropion HCL, **25**
- Differin 0.1% cream, **40**
- Differin 0.1% lotion, **40**
- Differin 0.3% gel, **40**
- Dificid Tab/Susp, **16**
- Diflorasone diacetate, **40**
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- digoxin, **34**
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doxycycline hyclate caps 50mg, 100mg, **16**  
Doxycycline hyclate DR 80mg, **16**  
Doxycycline hyclate tab 50mg, **16**  
Doxycycline hyclate tab 75mg, 150mg, **16**  
Doxycycline hyclate tab DR 50mg, 100mg, **16**  
Doxycycline hyclate tab DR 200mg, **16**  
doxycycline monohydrate cap 50mg, 100mg, **16**  
Doxycycline monohydrate cap 75mg, 150mg, **16**  
Doxycycline monohydrate tab 150mg, **16**  
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Empaveli, **64**  
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emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg, **16**  
emtricitabine-tenofovir disoproxil fumarate tab 200-300mg, **16**  
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Esperoct, **35**  
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Estrace, **55**  
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Estrstep FE, **55**  
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flunisolide, **60**  
fluocinolone acetonide cream, soln, oil, **41**  
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**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Telugu:** శ్రద్ధ పెట్టండి: ఒకవేళ మీరు తెలుగు భాష మాట్లాడుతున్నట్లయితే, మీ కొరకు తెలుగు భాషాసహాయక సేవలు ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) కు కాల్ చేయండి.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deutsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiiik'eh. Hódííłnih koji' 1-800-275-2583.

### Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរស័ព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Taglines as of 12/31/2022



Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.