



AMERIHEALTH INDIVIDUAL AND
FAMILY HEALTH FORMULARY
EFFECTIVE APRIL 1, 2026

www.amerihealth.com

INFORMATION FOR MEMBERS AND PROVIDERS

The AmeriHealth Individual and Family Health Formulary Guide is intended to help members and providers understand prescription drug coverage under the AmeriHealth Individual and Family Health 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® 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®, 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
Aspirin products (OTC) For women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
Bowel preparations Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-C™, Gavilyte-G™, Gavilyte-N™, Gavilyte-H™ with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
Breast cancer chemo prevention 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
Contraceptives 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"> - Oral: generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Ocella, Sprintec, Trivora - Injectable: all generics such as medroxyprogesterone injection - Transdermal: Xulane® patches - Diaphragms - Cervical Caps - Condoms - Contraceptive film - Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi® - Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab - Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring
Fluoride For children ages 6 months to 16 years. Includes generics strengths up to 0.5mg	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
Folic acid 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>Tobacco cessation medication 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>Statins 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>HIV PrEP 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>Vaccines 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. Cost share applies for members 50-59 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. Cost share applies for members 18-59 years of age.</p>

PROCEDURES THAT SUPPORT SAFE PRESCRIBING

AmeriHealth 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. AmeriHealth 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 mailorder 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

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. 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. AmeriHealth 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, 2026, for one of these medications, the plan would have looked back 30 days to December 2, 2025, 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[®]) = 1 ring per 28 days
 - Ibandronate (Boniva[®]) 150mg = 1 tablet per 30 days
 - Sumatriptan (Imitrex[®]) 50mg = 18 tablets per 30 days
 - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
 - Sildenafil (Viagra[®]), tadalafil (Cialis[®] 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[®]) = 1 tablet per day
 - Oxycodone/acetaminophen (Percocet[®]) 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 1/1/2026 will be refillable again on or after 1/24/2026
 - A 90 days' supply of a prescription filled on 7/1/2026 will be refillable again on or after 9/7/2026
 - The claims system looks at the member's refill history over the past 365 days to calculate the supply on hand before dispensing a refill. If there is more than an 18-day supply on hand for a 30-day fill (or 36-day supply for a 90-day fill), the claim will reject and the next available refill date will be provided.
- **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

AmeriHealth 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:

Active Ingredient			
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.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys ER [®] [ODT], Dyanavel [®] , Evekeo [®] [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall [®] [IR/XR], Mydayis [®]	60mg/day
Dextroamphetamine	Dexedrine [®] , Zenedi [®] , ProCentra [®] , Xelstrym [™]	60mg/day
Lisdexamfetamine	Vyvanse [®]	70mg/day
Methamphetamine	Desoxyn	60mg/day
Dexmethylphenidate	Focalin [®] [IR/XR]	40mg/day
Methylphenidate	Ritalin [®] [IR/LA], Daytrana [®] , Cotempla [®] , Metadate [®] [ER/CD], Methylin [®] , Quillivant [®] XR, Concerta [®] , Aptensio [®] XR, QuilliChew [®] ER, Jornay PM [™] , Adhansia [®] XR, Relexxii [®]	72mg/day
Serdexmethylphenidate	Azstarys [™]	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®/Revatio®) 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.amerhealth.com/resources/for-providers/policies-and-guidelines/index.html> 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) platform such as SureScripts™ 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.amerhealth.com/resources/for-providers/policies-and-guidelines/index.html>
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.amerithealth.com/resources/for-providers/policies-and-guidelines/index.html>.

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	Azesco [®]	Cholbam [®]	Doptelet [®]
Abirtega [™]	Azstarys [™]	Cibinqo [™]	doxepin tablet
Abrilada [®]	Baclofen soln	Ciclodan [®]	doxycycline hyclate tab
Actimmune [®]	baclofen susp 25mg/5ml	Cimzia [®]	50mg
Adalimu-AACF Inj	Bebulin [®]	clemastine syrup	Doxycycline
40/0.8ml	Belbuca [™]	clindamycin/benzoyl	monohydrate cap
Adalimumab-A Kit	Belsomra [®]	peroxide 1%/5%	75mg, 150mg
40/0.8ml	Belviq [®] [XR]	clobazam	Doxycycline
Adalimumab-adbm	Benlysta [®]	clovique	monohydrate tab
10 and 20mg	Benzamycinpak [®]	colchicine 0.6mg cap	150mg
Adalimumab Kit	Berinert [®]	Cometriq [™]	doxylamine-pyridoxine
10/0.2ml, 20/0.4ml,	Besremi [®]	Consensi [®]	droxidopa
40/0.8ml	Betoptic-S [®]	Copiktra [®]	Duexis [®]
adapalene pad	Bevespi Aerosphere [™]	Cosentyx [™]	Dupixent [®]
Adbry [™] Inj	bexarotene	Cotellic [™]	Duvyzat [™]
Addyi [®]	Bimzelx [®]	Crenessity [™]	Duzallo [®]
Adempas [®]	Bonjesta [®]	Cresemba [®]	Ebglyss [™]
Agamree [®]	bosentan	Crotan [™]	econazole aer 1%
Airsupra [®] Aerosol	Bosulif [®]	Cutivate [®]	Ecoza [™]
Akeega [™]	Brand prenatal vitamins ¹	cyanocobalamin spray	Edluar [™]
Alecensa [®]	Bravelle [®]	cyclobenzaprine ER	Elmiron [®]
Alocril [®]	Breeze [®] 2 glucometer	Cystadrops [®]	eltrombopag
Altanax [™]	Brexafemme [®]	Cystaran [™]	Emgality [®]
Altrixa	Brinsupri [®]	Cytomel [®]	Emgality [®] (300mg dose)
Alunbrig [™]	Briviact [®]	Daklinza [™]	Prefilled Pen 100mg/ml
Alvaiz [™]	Bronchitol [®]	Danziten [™]	Empaveli [™]
Alyftrek [™]	Brukinsa [™]	dasatinib	enalapril soln
amphetamine	buprenorphine patch	Daybue [™]	Enbrel [®]
(generic Evekeo)	Bydureon BCise [®]	deferasirox tab/granules	Ensacove [™]
Andembry [®]	Byetta [®]	deferiprone	Enspryng [™]
Angeliq [®]	Bylvay [™]	deflazacort	Entyvio [®]
Aplenzin [®]	Bynfezia Pen [™]	DermacinRx [®]	Eohilia [™]
apomorphine inj	Byvalson [™]	dexchlorpheniramine soln	Epclusa [®]
Aqneursa [®]	Cabometyx [™]	Dexcom G7	Epidiolex [®]
aspirin-omeprazole DR	Calquence [®]	Dexcom [®] Receiver,	Erivedge [™]
Ativan [®]	Camzyos [™]	Sensor, Transmitter	Erleada [®]
Attruby [™]	Caprelsa [®]	dexlansoprazole DR	erlotinib
Augtyro [™]	Carac [®]	D.H.E. [®] 45	Ertaczo [®]
Austedo [®] [XR]	carbamazepine susp	dichlorphenate tab	Eslicarbazep
Auvi-Q [®] 0.15mg, 0.3mg	Carbatrol [®]	diclofenac cap 25mg	esomeprazole
avanafil	Cardura [®] XL	diclofenac gel 3%	esomeprazole granules
Avmapki Fakzynja [™]	carglumic	diclofenac sodium soln	esomeprazole powder
Ayvakit [™]	Cayston [™]	2%	eszopiclone 3mg
azelastine/fluticasone	Cequa [®]	Diclofenac tab 25mg	Eucrisa [™]
spray	Cerdelga [™]	dihydroergotamine	everolimus (generic for
Azeschew [®]	chlorzoxazone 250mg	Dojolvi [™]	Afinitor)
			Eversense [®] E3 Sensor

Eversense® E3 Transmitter	Hetlioz® LQ Susp	Klisyri®	metformin 750mg
Evrysdi™	Horizant™	Koselugo™	Metformin ER (MOD)
Evrysdi® Tab	Humira®	Krazati®	metformin HCL 500mg/5ml soln
Exelderm®	Hycamtin®	Kynamro®	methadone
Exenatide	hydrocodone ER	Kynmobi™	Methitest™
Exkivity™	hydrocortisone 2.5% sol	lansoprazole solutab	Methocarbamol 1000mg
Fabhalta®	hydromorphone ER	lanthanum chewable	methyltestosterone
Factive®	Hyftor™	lapatinib	metronidazole
Farydak®	Ibrance®	Lastacraft®	mifepristone
Fasenra®	Ibuprofen/Famotidine	Lazcluze™	miglustat
febuxostat	icatibant inj	ledipasvir-sofosbuvir	Miplyffa™
Femring®	Iclusig™	lenalidomide	Modeyso™
fentanyl citrate-OTFC	Idhifa®	Lenvima™	mometasone furoate
fentanyl transdermal	Ilevro®	Leqselvi™	Mondoxyne NL 75mg cap
Fetzima™	imatinib mesylate	Leukeran®	Monodox®
Filspari™	Imbruvica™	Levemir®	morphine ER
Filsuvez®	Imcivree™	levothyroxine cap	Mounjaro®
Fioricet® with Codeine	imiquimod	l-glutamine pow	Multi-Mac™
Fiorinal® with Codeine	Imkeldi®	Likmez®	Muse®
Firazyr®	Increlex®	liraglutide	Myalept™
Flector® patch	indomethacin 20mg	liraglutide inj	Mycapssa®
fluoxetine soln	indomethacin susp	Litfulo™	Myfembree®
FolateXcel™	Ingrezza™	Lithobid®	Mytesi™
Fortamet®	Inlyta®	Livdelzi®	naproxen-esomeprazole DR
Fosrenol® Packet	Inqovi®	Livmarli®	naproxen sodium ER 750mg
Fotivda®	Inrebic®	Livtency™	naproxen sodium susp
Freestyle glucometer	Intrarosa®	Lodoco®	Natpara®
Fruzaqla®	Iqirvo®	Lofena®	Nayzilam®
Fulyzaq™	Isturisa®	lofexidine	Nemluvio®
Fuzeon®	Itovebi™	Lonhala™ Magnair™	NeoMaterna™
gabapentin soln	ivabradine	Lonsurf®	Neoral®
gabapentin tab	Iwilfin™	Lorbrena®	Nerlynx™
Gattex®	Jakafi™	luliconazole cream	Nestabs® One
Gavreto™	Jaypirca™	Lumakras™	Neupro® Patch
gefitinib	Jaythari™	Lumryz®	Nexletol™
Gilotrif™	Jesduvroq®	Luzu®	Nexlizet™
Gleevec®	Joenja®	Lynparza™	Ngenla™ Inj
Glucagen® Hypokit®	Jublia®	Lytgobi®	Nilotinib
Glumetza® ER	Juxtapid™	Matervia™	Ninlaro®
Gomekli®	Jylamvo®	Mavenclad Pak®	nitisinone
Gonal-f®	Jynarque®	Mavyret™	Nitrofurantoin susp
Grastek®	Kalydeco™	Mekinist®	Nityr®
griseofulvin ultramicrosize	Kerendia®	meloxicam cap	Non Preferred Diabetic Meters
Haegarda®	ketoprofen cap	Meloxicam susp	Norditropin®
Harvoni™	Kevzara®	Menopur®	nortriptyline soln
Hemangeol® Soln	Kineret®	Metaxalone	
Hernexeos®	Kisqali™	metaxalone tab 640mg	
		Metformin 625mg	

Nourianz™	Sol 5/325mg	Qinlock™	Skyrizi™
Novolin® Relion™	Oxycontin®	QuilliChew ER™	Skytrofa®
Novolog® Relion™	oxymorphone ER	Quillivant XR™	Sodium Oxybate Sol
Nubeqa™	Oxytrol® Patch	Qulipta™	(Hikma)
Nucala® Soln	Ozempic®	rabeprazole	sodium phenylbutyrate
Nucynta ER®	Palforzia™ cap/powder	Radicava ORS®	tab/powder
Nuedexta™	Panretin®	Ragwitek™	sofosbuvir-velpatasvir
Nulibry™	pantoprazole pak	Rasuvo™	Sohonos™
Nuplazid™	pazopanib	Rebif® Rebidose®	Somavert®
Nurtec™	Pegasys®	Recorlev®	sorafenib
Nuzyra®	Pemazyre™	Regranex®	Sotyktu®
Ocaliva™	penicillamine capsule	ReliOn®	Sovaldi™
Odactra® SL	Perampanel	Relyvrio™ Pak	Spevigo®
Odomzo®	Percocet®	Repatha™	Stivarga®
Ofev®	Pexeva®	Retevmo™	Strensiq™
Ogsiveo™	Phoslyra®	Revuforj®	Striant®
Ojemda™	Picato®	Rezdiffra™	Sucraid®
Ojjaara™	pilocarpine sol	Rezlidhia™	sumatriptan/naproxen
Olumiant®	pimecrolimus cream 1%	Revlimid®	sunitinib
Omnitrope®	Piqray®	Rezurock™	Sunosi™
OmvoH™	pirfenidone	Rivfloza™	Sylatron™
OneTouch® Glucometers	Pitavastatin	Rinvoq™	Symlin®
Ongentys®	Plegridy®	Romvimza™	Sympazan™ Film
Onureg®	Pogo Automatic®	Rozlytrek™	Synthroid®
Onzetra Xsail™	Mis Monitor	Rubraca®	Tabrecta™
Opsumit®	Pogo Automatic®	Ruconest®	tadalafil (generic Adcirca)
Opzelura™	Test Cartridge	rufinamide	Tafinlar®
Oralair®	Pomalyst®	Rukobia®	Tagrisso™
Orencia® SQ	Pradaxa®	Ruzurgi®	Takhzyro®
Orenitram™	Praluent®	Rybelsus®	Taltz®
Orfadin®	Pramosone®	Rydapt®	Talzenna®
Orgovyx™	Precision Glucometer	Rytary™	Tanlor®
Oriahm®	Prednisolone tab	Sancuso® Patch	tasimelteon
Orilissa®	pregabalin ER tab	sapropterin pow/tab	tavaborole
Orkambi™	pregabalin soln	Scemblix®	Tavneos®
Orladeyo®	PreGen DHA™	Sernivo™	Tazverik™
orphenadrine-asa caffeine	Pregenna®	Serostim®	Technivie™
Orserdu™	Prenara®	Signifor®	Tegretol® [XR]
Otezla™	Prenate Max™	sildenafil	Tekturna® (HCT)
Otulf®	Prenatol-M™	Siliq™	temozolomide
Oxaydo®	Pretomanid®	Simlandi® Auto-Injector	Tepmetko®
Oxbryta™	Prilosec®	Kit	Teriparatide® Pen-Injector
oxcarbazepine ER tab	Procysbi®	Simlandi® Prefilled	620mcg/2.48ml
oxcarbazepine susp	Prograf®	Syringe Kit	Texacort®
Oxervate® soln	Pruradik™ lot	Simplera™	Tezspire® Inj
oxiconazole nitrate	Pyquvi™	Simponi™	Thalomid®
oxycodone ER	pyridostigmine soln	Sirturo™	Thyquidity™
Oxycodone/ acetaminophen	Pyrukynd®	Sivextro®	Tirosint®
	Pyzchiva®	Skyclarys™	tolcapone

tolvaptan	Vafseo [®]	Vuity [™]	Yesintek [™]
topiramate ER sprinkle	Valchlor [™]	Vusion [®]	Yorvipath [®]
topiramate sol	valganciclovir soln	Vykat [™]	Yosprala [®] DR
Torpenz [™]	Valtoco [®]	Vyleesi [™]	Yupelri [™]
Tremfya [™]	Vanadom [®]	Vyndamax [®]	Zalvit [®]
Tresiba [®]	vancomycin soln	Vyndaqel [®]	Zegerid [®]
tretinoin caps	Vanflyta [®]	Vyvgart [®] Hytrulo	Zejula [™]
triamcinolone 0.05% ointment	Vanos [®] Cream	Wainua [™]	Zelboraf [®]
Trianax [®]	Vanrafia [®]	Wakix [®]	Zelnorm [™]
trientine	vardenafil [ODT]	Welireg [™]	Zelsuvmi [™] Gel
Trikafta [™]	Vecamyl [™]	Wellbutrin XL [®]	Zelvysia [™]
Trinaz [®]	Velsipity [®]	Winrevair [™]	Zembrace Symtouch [™]
Trintellix [®]	Vemlidy [®]	Xalkori [®]	Zepatier [™]
Tritocin [™]	Venclexta [®]	Xatmep [®]	Zeposia [®]
Trulicity [®]	Ventavis [®]	Xcopri [®]	Zerviate [™]
Truqap [™]	Verdeso [®]	Xdemvy [®]	Zilbrysq
Truseltiq [™]	Veregen [®]	Xeljanz [®] [XR]	zileuton ER tab
Tryngolza [®]	Verquvo [®]	Xenazine [™]	Zokinvy [®]
Tryvio [™]	Verzenio [™]	Xermelo [™]	Zolinza [®]
Tukysa [™]	Viberzi [™]	Xhance [™] MIS 93mcg	zolmitriptan spray
Turalio [™]	Viekira Pak [™]	Xifaxan [®]	Zolpidem 10mg
Tyenne [®]	vigabatrin pack/tab	Xiidra [™]	Zolpidem ER 12.5mg
Tymlos [™]	Vijoice [®]	Xolair [®]	Zolpidem SL 3.5mg
Tyrvaya [™]	Vimovo [®]	Xolremdi [™]	Zoryve [®] Cream
Tyvaso [®]	Vita-Pac	Xospata [®]	Ztalmy [®]
Ubrelvy [™]	Voltaren XR [®]	Xpovio [®]	Zurampic [®]
Ukoniq [®]	Vonjo [™]	Xpovio [®] Pak	Zydelig [®]
Uloric [®]	Voranigo [®]	Xtampza [®] XR	Zykadia [®]
Umeclid/vila inh	Vosevi [™]	Xtandi [®]	Zymfentra [™]
Upneeq [®]	Vowst [®]	Xultophy [®]	
Uptravi [®]	Voxzogo [™]	Xuriden [™]	
Utibron [™] Neohaler	Voydeya [™]	Xywav [™]	
	Vtama [®]	yargesa	

¹ All brand prenatal vitamins require prior authorization.

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

+ 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*.

Brand name Drug	Starts with UPPERCASE in Bold	Ex: Augmentin
<i>Generic drug</i>	<i>Lowercase italic</i>	<i>Ex: lisinopril</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.

Drug Tier	Abbreviation
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.

Requirements/Limits	Abbreviation
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
ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/lamivudine</i>	G	
<i>abacavir/lamivudine/zidovudine</i>	G	
Acticlate	NF	
<i>acyclovir</i>	G	
<i>acyclovir cream 5%</i>	G	QL
<i>adefovir dipivoxil</i>	G	
Aemcolo DR	NPD	QL
<i>albendazole</i>	G	
Albenza	NF	
Alinia susp	NPD	QL
Alinia tab	NF	QL
Altanax	NPD	PA
Alyftrek Tab	NPD, SP	PA
Amoxicillin 775mg	PB	
<i>amoxicillin</i>	LCG	
<i>amoxicillin/clavulanate</i>	G	
<i>amoxicillin/clavulanate extended-release</i>	G	
<i>ampicillin</i>	G	
Amzeeq	NF	
Ancobon	NF	
Arakoda	NPD	
Arikayce Susp	NPD, SP	PA
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/proguanil</i>	G	
Atripla	NF	
Augmentin	NF	
Augmentin XR	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Avelox	NF	
Avidoxy	NF	
<i>azithromycin</i>	G	
Bactrim, Bactrim DS	NF	
Baraclude	NF	
Baxdela	NF	QL
Benznidazole	NPD	
Bethkis	NF, SP	
Biaxin	NF	
Biktarvy	NPD	
Biltricide	NF	
Brexafemme	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	
Ceftin	NF	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	G	
<i>chloroquine phosphate</i>	G	
Cimduo	NPD	
Cipro	NPD	
Cipro XR	NF	
<i>ciprofloxacin</i>	LCG	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
Cleocin	NF	
<i>clotrimazole troches</i>	G	
Combivir	NF	
Complera	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Cresemba	NPD	PA, QL, Q/T
Crixivan	PB	
Daklinza	NPD, SP	PA, Q/T, QL
<i>dapsone tablet</i>	G	
Daraprim Tab	NF	
<i>darunavir</i>	G	
Daxbia	NPD	
Delstrigo	NPD	
<i>demeclocycline</i>	G	
Descovy	NPD	QL
Descovy Tablet 200-25mg	ACA	QL
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
Dificid Tab/Susp	NPD	QL
Diflucan	NF	
Doryx 50mg tablet	NF	
Doryx 200mg tablet	NF	QL
Doryx MPC Tab 60mg	NF	
Dovato	NPD	
Doxycycline DR 40mg	NF	
<i>doxycycline hyclate caps 50mg, 100mg</i>	LCG	
Doxycycline hyclate DR 80mg	NF	
Doxycycline hyclate tab 75mg, 150mg	NPD	
Doxycycline hyclate tab 50mg	NPD	PA
Doxycycline hyclate tab DR 50mg, 100mg	NPD	
Doxycycline hyclate tab DR 200mg	NPD	QL, QT

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxycycline monohydrate cap 50mg, 100mg</i>	G	
Doxycycline monohydrate cap 75mg, 150mg	NPD	PA
Doxycycline monohydrate tab 150mg	NPD	PA
Edurant	PB	
E.E.S. 400mg tab	NF	
<i>efavirenz</i>	G	
<i>efavirenz-emtricitab-tenofovir tab</i>	G	
<i>efavirenz-lamivudine-tenofovir tab</i>	G	
Egaten 250mg tablet	NPD	
<i>emtric/rilpi tab tenof df</i>	G	
<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
Emtriva	NF	
Emverm	NPD	QL
<i>entecavir</i>	G	
Epclusa	PB, SP	PA, Q/T, QL
Epivir HBV Tab	NF	
Epivir HBV Sol	NPD	
Epivir Tab	NF	
Epzicom	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
EryPed 400mg/5ml Susp	NF	
Ery-Tab	NF	
Erythrocin	NPD	
<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	
<i>fidaxomicin</i>	G	QL
Firvanq Soln	NF	
Flagyl	NF	
<i>fluconazole suspension</i>	G	
<i>fluconazole tabs</i>	LCG	
<i>flucytosine</i>	G	
Flumadine	NF	
<i>fosamprenavir calcium tab</i>	G	
<i>fosfomycin pow</i>	G	
Fulvicin	NF	
Fuzeon	NPD	PA
Gris-PEG	NF	
<i>griseofulvin microsize</i>	G	
<i>griseofulvin ultramicrosize</i>	G	PA
Harvoni	PB, SP	PA, Q/T, QL
Hepsera	NF, SP	
Hiprex	NF	
Humatin	NF	
<i>hydroxy-chloroquine</i>	G	
Impavido	NPD	Q/T, QL
Intelence	NF	
Invirase	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Isentress	PB	
<i>isoniazid</i>	G	
<i>itraconazole</i>	G	
<i>ivermectin</i>	G	
Juluca	NF	
Kaletra soln/tabs	NF	
Kalydeco Tabs/Pack	NPD, SP	PA, LDD
Keflex	NF	
<i>ketoconazole tabs</i>	G	
Krintafel	NPD	
Lamisil Tabs	NF	
<i>lamivudine 100mg, 150mg, 300mg tab</i>	G	
<i>lamivudine/zidovudine</i>	G	
Lampit	NPD	
Ledipasvir-sofosbuvir tablet 90-400mg	NPD, SP	PA, QL
Levaquin	NF	
<i>levofloxacin tab</i>	LCG	
Lexiva	NF	
Likmez Sus	NPD	PA
<i>linezolid</i>	G	QL
Livtencity	NPD	PA, QL
<i>lopinavir/ritonavir</i>	G	
Lymepak	NF	
Macrodantin	NF	
Malarone	NF	
<i>maraviroc tab</i>	G	
Mavyret	PB, SP	PA, Q/T, QL
<i>mefloquine</i>	G	
Mepron	NF	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	LCG	PA
Minocin	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>minocycline caps</i>	G	
Minocycline ER Cap 135mg, 45mg, 90mg	NF	Q/T
<i>minocycline ER tablet</i>	G	Q/T
Minolira	NF	Q/T
<i>moderiba</i>	G, SP	
Molnupiravir 200mg	NPD	QL, AL
Mondoxyne NL 75mg cap	NPD	PA
Mondoxyne NL 100mg cap	NF	
Monurol Pak Granules	NF	
Moxatag	NPD	
<i>moxifloxacin hcl</i>	G	
Myambutol	NF	
Mycobutin	NF	
Mytesi	NPD	PA
Nebupent INH	NF	
<i>nevirapine</i>	G	
<i>nevirapine ER</i>	G	
<i>nitazoxanide</i>	G	QL
<i>nitrofurantoin macrocrystals</i>	LCG	
<i>nitrofurantoin suspension 25mg/5ml, 50mg/10ml</i>	G	
Nitrofurantoin susp 50mg/5ml	NPD	PA
Norvir powder	PB	
Norvir tablet	NF	
Noxafil	NF	QL
Nuzyra	NPD	PA, QL
Olpruva Pak	NF, SP	
Omeclamox-Pak	NPD	
Onmel	NF	
Oracea	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Orkambi tablet/ packet	NPD, SP	PA, LDD
Orlynvah	NF	QL
<i>oseltamivir caps/ susp</i>	G	QL
Paxlovid Tab	PB	QL
Pegasys	NPD, SP	PA
PegIntron	NPD, SP	
<i>penicillin v potassium solution</i>	G	
<i>penicillin v potassium tablet</i>	LCG	
<i>pentamidine INH</i>	G	
Pifeltro	NPD	
Plaquenil	NF	
<i>posaconazole</i>	G	QL
<i>potassium iodide soln</i>	G	
<i>praziquantel</i>	G	
Pretomanid	NPD	PA
Prevymis	NPD	
Prevymis Pak	NF	
Prezcobix	NPD	
Prezista	NF	
<i>pyrimethamin</i>	G	
Qualaquin	NF	QL
<i>quinine sulfate</i>	G	QL
Relenza	NPD	QL
Retrovir	NF	
Reyataz	NF	
<i>ribasphere ribapak 200mg & 400mg/ 400mg & 600mg</i>	G, SP	
<i>rifabutin</i>	G	
Rifadin	NF	
<i>rifampin</i>	G	
Rivfloza Inj	NPD, SP	PA, QL
<i>rimantadine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ritonavir</i>	G	
Rukobia	NPD	PA
Selzentry	NF	
Seysara	NF	Q/T
Sirturo	NPD	PA
Sitavig	NPD	QL
Sivextro	NPD	PA, QL
Sklice Lot 0.5%	NF	
Skyclarys cap	NPD, SP	PA
Sofosbuvir-velpatasvir tablet 400-100mg	NPD, SP	PA, QL
Sohonos	NPD, SP	PA
Solodyn	NPD	PA, QL, Q/T
Solosec GRA	NF	
Sovaldi	NPD, SP	PA, QL, Q/T
Sovuna Tab	NF	
Sporanox	NF	
SSKI Solution	NF	
<i>stavudine</i>	G	
Stribild	PB	
Stromectol	NF	
<i>sulfamethoxazole/tmp</i>	LCG	
Sunlenca	NPD	
Suprax Susp 100mg/5ml, 200mg/5ml	NF	
Sustiva	NF	
Symfi	NF	
Symfi Lo	NF	
Symtuza	NPD	
Talicia	NPD	
Tamiflu	NF	QL
Targadox	NF	
Technivie	NPD, SP	PA, Q/T, QL
Temixys	NPD	
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Tetracycline tab	NF	
Tindamax	NF	
<i>tinidazole</i>	G	
Tivicay PD	NPD	
Tobi Nebulization Soln	NF, SP	
Tobi Podhaler Cap	NPD, SP	
Tolsura	NF	
Trikafta	NPD, SP	PA
Triumeq	PB	
Trizivir	NF	
Truvada	NF	
<i>valacyclovir tab</i>	G	
Valcyte	NF	
<i>valganciclovir</i>	G	PA
Valtrex	NF	
<i>vancomycin</i>	G	
<i>vancomycin soln</i>	G	PA
Vemlidy	NPD	PA
Vfend	NF	
Vibramycin	NF	
Videx EC	NF	
Viekira Pak	NPD, SP	PA, QL, Q/T
Viekira XR	NPD, SP	PA, QL, Q/T
Viramune suspension	NF	
Viramune tablet	NF	
Viramune XR	NF	
Viread	NF	
Vivjoa	NF	QL
Vocabria	NPD	
<i>voriconazole</i>	G	
Vosevi	PB, SP	PA, Q/T, QL
Xenleta	NPD	QL
Xepi Cream 0.1%	NF	
Xifaxan 200mg	NPD	QL
Xifaxan 550mg	NPD	PA, Q/T, QL

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Ximino ER	NF	Q/T
Xofluza Tab	NPD	QL
Xofluza Therapy Pack	NPD	Q/T
Yeztugo	NPD	
Zepatier	NPD, SP	PA, Q/T, QL
Zerit	NF	
Ziagen	NF	
<i>zidovudine</i>	G	
Zithromax	NF	
Zmax	NF	
Zyvox	NF	QL

CANCER & ORGAN TRANSPLANT DRUGS

<i>abiraterone</i>	G, SP	PA
<i>Abirtega</i>	G, SP	PA
Afinitor	NF, SP	QL
Akeega	NPD, SP	PA, QL
Alecensa	NPD, SP	PA
Alkeran	NF, SP	
Alunbrig tab/pak	NPD, SP	PA, QL
<i>anastrozole</i>	G	
Arimidex	NF	
Aromasin	NF	
Augtyro	NPD, SP	PA
Avmapki Fakzynja	NPD, SP	PA
Ayvakit	NPD, SP	PA, QL
Azasan	NF	
<i>azathioprine</i>	G	
Balversa	NPD, SP	PA
Benlysta	NPD, SP	PA
Besremi Sol	NPD, SP	PA
<i>bexarotene</i>	G, SP	PA
<i>bicalutamide</i>	G	
Bosulif	NPD, SP	PA
Braftovi	NPD, SP	PA
Brukinsa	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Cabometyx	NPD, SP	PA, QL
Calquence	NPD, SP	PA
<i>capecitabine</i>	G, SP	
Caprelsa	NPD, SP	PA, QL
Casodex	NF	
Cellcept	NF	
Cometriq	NPD, SP	PA
Copiktra	NPD, SP	PA, QL
Cotellic	NPD, SP	PA, LDD
<i>cyclophosphamide caps</i>	G	
Cyclophosphamide tabs	NPD	
<i>cyclosporine</i>	G	
Cytosan	NPD, SP	
<i>danazol</i>	G	
Danziten Tab	NPD, SP	PA
<i>dasatinib</i>	G, SP	PA
Danocrine	NPD	
Daurismo	NPD, SP	PA
Deltasone	NPD	
Emcyt	NPD	
Ensacove	NPD, SP	PA
Erivedge	NPD, SP	PA
Erleada	NPD, SP	PA
<i>erlotinib</i>	G, SP	PA, QL
<i>etoposide</i>	G, SP	
Eulexin	NF	
<i>everolimus (generic for Afinitor)</i>	G, SP	PA, QL
<i>everolimus (generic for Zortress)</i>	G	
<i>exemestane</i>	G	
Exkivity	NPD, SP	PA
Fareston	NF	
Farydak	NPD, SP	PA, LDD
Femara	NF	QL

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<i>flutamide</i>	G	
Fotivda	NPD, SP	PA
Fruzaqla	NPD, SP	PA
Gavreto	NPD, SP	PA
<i>gefitinib</i>	G, SP	PA
Gilotrif	NPD, SP	PA, QL
Gleevec	NF, SP	
Gleostine	NPD, SP	
Gomekli	NPD, SP	PA
Hernexeos	NPD, SP	PA
Hexalen	NPD	
Hycamtin	NPD, SP	PA
Hydrea	NF	
Hyftor Gel 0.2%	NPD	PA
<i>hydroxyurea</i>	G	
Ibrance	NPD, SP	PA, LDD, QL
Ibtrozi	NPD, SP	PA
Iclusig	NPD, SP	PA, QL
Idhifa	NPD, SP	PA, QL
<i>imatinib mesylate</i>	G, SP	PA
Imbruvica	NPD, SP	PA, QL
Imkeldi Sol 80mg/ml	NPD, SP	PA
Imuran	NF	
Inlyta	NPD, SP	PA
Inqovi tab	NPD, SP	PA
Inrebic	NPD, SP	PA
Iressa tab	NF, SP	
Itovebi Tab	NPD, SP	PA
Iwilfin	NPD, SP	PA
Jaypirca tab	NPD, SP	PA, QL
Jylamvo Sol	NPD	PA
Kisqali	NPD, SP	PA, LDD, QL
Koselugo	NPD, SP	PA
Krazati	NPD, SP	PA
Lazcluze	NPD, SP	PA
<i>lapatinib</i>	G, SP	PA
<i>lenalidomide</i>	G, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Lenvima	NPD, SP	PA, LDD
<i>letrozole</i>	G	QL
<i>leucovorin calcium</i>	G	
Leukeran	NPD, SP	PA
<i>leuprolide</i>	G, SP	
Lonsurf	NPD, SP	PA
Lorbrena	NPD, SP	PA
Lumakras	NPD, SP	PA
Lupkynis	NPD, SP	PA, QL
Lynparza	PB, SP	PA
Lysodren	NPD	
Lytgobi	NPD, SP	PA
Matulane	NPD, SP	
Mavenclad pak	NPD, SP	PA
Megace	NF	
<i>megestrol acetate</i>	G	
Mekinist	NPD, SP	PA, QL
Mektovi	NPD, SP	PA
<i>melphalan</i>	G, SP	
<i>mercaptopurine</i>	G	
<i>mercaptopuri sus</i>	G, SP	
Mesnex	NF	
<i>methotrexate tab</i>	G	
Modeyso	NPD, SP	PA
<i>mycophenolate</i>	G	
<i>mycophenolic acid</i>	G	
Myfortic	NF	
Myhibbin	NF	
Myleran	NPD	
Nemludio Inj 30mg	NPD, SP	PA
Neoral	NPD	PA
Nerlynx	NPD, SP	PA
Nexavar	NF, SP	
Nilandron	NF	
Nilotinib cap	NPD, SP	PA

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<i>nilotinib cap (brand: Tasigna)</i>	G, SP	PA
<i>nilutamide</i>	G	
Ninlaro	NPD, SP	PA, QL
Nubeqa	NPD, SP	PA
Odomzo	NPD, SP	PA
Ogiveo	NPD, SP	PA
Ojemda Tab/Sus	NPD, SP	PA
Ojjaara	NPD, SP	PA, QL
Onureg	NPD, SP	PA
Orgovyx tab	NPD, SP	PA
Orserdu tab	NPD, SP	PA
Ortikos ER Cap	NF	
<i>pazopanib</i>	G, SP	PA
Pemazyre	NPD, SP	PA, QL
Piqray	NPD, SP	PA
Pomalyst	NPD, SP	PA
<i>prednisone</i>	LCG	
<i>prednisone therapy pack/ solution/ concentrate</i>	G	
Prograf capsule/ packet	NPD	PA
Protopic	NF	
Purixan	NF	
Qinlock tab	NPD, SP	PA
Rapamune tab/sol	NF	
RediTrex Inj	NF	
Retevmo cap	NPD, SP	PA
Revlimid	NPD, SP	PA
Revuforj Tab	NPD, SP	PA
Rezlidhia	NPD, SP	PA
Romvimza	NPD, SP	PA, QL
Rozlytrek	NPD, SP	PA
Rubraca	PB, SP	PA
Rydapt	NPD, SP	PA
Sandimmune	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Scemblix	NPD, SP	PA, QL
<i>sirolimus tab/soln</i>	G	
<i>sorafenib</i>	G, SP	PA
Sprycel	NF, SP	
Stivarga	PB, SP	PA
<i>sunitinib</i>	G, SP	PA
Sutent	NF, SP	
Tabloid	NPD	
Tabrecta tab	NPD, SP	PA
<i>tacrolimus</i>	G	
Tafinlar	NPD, SP	PA
Tagrisso	NPD, SP	PA, QL
Talzenna	NPD, SP	PA, QL
<i>tamoxifen</i>	G	
Tarceva	NF, SP	QL
Targretin cap	NF, SP	
Tasigna	NF	
Tazverik 200mg	NPD, SP	PA
Temodar	NF, SP	
<i>temozolomide</i>	G, SP	PA
Tepmetko	NPD, SP	PA
Thalomid	NPD, SP	PA
Tibsovo	NPD, SP	PA
<i>toremifene</i>	G	
<i>Torpenz</i>	G, SP	PA
<i>tretinoin caps</i>	G, SP	PA
Trexall tab	NPD	
Truqap	NPD, SP	PA
Truseltiq	NPD, SP	PA
Tukysa	NPD, SP	PA
Turalio	NPD, SP	PA
Tykerb	NF, SP	
Ukoniq	NPD, SP	PA
Valchlor	NPD, SP	PA
Vanflyta	NPD, SP	PA
Venclexta	NPD, SP	PA
Verzenio	NPD, SP	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Vitrakvi	NPD, SP	PA
Vizimpro	NPD, SP	PA
Vonjo	NPD, SP	PA
Voranigo	NPD, SP	PA
Votrient	NF, SP	
Welireg	NPD, SP	PA
Xalkori	NPD, SP	PA
Xatmep	NPD	PA
Xeloda	NF, SP	
Xospata	NPD, SP	PA
Xpovio	NPD, SP	PA
Xpovio Pak	NPD, SP	PA
Xromi	NF	
Xtandi	NPD, SP	PA, LDD
Yonsa	NPD, SP	PA
ZeJula	PB, SP	PA, QL, LDD
Zelboraf	NPD, SP	PA, LDD
Zolinza	NPD, SP	PA, LDD
Zortress	NF	
Zydelig	NPD, SP	PA, LDD
Zykadia	NPD, SP	PA, LDD
Zytiga	NF, SP	LDD

PAIN, NERVOUS SYSTEM, & PSYCH

Abilify	NF	
Abilify Mycite	NF	
Abilify Mycite Maintenance/ Starter Pak	NF	
Abstral	NF	QL, MME
<i>acamprosate DR tab</i>	G	
<i>acetaminophen w/codeine</i>	LCG	QL, 5DS, MME
Actiq	NF	QL, MME
Adderall	NF	QL
Adderall XR	NF	QL
Adhansia XR Capsule	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Adlarity Dis	NF	
Adzenys ER susp	NF	QL
Adzenys XR-ODT	NF	QL
Aimovig	PB	PA
Ajovy	NF	
Allzital 25-325mg	NF	QL, 5DS
<i>almotriptan maleate</i>	G	QL, AL
<i>alprazolam</i>	LCG	
<i>alprazolam ER</i>	G	
<i>amantadine</i>	G	
Ambien	NF	QL
Ambien CR	NF	QL
Amerge	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
Amphetamine ER suspension	NF	QL
Amphetamine ER tab	NF	QL
<i>amphetamine tablet (generic Evekeo)</i>	G	PA, QL
Anafranil	NF	
Antabuse	NF	
Apadaz	NPD	PA, QL, 5DS, MME
Aplenzin	NPD	PA
Apokyn Solution Cartridge 30mg/3ml	NF, SP	
<i>apomorphine inj 30mg/3ml</i>	G, SP	PA

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Apo-Varenicline	NPD, ACA	QL
Aptensio XR	NF	QL
Aptiom	NF	
Aricept [ODT]	NF	
<i>aripiprazole</i>	G	
<i>armodafinil</i>	G	
Arymo ER	NF	QL, MME
<i>asenapine sub</i>	G	
Ativan	NPD	PA
<i>atomoxetine</i>	G	QL
Aubagio	NF, SP	
Austedo [XR]	NPD, SP	PA
Auvelity	NF	
Avonex	PB, SP	QL
Axert	NF	QL
Azilect	NF	
Azstaris	PB	PA, QL
Banzel Susp	NF	
Banzel Tab	NF	
Belbuca	PB	PA, QL, MME
Belsomra	NPD	PA, QL
Belviq [XR]	NPD	PA, R
Benzhydrocodone-acetaminophen	NPD	PA, QL, 5DS, MME
<i>benztropine</i>	LCG	
Betaseron	PB, SP	QL
Brekiya	NF	QL
Brisdelle cap	NF	QL
Briviact suspension	NPD	PA
Briviact tablet	NPD	PA
Bromocriptine mesylate	NF	
Bucapsol	NF	
Bunavail	NF	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<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
Bupropion ER 450mg	NF	
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
<i>bupirone</i>	G	
Butal/Apap Tab 25-325mg	NF	QL, 5DS
Butalbital-acetaminophen 25-300mg	NF	QL, 5DS
<i>butalbital/apap/caffeine</i>	G	QL, 5DS
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, MME
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, MME
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, MME
Butrans	NF	QL, MME
Cafergot	NF	
Cambia Packet	NF	
Capcof Syrup	NPD	QL, 5DS, MME
Caplyta	NF	
<i>carbamazepine</i>	G	
<i>carbamazepine susp</i>	G	PA
<i>carbamazepine XR</i>	G	
Carbatrol	NPD	PA
<i>carbidopa</i>	G	
<i>carbidopa/levodopa</i>	G	
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbidopa/levodopa/entacapone</i>	G	
<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, MME
Cataflam	NF	
Celexa	NF	
Celontin	NF	
Chantix	NF	QL
<i>chlordiazepoxide</i>	G	
<i>chlorpromazine HCl</i>	G	
<i>citalopram</i>	LCG	
Citalopram 30mg Cap	NF	
<i>clobazam</i>	G	PA
<i>clobazam susp</i>	G	PA
<i>clomipramine HCl</i>	G	
<i>clonazepam</i>	G	
<i>clorazepate dipotassium</i>	G	
<i>clozapine</i>	G	
<i>clozapine ODT</i>	G	QL, 5DS
Clozaril	NF	
<i>codeine tabs</i>	G	QL, 5DS, MME
<i>coditussin AC liquid</i>	G	QL, 5DS, MME
Compro 25mg supp	NF	
Comtan	NF	
Concerta	NF	QL
Consensi	NPD	PA
Conzip	NF	QL, MME
Copaxone	NF	QL
Cotempla XR-ODT	NF	QL
Coxanto	NF	
Crexont	NF	
Cymbalta	NF	
Dantrium	NF	

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

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium</i>	G	
<i>diclofenac sodium gel 1%</i>	G	
<i>diflunisal</i>	G	
<i>dihydrocodeine/APAP/caff</i>	G	QL, 5DS, MME
<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, MME
<i>dihydroergotamine inj</i>	G	PA
<i>dihydroergotamine mesylate nasal spray</i>	G	PA
Dilantin caps, chew tabs, susp	NPD	
Dilaudid	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	
Dolobid Tab	NF	
Dolophine	NF	QL, MME
<i>donepezil hydrochloride</i>	LCG	
Doral	NF	
<i>doxepin capsule</i>	G	
<i>doxepin HCL con 10mg/ml</i>	G	
<i>doxepin tablet</i>	G	PA
Drizalma Sprinkle	NF	
<i>duloxetine</i>	G	
Duragesic patch	NF	QL, MME
Dyanavel XR	NF	QL
Edluar SL tab	NPD	PA, QL
Effexor XR	NF	
Eldepryl	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Elepsia XR	NF	QL
<i>eletriptan</i>	G	QL, AL
Elyxyb	NF	QL
Embeda	NF	QL, MME
Emgality (300mg Dose) Prefilled Pen 100mg/ml	PB	PA, QL
Emgality Prefilled Pen/Auto-Injector 120mg/ml	PB	PA
<i>endocet</i>	LCG	QL, 5DS, MME
<i>entacapone</i>	G	
Epidiolex Soln	NPD	PA
Eprontia soln	NF	
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	LCG	
Escitalopram cap 15mg	NF	
Esgic cap/tab	NF	QL, 5DS
<i>eslicarbazep</i>	G	PA
<i>estazolam</i>	G	QL
<i>eszopiclone</i>	G	PA, QL (3mg only)
<i>ethosuximide</i>	G	
<i>etodolac</i>	G	
Evekeo [ODT]	NF	QL
Evzio	NF	QL
Exalgo ER	NF	QL, MME
Exelon	NF	
Exservan Mis	NPD	
Extavia	NF, SP	QL
Exxua Titrat	NF	
Fanapt	NF	
Fanapt Pak Pack B, Pack C	NF	
Fazaclo	NPD	
<i>felbamate</i>	G	
Felbatol	NF	

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

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>galantamine ER</i>	G	
Geodon	NF	
Gilenya	NF, SP	
<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL
Gocovri	NF	
Gralise Mis	NF	
<i>guaifenesin-codeine soln 10mg/5ml</i>	LCG	QL, 5DS, MME
<i>guanfacine ER</i>	G	QL
Halcion	NF	QL
<i>haloperidol</i>	G	
Hetlioz Cap	NF, SP	QL
Hetlioz LQ Susp	NPD, SP	PA
Horizant	NPD	PA
<i>hydrocodone/acetaminophen</i>	LCG	QL, 5DS, MME
<i>hydrocodone-homatropine</i>	G	QL, 5DS, 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
Hysingla ER	NF	QL, MME
Ibudone	NF	QL, 5DS, MME
<i>ibuprofen/hydrocodone</i>	G	QL, 5DS, MME
Imcivree 10mg/ml Inj	NPD, SP	PA
<i>imipramine</i>	G	
Imitrex	NF	AL, QL
Inbrija	NPD, SP	PA
Indocin Suppository	NF	
Indocin susp	NF	
Ingrezza	NPD, SP	PA
Intermezzo	NF	QL
Intuniv	NF	QL
Invega ER tablet	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>isometheptene/dichloral-phenazone/apap</i>	G	
Jakafi	NPD, SP	PA, LDD, QL
Jornay PM Capsule	NF	QL
Journavx	NF	QL
Kadian ER	NF	QL, MME
Kapvay	NF	QL
Keppra	NF	
Keppra XR	NF	
<i>ketorolac</i>	G	
Khedeza	NF	
Klonopin	NF	
Kloxxado Liq	PB, ACA	QL
Kynmobi Kit Titration	NPD, SP	PA
Kynmobi Mis	NPD, SP	PA, QL
<i>lacosamide</i>	G	
Lamictal	NF	
Lamictal ODT	NF	
Lamictal XR	NF	
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
Latuda	NF	
Lazanda	NF	QL, MME
Leqselvi	NPD, SP	PA
<i>levetiracetam</i>	LCG	
Levetiracetam 250mg	NF	
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
Lexapro	NF	
Libervant Mis	NF	QL
Librax	NF	
<i>lisdexamfetamine cap/chew</i>	G	QL
<i>lithium carbonate</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>lithium carbonate ER</i>	G	
Lithobid	NPD	PA
Lodine	NF	
Lodosyn	NF	
Lofena	NPD	PA
<i>lofexidine</i>	G	PA, QL
<i>lorazepam</i>	LCG	
<i>lorazepam concentrate</i>	G	
Loreev XR	NF	
Lortab	NF	QL, 5DS
<i>lortab elixir</i>	LCG	QL, MME
<i>loxapine</i>	G	
Lunesta	NF	QL
Lumryz Pak	NPD, SP	PA
<i>lurasidone</i>	G	
Lybalvi	NF	
Lyrica	NF	
Lyrica CR	NF	
Lyrica soln	NF	
<i>maprotiline</i>	G	
Maxalt, Maxalt-MLT	NF	AL, QL
Mayzent tablet, starter pak	NPD, SP	
m-clear WC soln	NPD	QL, 5DS, MME
<i>meclofenamate</i>	G	
<i>meman/donepz</i>	G	
<i>memantine</i>	G	
<i>memantine ER</i>	G	
<i>meperidine HCl</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
Mestinon syrup	NF	
Mestinon tablet	NF	
Metadate CD Cap	NF	QL, MME
<i>methadone</i>	LCG	PA, QL, MME
Methadose concentrate [SF]	NF	QL, 5DS, MME

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Methamphetamine	NPD	QL
<i>methsuximide</i>	G	
Methylin	NF	QL
<i>methylphenidate</i>	G	QL
<i>methylphenidate ER</i>	G	QL
<i>methylphenidate ER (CD)</i>	G	QL
<i>methylphenidate ER (LA)</i>	G	QL
Methylphenidate ER (XR)	NF	QL
<i>methylphenidate pad</i>	G	QL
Midrin	NPD	
Migranal	NF	
Mirapex	NF	
Mirapex ER	NF	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	
<i>molindone hcl</i>	G	
MorphaBond ER	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
Motpoly XR	NF	
MS Contin	NF	QL, MME
Mydayis	NF	QL
Mysoline	NF	
<i>nabumetone</i>	G	
Nalfon	NF	
Nalocet	NF	QL, 5DS, MME
Naloxone injection 2mg	NPD	QL
<i>naloxone spray</i>	G	QL
<i>naltrexone 50mg</i>	G	
Namenda [XR]	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Namzaric	NF	
<i>naratriptan</i>	G	QL, AL
Narcan 4mg/ actuation spray	PB	QL
Nardil	NF	
Nayzilam	NPD	PA, QL
<i>nefazodone</i>	G	
Neupro Patch	NPD	PA
Neurontin	NF	
Neurontin soln	NF	
<i>ninjacof-XG liquid</i>	G	QL, 5DS, MME
Norpramin	NF	
<i>nortriptyline</i>	G	
<i>nortriptyline soln</i>	G	PA
Nourianz	NPD	PA
Nucynta	NPD	QL, 5DS, MME
Nucynta ER	NPD	PA, QL, MME
Nuplazid	NPD	PA
Nurtec Chw ODT	PB	PA, QL
Nuvigil	NF	
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	LCG	
<i>olanzapine/ fluoxetine hcl</i>	G	
Onfi	NF	
Onfi susp	NF	
Ongentys	NPD	PA
Onyda XR Susp	NF	QL
Onzetra Xsail	NPD	PA, QL, AL
Opana	NF	QL, 5DS, MME
Opana ER	NF	QL, MME
Opipza Mis	NF	QL
Opvee Spray	NPD	QL
Orap	NF	
Osmolex ER	NF	
<i>oxaprozin</i>	G	
Oxaydo	NPD	PA, QL, 5DS, MME
<i>oxazepam</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxcarbazepine ER tab</i>	G	PA
<i>oxcarbazepine susp</i>	G	PA
<i>oxcarbazepine tab</i>	G	
Oxtellar XR	NF	
Oxycodone 5mg, 30mg Tab	NF	QL, 5DS, MME
Oxycodone ER tablet	NF	QL, MME
Oxycodone HCl Abuse-Deterrent 30mg	NF	QL, 5DS, MME
<i>oxycodone IR</i>	G	QL, 5DS, MME
<i>oxycodone/acetaminophen</i>	LCG	QL, 5DS, MME
Oxycodone/acetaminophen 7.5/300mg	NF	QL, 5DS, MME
Oxycodone/acetaminophen sol 10/300mg	NF	QL, 5DS, MME
Oxycodone/acetaminophen Sol 5/325mg	NPD	PA, QL, 5DS, MME
Oxycodone/APAP 2.5-300mg, 5-300mg, 10-300mg tab	NF	QL, 5DS, MME
<i>oxycodone/aspirin</i>	G	QL, 5DS, MME
<i>oxycodone/ibuprofen</i>	G	QL, 5DS, MME
OxyContin	NF	QL, MME
<i>oxymorphone ER</i>	G	PA, QL, MME
<i>oxymorphone IR</i>	G	QL, 5DS, MME
Ozobax Soln	NF	
<i>paliperidone ER tablet</i>	G	
Pamelor	NF	
Parlodol	NF	
Parnate	NF	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine susp</i>	G	
Paxil CR	NF	
Paxil suspension	NF	
Paxil tablet	NF	
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
perampanel	NPD	PA
Percocet	NPD	QL, 5DS, MME
<i>perphenazine</i>	G	
Pexeva	NPD	PA
<i>phenelzine</i>	G	
<i>phenobarbital</i>	G	
Phenytek	NPD	
<i>phenytoin</i>	G	
<i>pimozide</i>	G	
<i>piroxicam</i>	G	
Plegridy	NPD, SP	PA, QL
Ponvory	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	PA
<i>primidone</i>	G	
Primlev	NF	QL, 5DS, MME
Pristiq	NF	
Procentra 1mg/ml	NF	QL
Prolate Sol 10/300mg	NF	QL, 5DS, MME
Prolate tab	NF	QL, 5DS, MME
Promethegan supp 50mg	NPD	
promethegan supp 12.5mg, 25mg	NF	
Provigil	NF	
Prozac	NF	
<i>pyridostigmine soln</i>	G	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pyridostigmine tab</i>	G	
Qdolo Sol 5mg/ml	NF	QL
Qelbree ER	NF	QL
Qmiiz ODT	NF	
<i>quazepam</i>	G	QL
Qudexy XR	NF	
<i>quetiapine fumarate [ER]</i>	G	
Quillichew ER	NPD	PA, QL
Quillivant XR	NPD	PA, QL
Qulipta	PB	PA, QL
Quviviq	NF	QL
Radicava ORS Susp	PB, SP	PA
Raldesy	NF	
<i>ramelteon</i>	G	QL
<i>rasagiline</i>	G	
Razadyne	NF	AL
Razadyne ER	NF	AL
Rebif Rebidose	NPD, SP	PA, QL
Regimex	NF	R
Relafen	NF	
Relafen DS	NF	
Relexxii	NF	QL
Relpax	NF	QL, AL
Relyvrio Pak	NPD, SP	PA
Remeron	NF	
Remeron SolTab	NF	
Requip	NF	
Requip XL	NF	
Restoril	NF	QL
Rextovy Spr	NF	QL
Rexulti	NPD	
Reyvow	NF	QL
Rilutek	NF	
<i>riluzole</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Risperdal, Risperdal M-Tab	NF	
<i>risperidone</i>	LCG	
Ritalin LA	NF	QL
Ritalin Tab	NF	QL
<i>rivastigmine</i>	G	
<i>rizatriptan benzoate</i>	G	QL, AL
Robaxin	NF	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	
Roxicodone	NF	QL, 5DS, MME
Roxybond	NF	QL, 5DS, MME
Rozerem	NF	QL
<i>rufinamide susp 40mg/ml</i>	G	PA
<i>rufinamide tab</i>	G	PA
Rytary	NPD	PA
Sabril tablet/ packet	NF, SP	
Saphris	NF	
Secuado Patch	NF	
Seglentis 56-44mg Tab	NF	QL
<i>selegiline HCl</i>	G	
Seroquel	NF	
Seroquel XR	NF	
<i>sertraline</i>	LCG	
Sertraline Cap	NF	
Silenor	NF	
<i>silodosin</i>	G	
Sinemet	NF	
Sinemet CR	NF	
Sodium Oxybate Sol (Hikma)	NPD, SP	PA, QL
Sonata	NF	QL
Spritam Oral Disintegrating Tab	NF	
Sprix Nasal Spray	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Stalevo	NF	
Strattera	NF	QL
Suboxone Sublingual Film	NF	QL
Subsys	NF	QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL
<i>sumatriptan/naproxen</i>	G	PA, QL
Sunosi	PB	PA
Sylatron	NPD, SP	PA
Symbyax	NF	
Sympazan Film	NPD	PA
Tascenso ODT	NF, SP	
<i>tasimelteon</i>	G, SP	PA, QL
Tasmar	NF	
Tecfidera	NF, SP	LDD
Tegretol susp	NPD	PA
Tegretol [XR]	NPD	PA
<i>temazepam</i>	G	QL
<i>teriflunomide</i>	G, SP	
<i>tetrabenazine</i>	G, SP	PA
<i>thioridazine</i>	G	
<i>thiothixene</i>	G	
<i>tiagabine hcl</i>	G	
Tiglutik Susp	PB	
Tivorbex	NF	
Tofranil	NF	
Tolcapone	NPD	PA
<i>tolmetin sodium</i>	G	
Topamax	NF	
Topamax Sprinkle Capsules	NF	
<i>topiramate</i>	G	
<i>topiramate ER cap</i>	G	
<i>topiramate ER sprinkle cap</i>	G	PA
<i>topiramate sol</i>	G	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Tosymra Nasal Solution	NF	QL
<i>tramadol</i>	LCG	QL, MME
Tramadol ER cap	NF	QL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, MME
<i>tramadol ER tablet</i>	G	QL, MME
Tramadol soln 5mg/ml	NF	QL, MME
<i>tramadol/acetaminophen</i>	G	QL, MME
Tranxene T	NF	
<i>tranycypromine sulfate</i>	G	
<i>trazodone</i>	G	
Treximet	NF	QL
Trexix	NF	QL
<i>triazolam</i>	G	QL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	LCG	
Trileptal Susp	NF	
Trileptal Tab	NF	
<i>trimipramine</i>	G	
Trintellix	NPD	PA
Trokendi XR	NF	
Trudhesa AER	NF	QL
<i>trymine CG liquid</i>	G	QL, 5DS, MME
Tylenol w/Codeine	NF	QL, 5DS, MME
Ubrelvy	PB	PA, QL
Ultracet	NF	QL, MME
Ultram	NF	QL, MME
Valium	NF	
<i>valproic acid</i>	G	
Valtoco	NPD	PA, QL
Vanatol S/LQ	NPD	PA, QL, 5DS
<i>varenicline</i>	G, ACA	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline pak</i>	G, ACA	
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
Venlafaxine Tab 112.5mg	NF	
Veozah	NF	
<i>vigabatrin</i>	G, SP	PA
Vigadrone	NF, SP	
Vigafyde Sol	NF, SP	
Vimpat solution	NF	
Vimpat tablet	NPD	
Virtussin AC w/ALC liquid	NPD	QL, 5DS, MME
Vivlodex	NF	
Vraylar	NPD	
Vyvanse	NF	QL
Wainua Inj	NPD, SP	PA, QL
Wakix	NPD, SP	PA, QL
Wellbutrin SR	NF	
Wellbutrin XL	NPD	PA
Xadago	NF	
Xanax	NF	
Xanax XR	NF	
Xcopri pak/tab	NPD	PA
Xelstrym Pad	NF	QL
Xenazine	NF	
Xodol, Norco	NF	QL, 5DS, MME
Xtampza ER	PB	PA, QL, MME
Xyrem	NF, SP	QL
Xywav Soln	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL
Zarontin	NF	
Zavzpret Nasal Soln	NF	QL
Zebutal	NF	QL, 5DS
Zembrace Symtouch	NPD	PA, QL
Zenzedi	NF	QL
Zimhi Soln	NPD	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ziprasidone</i>	G	
Zohydro ER	NF	QL, MME
<i>zolmitriptan</i>	G	QL, AL
<i>zolmitriptan spray</i>	G	PA, QL, AL
Zoloft	NF	
<i>zolpidem tartrate</i>	LCG	PA, QL (10mg only)
Zolpidem Tartrate Cap 7.5mg	NF	QL
<i>zolpidem tartrate ER</i>	G	PA, QL (12.5mg only)
<i>zolpidem tartrate SL</i>	G	PA, QL (3.5mg only)
Zolpimist	NF	QL
Zomig	NF	QL, AL
Zonegran	NF	
Zonisade Susp	NF	
<i>zonisamide</i>	G	
Zorvolex	NF	
Ztalmy Susp	NPD, SP	PA
Zubsolv	PB	QL
Zurnai	NF	QL
Zurzuvae	NPD	QL
Zyban	NF	QL
Zyprexa	NF	
Zyprexa Zydis	NF	

HEART, BLOOD PRESSURE, & CHOLESTEROL

Accupril	NF	
Accuretic	NF	
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
Actimmune	NPD, SP	PA
Adalat CC	NF	
Adcirca	NF, SP	
Adempas	PB, SP	PA
Aggrenox	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Agrylin	NF	
Aldactazide	NF	
Aldactone	NF	
<i>aliskiren</i>	G	
Altace	NF	
Altoprev ER	NF	
<i>ambrisentan</i>	G, SP	PA
Amicar	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	
Andembry	NPD, SP	PA
Antara	NPD	
Arbli	NF	
Arixtra	NF	
<i>aspirin-dipyridamole er</i>	G	
Aspruzyo Spr Gra	NF	
Atacand	NF	
Atacand HCT	NF	
<i>atenolol</i>	LCG	
<i>atenolol/chlorthalidone</i>	G	
Atorvaliq Soln	NF	
<i>atorvastatin</i>	G	
<i>atorvastatin/amlodipine</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Attruby Pak 356mg	NPD, SP	PA
Avalide	NF	
Avapro	NF	
Azor	NF	
Bebulin	NPD, SP	PA
<i>benazepril</i>	G	
<i>benazepril/HCTZ</i>	G	
Benicar	NF	
Benicar HCT	NF	
Betapace AF	NF	
<i>betaxolol</i>	G	
Bevyxxa	NPD	QL
Bidil	NF	
<i>bisoprolol</i>	G	
<i>bisoprolol/HCTZ</i>	G	
<i>bumetanide</i>	G	
Bystolic	NF	
Byvalson	NPD	PA
Caduet	NF	
Calan	NF	
Calan SR	NF	
Camzyos	NPD, SP	PA, QL
<i>candesartan</i>	G	
<i>candesartan/hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
Cardizem	NF	
Cardizem CD	NF	
Cardizem LA	NF	
Carospir	NF	
<i>cartia XT</i>	G	
<i>carvedilol</i>	G	
<i>carvedilol ER</i>	G	
Catapres tablets	NF	
Catapres-TTS	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<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	
Clonidine ER 24HR tab	NF	
<i>clonidine IR tablet</i>	LCG	
<i>clonidine patches</i>	G	
<i>clopidogrel</i>	G	
<i>colesevelam</i>	G	
Colestid	NF	
<i>colestipol HCl</i>	G	
Conjupri	NF	
Coreg	NF	
Coreg CR	NF	
Corgard	NF	
Corlanor	NF	
Corzide	NF	
Coumadin	PB	
Cozaar	NF	
Crestor	NF	
<i>dabigatran cap</i>	G	
Demadex	NF	
Dibenzyline	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	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Diovan	NF	
Diovan HCT	NF	
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
<i>droxidopa</i>	G	PA
Durlaza	NF	
Dutoprol	NPD	
Dyazide	NF	
Dyrenium	NF	
Edarbi	NF	
Edarbyclor	NF	
Edecrin	NF	
Effient	NF	
Eliquis	PB	
<i>eltrombopag</i>	G, SP	PA
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<i>enalapril solution</i>	G	PA
<i>enoxaparin</i>	G	
Entadfi	NF	
Entresto	NF	QL
Epaned Sol 1mg/ml	NF	
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	
<i>ethacrynic acid</i>	G	
Exforge	NF	
Exforge HCT	NF	
<i>ezetimibe</i>	G	
Ezetimibe/atorvastatin	NF	
Ezetimibe/rosuvastatin	NF	
<i>ezetimibe/simvastatin</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Ezzalor Sprinkle Cap	NF	
<i>felodipine ER</i>	G	
<i>fenofibrate</i>	G	
Fenofibrate micronized cap 30mg, 90mg	NPD	
<i>fenofibrate nanocrystallized</i>	G	
<i>fenofibric acid</i>	G	
Fenoglide	NF	
Fibricor	NF	
<i>flecainide</i>	G	
Flolipid susp	NF	
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
Fragmin	NPD	
Furoscix Kit 80mg/10ml	NF	
<i>furosemide solution</i>	LCG	
<i>furosemide tabs</i>	LCG	
<i>gemfibrozil</i>	G	
<i>guanfacine</i>	G	
Hemangeol Soln	NPD	PA
Hemiclor	NF	
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
Hyzaar	NF	
<i>icosapent cap</i>	G	
IFE-PG20 Inj	NF	QL
<i>indapamide</i>	G	
Inderal LA	NF	
InnoPran XL	NF	
Inpefa	NF	
Inspra	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Inzirqo	NF	
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
Isordil Titradoso Tabs	NF	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	
<i>isosorb dinitrate-hydralazine</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
<i>ivabradine</i>	G	PA
<i>jantoven</i>	G	
Jesduvroq	NPD	PA
Juxtapid	NPD, SP	PA
Kaspargo	NF	
Katerzia Susp	NF	
Kerendia	NPD	PA
Kynamro	NF, SP	
<i>labetalol HCl</i>	G	
Lanoxin 62.5mcg, 187.5mcg tablets	NF	
Lanoxin 125mcg and 250mcg tablets	NF	
Lasix	NF	
Lescol XL	NF	
Letairis	NF, SP	
Levamlodipine	NF	
Lipitor	NF	
Lipofen	NF	
Liqrev Susp	NF, SP	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
Livalo	NF	
Lopid	NF	
Lopressor HCT	NF	
Lopressor Sol	NF	
<i>losartan</i>	G	
<i>losartan-HCTZ</i>	G	
Lotensin	NF	
Lotrel	NF	
<i>lovastatin</i>	ACA	
Lovaza	NF	
Lovenox	NF	
Maxzide	NF	
<i>methyldopa</i>	G	
<i>metolazone</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol tartrate</i>	LCG	
<i>metoprolol tartrate/HCT</i>	G	
Mevacor	NF	
<i>mexiletine HCl</i>	G	
Micardis	NF	
Micardis HCT	NF	
Microzide	NF	
Minipress	NF	
<i>minitran</i>	G	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
Mulpleta	NF, SP	
Multaq	PB	
<i>nadolol</i>	G	
<i>nadolol-bendroflume thiazide</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>nebivolol</i>	G	
Nexiclon XR	NF	
Nexletol	PB	PA
Nexlizet	PB	PA
<i>niacin ER</i>	G	
Niaspan ER	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	
Nitro-Bid	NPD	
Nitro-Dur	NF	
<i>nitro-time cap</i>	G	
Nitro-Time CR Cap	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	
Nitrolingual Spray	NF	
Nitromist	NPD	
Nitrostat SL	NF	
Nocdurna SL	NF	
Norliqva Soln	NF	
Norpace	NF	
Northera	NF	
Norvasc	NF	
Nymalize Sol	NPD	
<i>olmesartan medoxomil</i>	G	
<i>olmesartan/amlodipine/hctz</i>	G	
<i>olmesartan/hctz</i>	G	

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

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ramipril</i>	G	
Ranexa	NF	
<i>ranolazine</i>	G	
Rectiv	NF	
Repatha	PB	PA
Revatio	NF, SP	
<i>rivaroxaban</i>	G	
<i>rosuvastatin</i>	G	
Roszet	NF	
Rythmol SR	NF	
<i>sacub/valsar</i>	G	QL
Samsca	NF, SP	LDD
<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	
Simvastatin susp	NF	
Skytrofa Inj	NPD, SP	PA
Soanz	NF	
Sogroya Inj	NF, SP	
<i>sotalol HCl</i>	G	
Sotylize	NPD	
<i>spironolactone</i>	G	
<i>spironolactone/HCTZ</i>	G	
Stimate	NF	
Sular	NF	
Tadliq Susp	NF, SP	
Tarka	NF	
<i>taztia XT</i>	G	
Tekturna	NF	
Tekturna HCT	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan-amlodipine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>telmisartan/hydrochlorothiazide</i>	G	
Tenoretic	NF	
Tenormin	NF	
Thalitone	NF	
<i>tiadylt ER</i>	G	
Tiazac	NF	
<i>ticagrelor</i>	G	
<i>ticlopidine HCl</i>	G	
Tikosyn	NF	
<i>timolol</i>	G	
<i>tolvaptan tab 15mg, 30mg, pak 15mg, pack 30-15mg, 45-15mg, 60-30mg, 90-30mg</i>	G, SP	PA
Toprol XL	NF	
<i>toremide</i>	G	
<i>trandolapril</i>	G	
<i>trandolapril/verapamil ER</i>	G	
<i>triamterene/HCTZ</i>	LCG	
<i>triamterene cap</i>	G	
Tribenzor	NF	
Tricor	NF	
Trilipix	NF	
Tryngolza	NPD, SP	PA
Tryvio	NPD	PA
Twynsta	NF	
Tyvaso	NPD, SP	PA
Upravi	NPD, SP	PA
Vafseo Tab	NPD	PA
<i>valsartan</i>	G	
Valsartan Soln	NF	
<i>valsartan/hydrochlorothiazide</i>	G	
Vascepa	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Vaseretic	NF	
Vasotec	NF	
<i>vecamyl</i>	G	PA
Ventavis	NPD, SP	PA
Verelan ER, PM	NF	
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	
Verquvo	NPD	PA, QL
Vijoice	NPD, SP	PA, QL
Voxzogo	NPD, SP	PA
Vyndaqel, Vyndamax	NPD, SP	PA
Vytorin	NF	
<i>warfarin</i>	G	
Welchol	NF	
Xarelto	PB	
Xolremdi	NPD, SP	PA
Yutrepia	NF	
Zestoretic	NF	
Zestril	NF	
Zetia	NF	
Ziac	NF	
Zocor	NF	
Zypitamag	NF	

SKIN MEDICATIONS

Absorica	NF	
Absorica LD	NF	
Acanya	NF	
<i>accutane cap</i>	G	
<i>acitretin</i>	G	
<i>acyclovir cream/oint</i>	G	
Aczone	NF	
Adapalene 0.1% lotion	NPD	AL
<i>adapalene 0.3% gel</i>	G	AL

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

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

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin phos-benzoyl perox gel</i>	G	
<i>clindamycin phosphate sol 1%</i>	LCG	
<i>clindamycin/tretinoin gel</i>	G	AL
Clobetasol cream 0.025%	NF	
<i>clobetasol cream, ointment, solution</i>	G	
Clobetasol propionate emulsion foam	NPD	
Clobex	NF	
Clocortolone pivalate	NPD	PA
<i>clodan</i>	G	
Cloderm	NF	
Condylox	NF	
Cordran	NF	
Cosentyx	NPD, SP	PA
Crotan	NPD	PA
Cutivate	NF	
Cystaran Soln 0.44%	NPD, SP	PA, QL
Dapsone Gel 5%, 7.5%	NF	
Denavir	NF	QL
Derma-Smoothe FS	NF	
Dermatop	NF	
Desonate	NF	
<i>desonide gel 0.05%</i>	G	
Desowen	NF	
Desoximetasone cream, gel, ointment	NPD	
<i>desrx gel 0.05%</i>	G	
<i>diclofenac sodium gel 3%</i>	G	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Differin 0.1% cream	NF	AL
Differin 0.1% lotion	NF	AL
Differin 0.3% gel	NF	AL
Diflorasone diacetate	NPD	PA
Diprolene, Diprolene AF	NF	
Dovonex cream	NF	
<i>doxepin cream 5%</i>	G	QL
Duac	NF	
Duobrii Lotion	NF	
Dupixent	PB, SP	PA
Ebglyss Inj	NPD, SP	PA
<i>econazole</i>	G	
Econazole aer 1%	NPD	PA
Ecoza	NPD	PA
Efudex cream	NF, SP	
Elidel	NF	
Elimite	NF	
Elocon	NF	
Emrosi	NF	
Enstilar	NPD	
Epiduo	NF	AL
Epiduo Forte gel	NPD	AL
Epsolay	NF	
Ertaczo	NPD	PA
Erygel	NF	
<i>erythromycin gel, soln, swabs</i>	G	
Eucrisa	PB	PA
Eurax	NF	
Evoclin	NF	
Exelderm	NPD	PA
Extina	NF	
Fabior	NF	AL
Fasenra	PB, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Finacea	NF	
Filsuvez Gel 10%	NPD, SP	PA, QL
<i>fluocinolone acetonide cream, soln, oil</i>	G	
<i>fluocinonide cream 0.1%</i>	G	
<i>fluocinonide gel</i>	G	
<i>fluocinonide ointment</i>	G	
Fluocinonide 1% Cream	NPD	
Fluorouracil Cream 0.5%	NPD	
<i>fluorouracil solution 2%</i>	G, SP	
Flurandrenolide cream, lotn, oint	NPD	PA
<i>fluticasone propionate cream, lotn, oint</i>	G	
Fluticasone propionate lotion 0.05%	NPD	
<i>gentamicin topical cream, ointment</i>	G	
Halcinonide cream 0.1%	NPD	
<i>halobetasol AER 0.05%</i>	G	
<i>halobetasol propionate</i>	G	
Halobetasol propionate foam 0.05%	NPD	
Halog	NF	
<i>hydrocortisone 2.5%</i>	G	
Hydrocortisone butyrate 0.1%	NPD	
<i>hydrocortisone butyrate/emoll</i>	G	
Hydrocortisone lotion	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Hydrocortisone Sol 2.5%	NPD	PA
<i>hydrocortisone supp</i>	G	
<i>hydrocortisone valerate 0.2%</i>	G	
<i>hydrocortisone/lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	PA
Imiquimod Cream 3.75% Pump	NF	
Impeklo Lotion	NF	
Impoyz cream 0.025%	NF	
Imuldosa	NF	
<i>isotretinoin</i>	G	
Jublia	NPD	PA
Kenalog Spray	NF	
Kerydin	NF	
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
Klaron	NF	
Klisyri Oint 1%	NPD	PA
Lexette Foam	NF	
<i>lidocaine</i>	G	
<i>lidocaine solution</i>	G	
Lidoderm	NF	
Litfulo	NPD, SP	PA
Locoid	NF	
Locoid Lipocream	NF	
Loprox	NF	
Lotrisone	NF	
Luliconazole cream	NPD	PA
Luxiq	NF	
Luzu	NPD	PA
<i>malathion lotion</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>methoxsalen</i>	G	
MetroCream	NF	
MetroGel	NF	
MetroLotion	NF	
<i>metronidazole cream, lotion, gel</i>	G	
Miconazole-zinc ointment	NPD	PA
Mirvaso	PB	
<i>mometasone cream, ointment, solution</i>	LCG	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream</i>	G	
Naftifine Gel 2%	NPD	
Naftin	NF	
Natroba	NF	
Nizoral shampoo	NF	
Noritrate	NF	
<i>nystatin oint</i>	LCG	
<i>nystatin suspension</i>	G	
<i>nystatin/ triamcinolone cream, ointment</i>	LCG	
Olux [E]	NF	
Onexton	NF	
Opzelura Cream	PB	PA, QL
Ovide	NF	
Oxiconazole nitrate	NPD	PA
Oxistat	NF	
Oxsoralen Ultra	NF	
Pandel	NF	
Panretin Gel	NPD	PA
<i>penciclovir cream 1%</i>	G	QL
Penlac	NF	
<i>permethrin</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>pimecrolimus cre 1%</i>	G	PA
<i>podofilox gel 0.5%</i>	G	
<i>podofilox soln</i>	G	
Pramosone cream/lotion	NPD	PA
<i>prednicarbate ointment</i>	G	
<i>prilocaine/ lidocaine</i>	G	
Proctofoam HC	PB	
Prudoxin cream 5%	NF	QL
Pruradik lot	NPD	PA
Qbrexza Pad 2.4%	NPD	PA, QL
Retin-A	NF	AL
Retin-A Micro 0.04%, 0.1%	NF	AL
Retin-A Micro 0.08%	NF	AL
Rhofade 1% cream	NPD	PA
<i>selenium sulfide shampoo/lotion</i>	G	
Sernivo	NPD	PA
Siliq	NPD, SP	PA
Silvadene	NF	
<i>silver sulfadiazine</i>	LCG	
Skyrizi Inj	PB, SP	PA
<i>sodium sulfacetamide suspension</i>	G	
Sofdra Gel 12.45%	NF	
Solaraze	NF	
Soolantra	PB	
Soriatane	NF	
Sorilux Foam	NF	
Spevigo Inj	NPD, SP	PA
<i>spinosad</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>SSD cream 1%</i>	LCG	
Sulconazole cream/solution	NPD	PA
Sulfamylon	NF	
Synalar	NF	
Taclonex	NPD	
Taltz	PB, SP	PA
Targretin gel	NF, SP	
<i>tavaborole sol 5%</i>	G	PA
Tazarotene AER 0.1%	NF	AL
<i>tazarotene cream 0.1%</i>	G	AL
<i>tazarotene gel/cream</i>	G	AL
Tazorac cream/gel	NF	AL
Temovate	NF	
Texacort soln	NPD	PA
Tobradex ointment	NPD	
Topicort cream/ointment	NF	
Topicort spray	NF	
Tovet	NPD	
Tremfya	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
<i>tretinoin microspheres gel</i>	G	AL
<i>triamcinolone acetonide</i>	LCG	
Triamcinolone acetonide aerosol solution	NPD	
Triamcinolone oint 0.05%	NPD	PA
Trianex	NPD	PA
Tridacaine Pad 5%	NF	QL
Tridacaine II Pad 5%	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>triderm cream</i>	LCG	
Tritocin oint 0.05%	NPD	PA
Twynéo 0.1-3% Cream	NF	AL
Tyenne Inj	NPD, SP	PA
Ultravate	NF	
<i>ustekinumab sol ttwe</i>	NF	
Vanos Cream	NPD	PA
Vectical	NF	
Veltin	NF	AL
Verdeso	NPD	PA
Veregen Oint	NPD	PA, QL
Vtama Cream	PB	PA
Vusion	NPD	PA
Winlevi Cream 1%	NF	
Wynzora Cream	NPD	
Xaciato Gel	NPD	
Xerese Cream	NF	
Xolegel	NF	
Zelsuvmi Gel	NPD	PA
Ziana	NF	AL
Zilxi Aer	NF	
Zonalon cream 5%	NPD	QL
Zoryve Cream	PB	PA
Zoryve Foam	NF	
Zovirax cream	NF	QL
Zovirax oint	NF	
Ztlido Pad 1.8%	NF	QL
Zyclara Cream/Pump	NF	
EAR, NOSE, THROAT MEDICATIONS		
<i>acetasol HC, acetic acid HC otic</i>	G	
Astepro	NF	
<i>azelastine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Bactroban nasal oint	PB	
Cetraxal	NF	
<i>cevimeline hcl</i>	G	
Ciprodex	NF	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin-dexamethasone otic susp</i>	G	
Ciprofloxacin-fluocinolone PF otic soln	NF	
<i>cortane B otic drops</i>	G	
Dermotic	NF	
Evoxac	NF	
<i>fluocinolone acetonide oil</i>	G	
Khindivi	NF	
<i>mometasone furoate nasal spray</i>	G	PA
Nasonex	NF	
<i>neomycin/polymyxin/hydrocortisone</i>	LCG	
<i>ofloxacin otic</i>	LCG	
<i>olopatadine</i>	G	
Omnaris	NPD	
Patanase	NF	
<i>pilocarpine HCl</i>	G	
Qnasl	NF	
<i>ribavirin</i>	G, SP	
Ryaltris Spray 665-25mcg/act	NF	
Salagen	NF	
Virazole	NF	
Xhance	NF	
Zetonna	NPD	
Zunveyl	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES		
<i>acarbose</i>	G	
Actos	NF	
Adlyxin	NF	
Admelog	PB	QL
Adthyza tab	NPD	
Afrezza	NF	
Alogliptin benz/metformin hcl	NPD	
Alogliptin benz/pioglitazone	NPD	
Alogliptin benzoate	NPD	
Amaryl	NF	
Androderm patch	NF	
Androgel 1.62% Packet, Pump	NF	
Androgel 1%	NF	
Apidra	PB	QL
Armour Thyroid	NPD	
Aveed Soln 750mg/3ml Intramuscular	NF	
Axiron	NF	
Azmiro Inj	NF	
Bafiertam DR Cap	PB, SP	
Baqsimi	PB	
Basaglar	PB	QL
<i>betaine powder</i>	G	
Bexagliflozin	NF	
Bonsity	NF	
Breeze2 Test Strips	NF	QL
Breeze2 Glucometer	PB	PA, QL
Brenzavvy	NF	
Brynovin	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Bydureon	PB	PA, QL
Byetta	PB	PA, QL
Bynfezia Pen	NPD, SP	PA
<i>calcitriol capsules</i>	G	
Carnitor	NF	
Cequor Simplicity	PB	QL
Cetrotide Kit	NF, SP	R
<i>cinacalcet</i>	G	
Contour Glucometers	PB	QL
Contour Next Test Strips	PB	QL
Contour Plus Test Strips	PB	QL
Contour Test Strips	PB	QL
Cortef	NF	
Cortisone tab	NPD	
Crenessity Cap	NPD, SP	PA
Cytomel	NPD	PA
<i>danazol</i>	G	
Dapagliflozin Pro-metformin ER 10-1000mg, 5-1000mg tablet	NF	
Dapagliflozin propanediol 5mg, 10mg tablet	NF	
DDAVP	NF	
<i>deflazacort</i>	G, SP	PA
Degludec Flextouch Inj	NF	QL
Delatesteryl	NF	
Delestrogen Oil Intramuscular	NF	
Demser	NF	
Depo-Estradiol Oil 5mg/ml Intramuscular	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Depo-Testosterone Solution 100mg/ml, 200mg/ml	NF	
<i>desmopressin acetate</i>	G	
Desmopressin Nasal Soln	NF	
Dexabliss	NF	
<i>dexamethasone</i>	LCG	
<i>dexamethasone pak , 6-day, 10-day, 13-day</i>	G	
Dexcom Continuous Glucose Monitor Receiver	PB	PA, QL
Dexcom Continuous Glucose Monitor Transmitter	PB	PA, QL
Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors	PB	PA, QL
Dexcom G7 Mis 15 Day	PB	PA, QL
Dexpak pak	NF	
<i>diazoxide suspension 50mg/ml</i>	G	
<i>doxercalciferol</i>	G	
Duetact	NF	
Duvyzat Sus	NPD, SP	PA
Dxevo 11-Day Therapy Pack 1.5mg	NF	
Emflaza	NF, SP	
<i>estradiol valerate oil intramuscular</i>	G	
<i>euthyrox</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Eversense E3 Sensor	NPD	PA, QL
Eversense E3 Transmitter	NPD	PA, QL
Exenatide	NPD	PA, QL
Farxiga	PB	
Fiasp	PB	QL
<i>fludrocortisone acetate</i>	G	
Fora Gtel	NPD	
Fortamet	NF	
Forteo	NF, SP	Q/T
Fortesta	NF	
Freestyle Glucometer	PB	PA, QL
Freestyle InsuLinx Test Strips	NF	QL
FreeStyle Libre Reader, Sensor, Reader Device	NF	QL
Freestyle Lite Test Strips	NF	QL
Freestyle Test Strips	NF	QL
Genotropin	NF, SP	
<i>glimepiride</i>	G	
<i>glipizide tab</i>	LCG	
<i>glipizide ER</i>	G	
<i>glipizide XL</i>	G	
Glucagen Hypokit	NF	
Glucagon Emergency Kit (Lilly)	NF	
<i>glucagon emergency kit (generic)</i>	G	
<i>glucagon kit 1mg</i>	G	
Glucophage	NF	
Glucophage XR	NF	
Glucotrol	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Glucotrol XL	NF	
Glucovance	NF	
Glumetza ER	NPD	PA
<i>glyburide</i>	G	
<i>glyburide micronized</i>	G	
Glynase	NF	
Glyset	NF	
Glyxambi	PB	
Gojji	NPD	
Gvoke HypoPen	NF	AL
Gvoke PFS inj	NF	AL
Hectorol	NF	
Hemady	NF	
Humalog	PB	QL
Humatrope	NF, SP	
Humulin	PB	QL
Humulin R U-500 (Concentrated and KwikPen)	PB	QL
<i>hydrocortisone</i>	G	
Increlex	NPD, SP	PA, LDD
Insulin aspart inj	NF	QL
Insulin aspart protamin inj flexpen	NF	QL
Insulin Degludec Inj	NF	QL
Insulin Glargine	NF	QL
Insulin lispro	PB	QL
Insulin lispro inj junior	PB	QL
Insulin lispro inj protamin	PB	QL
Invokamet [XR]	NF	
Invokana	NF	
Isturisa	NPD, SP	PA, QL
Janumet	PB	
Janumet XR	PB	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Januvia	PB	
Jardiance	PB	
Jatenzo	NF	
Javygtor	NF, SP	
<i>Jaythari</i>	G, SP	PA
Jentadueto tablet	PB	
Jentadueto XR	PB	
Kazano tablet	NF	
Kombiglyze XR	NF	
Korlym tablet	NF, SP	
Kyzatrex	NF	
Lantus	PB	QL
Levemir	NF	QL, AL
<i>levocarnitine</i>	G	
Levothyroxine cap	NPD	PA
<i>levothyroxine tab</i>	G	
<i>levo-T tab</i>	G	
<i>levoxyl</i>	G	
<i>liothyronine</i>	G	
<i>liraglutide inj</i>	G	PA, QL
<i>liraglutide soln pen inj</i>	G	PA, QL
Lyumjev Inj/Pen	PB	QL
Medrol	NF	
Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors	NPD	PA, QL
Medtronic Continuous Glucose Monitor Guardian Transmitter	NPD	PA, QL
Medtronic Continuous Glucose Monitor Receiver	NPD	PA, QL
Merilog	NF	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin</i>	G	
Metformin 625mg	NPD	PA
<i>metformin 750mg</i>	LCG	PA
<i>metformin ER (generic for Glucophage XR)</i>	G	
Metformin ER (MOD)	NPD	PA
Metformin ER (OSM)	NF	
<i>metformin HCL 500mg/5ml oral soln</i>	G	PA
<i>metformin/glyburide</i>	G	
Methergine 0.2mg tab	NF	
<i>methimazole</i>	G	
Methitest Tab	NPD	PA
<i>methylprednisolone</i>	G	
Methyltestosterone	NPD	PA
<i>metyrosine</i>	G	
<i>mifepristone</i>	G, SP	PA
<i>miglitol</i>	G	
Millipred solution	NF	
Millipred tabs	NF	
Mounjaro Inj	PB	PA, QL
Myalept	NPD, SP	PA
Mycapssa cap	NPD, SP	PA
<i>nateglinide</i>	G	
Natesto	NF	
Natpara	NPD, SP	PA
Nature-Throid	NPD	
Nesina tablet	NF	
Ngenla Inj	NPD, SP	PA
Noctiva Emulsion	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Non Preferred Diabetic Meters	PB	PA, QL
Norditropin	PB, SP	PA
Nova Max Test Strips	NPD	
Novolin	PB	QL
Novolin R	PB	QL
Novolin Relion	NPD	PA, QL
Novolog	PB	QL
Novolog Relion	NPD	PA, QL
<i>NP thyroid</i>	G	
Nutropin AQ	NF	
Omnipod 5 Pack	PB	
Omnipod Dash System	PB	
Omnipod Dash 5 Pack	PB	
Omnipod Go Kit	PB	
Omnipod Starter Kit	PB	
Omnitrope	PB, SP	PA
One Touch Glucometers	PB	PA, QL
One Touch Test Strips	NF	QL
Onglyza	NF	
Orapred ODT	NF	
Orilissa	PB	PA, QL
Oseni	NF	
Oxandrin	NF	
<i>oxandrolone</i>	G	QL
Ozempic Soln	PB	PA, QL
Palynziq	NPD, SP	PA
<i>paricalcitol</i>	G	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
Pogo Automatic Mis Monitor	PB	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Pogo Automatic Test Cartridge	NPD	PA, QL
Prandin	NF	
Precision Glucometer	PB	PA, QL
Precose	NF	
Prednisolone 5mg Tab	NPD	PA
Procysbi	NPD, SP	PA
Proglycem Susp	NF	
<i>propylthiouracil</i>	G	
Qfitlia	NF	
Qtern	NF	
Rayos	NF	
Regranex gel	NPD	PA
<i>repaglinide</i>	G	
Rezdifra Tab	NPD	PA, QL
Rezvoglar Inj	PB	QL
Riomet [ER] solution/ suspension 500mg/5ml	NF	
Rocaltrol capsules	NF	
Rybelsus	PB	PA, QL
Saizen	NF, SP	
<i>saxagliptin</i>	G	
<i>saxagliptin-metformin</i>	G	
Segluromet	NF	
Semglee Inj 100U/ML	NF	QL
Sensipar	NF	
Serostim	NPD, SP	PA, LDD
Signifor	NPD, SP	PA
Simplera System and Sensor	NPD	PA, QL
Sitagliptin tab	NF	
Sitagliptin/ Metformin	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Soliqua	PB	
Somavert	NPD, SP	PA
Starlix	NF	
Steglatro	NF	
Steglujan	NF	
Striant buccal system	NPD	PA
Symlin	PB	PA
Synjardy	PB	
Synjardy XR	PB	
Synthroid	NPD	PA
Tanzeum	NF	
Tapazole	NF	
Teriparatide Pen-Injector 620mcg/2.48ml	PB, SP	PA, Q/T
Teriparatide Pen-Injector 600mcg/2.4ml	NF, SP	
Testim Gel	NF	
Testosterone Cypionate Solution 200mg/ml Injection	NPD	
<i>testosterone cypionate solution 100mg/ml, 20mg/ml intramuscular</i>	G	
<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	
Thyquidity Soln	NPD	PA
Tirosint capsule/soln	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Tlando	NF	
<i>tolbutamide</i>	G	
Toujeo Solostar	PB	QL
Tradjenta tablet	PB	
Tresiba	NF	QL, AL
Trijardy XR	PB	
Trulicity	PB	PA, QL
Tymlos	PB, SP	PA, Q/T
Uceris	NF	
Undecatrex Cap	NF	
<i>unithroid</i>	G	
V-GO	PB	
Veripred soln 20mg/5ml	NF	
Victoza	NF	QL
Vogelxo	NF	
Vumerity	PB, SP	
Vykat	NPD, SP	PA
Vyvgart Hytrulo	NPD, SP	PA
Westhroid	NPD	
WP Thyroid	NPD	
Xigduo XR	PB	
Xultophy	NPD	PA
Xyosted Soln	NPD	PA
Yorvipath Inj	NPD, SP	PA
Zcort 7-day tab	NF	
Zegalogue Inj	PB	
Zemplar	NF	
Zituvimet XR Tab	NF	
Zituvio	NF	
Zomacton	NF, SP	
STOMACH, ULCER, & BOWEL MEDS		
Abrilada Inj	NPD, SP	PA, QL
Aciphex	NF	QL
Aciphex Sprinkle	NF	QL, AL
Actigall	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Agamree Susp	NPD, SP	PA
Amitiza	NF	
Amoxicill-clarithro-lansoprazole	NPD	
Ampyra	NF, SP	QL
Anucort-HC Supp 25mg	NF	
Anusol-HC cream	NF	
<i>aprepitant</i>	G	QL
Apriso	NF	
Aqneursa Pow 1gm	NPD, SP	PA, QL
Asacol HD	NF	
Azulfidine	NF	
<i>balsalazide</i>	G	
Bentyl	NF	
Bonjesta	NPD	PA
Bismuth/metronidazole/tetracycline	NPD	
<i>budesonide ER tablet</i>	G	
Budesonide-formoterol	NF	
Bylvay	PB, SP	PA
Canasa supp	NF	
Carafate susp	NF	
Carafate tabs	NF	
Chenodal	NPD, SP	
<i>chlordiazepoxide/clidinium</i>	LCG	AL
Cholbam	NPD, SP	PA
<i>cimetidine</i>	G	
Clenpiq	NPD	
Colazal	NF	
<i>colocort</i>	G	
Creon	PB	
Cuvposa	NF	

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

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

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Motegrity	NF	
Movantik	PB	
Moviprep	NF	
Nexium capsule	NF	QL
Nexium packets	NF	QL, AL
<i>nizatidine cap</i>	G	
<i>nizatidine solution</i>	G	
Nulytely	NF	QL
<i>octreotide</i>	G, SP	
<i>omeprazole</i>	G	QL
Omeprazole-sodium bicarbonate capsule 40-1100mg	NPD	QL
OmvoH Inj	PB, SP	PA
<i>ondansetron ODT</i>	G	
<i>ondansetron HCl</i>	LCG	
Osmoprep	NF	
Pancreaze	NF	
<i>pancrelipase EC/SA</i>	G	
<i>pantoprazole</i>	G	QL
<i>pantoprazole pak</i>	G	PA, QL
<i>peg 3350 & electrolytes</i>	G	QL
<i>peg-kcl-nacl-nasulf-na asc-c soln reconstituted</i>	G	
Peg-Prep	NPD	QL
Pentasa 250mg	NPD	QL
Pentasa 500mg	NF	
Pepcid tabs, suspension	NF	
Pertzye	NF	
Pheburane Mis 483/gm	NF, SP	
Plenvu Soln	NF	
Prevacid caps	NF	QL
Prevacid SoluTab	NF	QL
Prilosec packets	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>prochlorperazine suppository</i>	G	
<i>prochlorperazine tabs</i>	G	
Proctocort Supp 30mg	NF	
Proctosol HC Cream 2.5%	NF	
Proctozone Cream HC Cream 2.5%	NF	
Protonix	NF	QL
Protonix packets	NF	QL
<i>prucalopride</i>	G	
Pylera Cap	NPD	
<i>rabeprazole DR tab 20mg</i>	G	QL
Rabeprazole Sprinkle Cap 10mg	NF	QL
<i>ranitidine 300mg</i>	G	
Ravicti Liquid	NF, SP	
Recorlev 150mg Tab	NPD, SP	PA, QL
Reglan	NF	
Relistor	NF	
Reltone	NF	
Sancuso Patch	NPD	PA
Sandostatin	NF	
<i>scopolamine patch</i>	G	
SFRowasa enema	NPD	
<i>sodium/potassium sol magnesium</i>	G	
<i>sucralfate tabs</i>	G	
Suflave Sol	NPD	QL
<i>sulfasalazine</i>	G	
Suprep Bowel Prep Kit	NPD	
Sutab	NPD	
Symproic	PB	
Syndros Sol	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Tigan	NF	
Transderm-Scop patch	NF	
<i>trimetho-benzamide</i>	G	
Trulance	NF	
Urso 250 Tab	NF	
Urso Forte Tab	NF	
Ursodiol Cap	NF	
<i>ursodiol tab</i>	G	
Varubi	NPD	
Velsipity	PB, SP	PA
Viberzi	NPD	PA
Vimovo	NPD	PA
Viokace	NF	
Voquezna Pak	NPD	
Voquezna Tab	NF	QL
Xenical	NPD	PA, R
Xermelo	NPD, SP	PA
Xphozah	NF	
Zantac	NF	
Zegerid capsule	NPD	PA
Zegerid packets	NF	QL
Zelnorm	NPD	PA
Zenpep	PB	
Zofran	NF	
Zorbtive	NF, SP	
Zuplenz	NF	
Zymfentra Inj	NPD, SP	PA

BONE, JOINT, & MUSCLE

Actemra SC	NF	
Actonel	NF	QL
Adalimu-AACF Inj 40/0.8m	PB, SP	PA, QL
Adalimu-AATY Kit	NF, SP	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Adalimu-Adaz Inj 40/0.4ml (Sandoz)	NF, SP	QL
Adalimu-RYVK Inj	NF, SP	QL
Adalimumab-adbm Prefilled Syringe Kit 10mg/0.2ml, 20mg/0.4ml	PB, SP	PA, QL
Adalimumab-Adbm (2 Syringe) Prefilled Syringe Kit 40mg/0.4ml	NF, SP	QL
Adalimumab-Adbm (2 Pen) Auto-Injector Kit 40mg/0.4ml	NF, SP	QL
Adalimumab-ADBm Crohns/UC/HS Starter	NF, SP	QL
Adalimumab-ADBm Psoriasis/Uveitis Starter	NF, SP	QL
Adalimumab-A Kit 40/0.8ml	PB, SP	PA, QL
Adalimumab fkjp	NF, SP	QL
Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml	PB, SP	PA, QL
Adalimumab-ryvk	NF, SP	QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
Allopurinol 200mg Tab	NF	
<i>alosetron hcl</i>	G	
Amjevita	NF, SP	QL
Amrix	NF	
Anaprox DS	NF	
Arava	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Arthrotec	NF	
Aspirin-omeprazole DR	NPD	PA
Atelvia	NF	QL
<i>baclofen</i>	G	
Baclofen soln	NF	
<i>baclofen susp 25mg/5ml</i>	G	PA, QL
Binosto	NF	QL
Boniva	NF	QL
<i>calcitonin-salmon inj</i>	G	
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
Celebrex	NF	
<i>celecoxib</i>	G	
Chlorzoxazone 250mg	NPD	PA
<i>chlorzoxazone 375mg, 500mg, 750mg</i>	G	
Cimzia	PB, SP	PA
<i>colchicine 0.6mg cap</i>	G	PA
<i>colchicine 0.6mg tab</i>	G	
<i>colchicine/probenecid</i>	G	
Colcris	NF	
Combogesic	NF	
Cuprimine	NF	
<i>cyclobenzaprine</i>	G	
Cyclobenzaprine ER	NF	
Dantrium	NF	
<i>dantrolene</i>	G	
Dartisla ODT	NF	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Diclofenac epolamine 1.3 % transdermal	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	
Diclofenac sodium soln 2%	NPD	PA, QL
<i>diclofenac/misoprostol</i>	G	
Duexis	NPD	PA
EC-Naprosyn	NF	
Enbrel	PB, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
Evista	NF	
<i>febuxostat</i>	G	PA
Feldene	NF	
Fenoprofen calcium	NPD	PA
Fenortho	NPD	PA
<i>fesoterodine tab ER</i>	G	
Fexmid	NF	
Flector Patch	NF	QL
Fleqsuvy Susp 25mg/5ml	NF	QL
<i>flurbiprofen</i>	G	
Fosamax	NF	QL
Fosamax Plus D	NF	QL
Gloperba Soln	NF	
<i>glycopyrrolate oral solution 1mg/5ml</i>	G	
<i>glycopyrrolate tab</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Hadlima Inj	NF, SP	QL
Hulio Inj	NF, SP	QL
Humira Pen Pen-Injector Kit 40mg/0.8ml	NPD, SP	PA, QL
Humira (2 Pen) Pen-Injector Kit 40mg/0.4ml, 80mg/0.8ml	NPD, SP	PA, QL
Humira (2 Syringe) Prefilled Syringe Kit 10mg/0.1ml, 20mg/0.1ml	NPD, SP	PA, QL
Humira-CD/UC/HS Starter Pen-Injector Kit	NPD, SP	PA, QL
Humira-Ped >=40kg Crohns Start Prefilled Syringe Kit	NPD, SP	PA, QL
Humira-Ped <40kg Crohns Start Prefilled Syringe Kit	NPD, SP	PA, QL
Humira-Ped >=40kg UC Starter Pen-Injector Kit	NPD, SP	PA, QL
Humira Prefilled Syringe Kit 40mg/0.8ml	NPD, SP	PA, QL
Humira-Psoriasis/Uveit Starter Pen-Injector Kit	NPD, SP	PA, QL
Hyrimoz Inj (Sandoz)	NF, SP	QL
Hyrimoz Soln Auto-Injector/ Prefilled Syringe 40/0.8ml (Cordavis)	NF, SP	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>ibandronate</i>	G	QL
<i>ibuprofen</i>	LCG	
Ibuprofen tab 300mg	NF	
Ibuprofen/Famotidine	NPD	PA
Idacio Inj	NF, SP	QL
<i>indomethacin</i>	G	
Indomethacin 20mg capsule	NF	
<i>indomethacin SR</i>	G	
<i>indomethacin sus 25mg/5ml</i>	G	PA
Joenja	NPD, SP	PA
Ketoprofen 25mg, 50mg caps	NPD	PA
<i>ketoprofen SR</i>	G	
<i>ketorolac</i>	LCG	
Ketorolac sol tromethamine	NF	QL
Kevzara	NPD, SP	PA
Kineret	NPD, SP	PA
Kiprofen	NF	
<i>leflunomide</i>	G	
Licart Dis 1.3%	NF	QL
Lodoco	NPD	PA
Lorzone	NF	
Lotronex	NF	
Lyvispah Gra	NF	
<i>meloxicam cap</i>	G	PA
Meloxicam susp	NPD	PA
<i>meloxicam tab</i>	LCG	
Metaxalone	NPD	PA
<i>metaxalone tab 640mg</i>	G	PA
<i>methocarbamol 500mg, 750mg</i>	LCG	
Methocarbamol 1000mg	NPD	PA
Miacalcin	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Mitigare	NF	
Mobic	NF	
<i>nabumetone</i>	G	
Naprelan	NF	
Naprosyn	NF	
Naprosyn susp	NF	
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	
<i>naproxen sodium ER</i>	G	PA
<i>naproxen sodium susp</i>	G	PA
<i>naproxen-esomeprazole DR</i>	G	PA
Norgesic	NF	
Norgesic Tab Forte	NF	
Orencia	NPD, SP	PA
Oriahnn cap	PB	PA
Orphenadrine-asa-caffeine	NPD	PA
<i>orphenadrine ER</i>	G	
Orphengesic Forte Tab	NF	
Otezla	PB, SP	PA
Otrexup	NF	
Otulf	NPD, SP	PA
<i>oxaprozin</i>	G	
Oxaprozin 300mg cap	NF	
Pennsaid	NF	QL
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
Pyzchiva Auto-Injector	NF	
Pyzchiva Inj	NPD, SP	PA
<i>raloxifene hcl</i>	G	
Rasuvo	PB	PA
<i>risedronate</i>	G	QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate DR</i>	G	QL
Robaxin	NF	
<i>salsalate tab</i>	G	
Selarsdi Inj	NF, SP	
Simlandi Kit 20/0.2ml, 80/0.8ml	NPD, SP	PA, QL
Simlandi Kit/Inj 40/0.4ml	NPD, SP	PA, QL
Simlandi Prefilled Syringe Kit 20mg/0.2ml, 40mg/0.4ml, 80mg/0.8ml	NPD, SP	PA, QL
Simponi	PB, SP	PA
Skelaxin	NF	
Soma	NF	
Sotyktu	PB, SP	PA
Stelara	NF, SP	
Steqeyma Inj	NF, SP	
<i>sulindac</i>	G	
Symbravo	NF	QL
Tanlor	NPD	PA
<i>tizanidine</i>	G	
<i>tolmetin</i>	G	
Toviaz	NF	
Uloric	NF	
Ustekinumab/ustekin-aekn inj/prefilled syr	NF	
Vanadom	NPD	PA
Viibryd	NF	
<i>vilazodone</i>	G	
Voltaren Gel	NPD	
Wezlana Inj	NF, SP	
Xeljanz [XR]	PB, SP	PA
Yesintek Inj	PB, SP	PA
Yosprala DR	NPD	PA
Yuflyma 2pen Kit 40/0.4ml	NF, SP	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Yuflyma 2Syr Kit 40/0.4ml	NF, SP	QL
Yuflyma Kit 20/0.2ml	NF, SP	QL
Yusimry Soln	NF, SP	QL
Zanaflex	NF	
Zeposia	NPD, SP	PA
Zipsor	NF	QL
Zurampic 200mg	NPD, SP	PA
Zyloprim	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.

Activella	NF	
Addyi	NPD	PA
Alora	NF	
Angeliq	NPD	PA
Annovera Mis	NPD	QL
<i>aranelle tab</i>	G	
<i>aurovela 24 FE 1/20</i>	G	
Averi	NF	
Aygestin	NF	
Balcoltra	NF	
Beyaz	NF	
Bijuva	NPD	
<i>blisovi 24 FE 1/20</i>	G	
Bravelle	NPD, SP	PA, QL, R
Brevicon	NF	
Cenestin	PB	
Cetrorelix inj	NPD, SP	
<i>charlotte 24 chew FE 1/20</i>	G	
Cleocin vaginal	NF	
Climara patch	NF	
Clindesse Vaginal	NPD	

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

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Gonal-f	NPD, SP	PA, QL
<i>hailey 1.5/30</i>	ACA	
<i>hailey 24 FE 1/20</i>	G	
Imvexxy	PB	
Intrarosa Vaginal	NPD	PA
Jasmiel	ACA	
<i>joyeaux</i>	G	
<i>junel FE 24 tab</i>	G	
<i>kaitlib FE chew</i>	G	
<i>larin 24 tab FE</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
<i>lyllana dis</i>	G	
Lo Loestrin FE	PB	
Loestrin	NF	
Loestrin FE	NF	
Loryna	ACA	
LoSeasonique	NF	
Lo-Zumandimine	ACA	
<i>Lyllana</i>	NF	
Lysteda	NF	
<i>medroxy-progesterone acetate suspension IM</i>	ACA	QL
<i>medroxy-progesterone acetate tab</i>	LCG	
<i>melodetta chew 24 FE</i>	G	
Menest	NPD	
Menopur	NPD, SP	PA, QL, R
Metrogel vaginal	NF	
<i>metronidazole</i>	LCG	PA
<i>metronidazole vaginal gel</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>mibelas 24 chew FE</i>	G	
<i>microgestin 24 FE 1/20</i>	G	
Minastrin 24 FE	NF	
Minivelle	NF	
Mircette	NF	
Myfembree	PB	PA
Natazia	NPD	
Nextstellis	NF	
Nikki	ACA	
<i>norethin-ethynil-fer cap 1/20</i>	G	
<i>nore/eth/fer chew 0.4mg-35mcg</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	
Nuvaring	NF	QL
Nuvessa Vaginal Gel	NF	
OB Complete	NF	
Ocella	ACA	
Ortho Micronor	NF	
Ortho Novum	NF	
Ortho Tri-Cyclen	NF	
Ortho Tri-Cyclen Lo	NF	
Ortho-Cyclen	NF	
Ovidrel	PB, SP	R
Plan B One-Step	NPD	QL
Premarin	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Premarin vaginal cream	PB	
Premphase	PB	
Prempro	PB	
<i>progesterone, micronized</i>	G	
<i>progesterone sup</i>	G	
Prometrium	NF	
Provera	NF	
Quartette	NF	
<i>raloxifene</i>	G	
<i>rivelsa tab</i>	G	
Safyral	NF	
Seasonique	NF	
Slynd	NF	
Syeda	ACA	
Synarel	NPD	
<i>tarina 24 FE tab</i>	G	
Taytulla	NF	
<i>terconazole cream</i>	G	
<i>tilia FE tab</i>	G	
<i>tri-legest FE</i>	G	
Tri-Norinyl	NF	
Twirla Dis	NF	QL
Tyblume	NPD	
<i>tydemi tab</i>	G	
Vagifem	NF	
Vandazole	NF	
VCF Vaginal Gel 4%	NPD	
Vestura	ACA	
Vivelle Dot	NF	
Vyleesi	NPD	PA, QL
<i>wymzya fe tablet chewable</i>	G	
<i>xulane</i>	ACA	QL
Yasmin	NF	
Yaz	NF	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>yuvafem</i>	G		Bromsite sol 0.075%	NF	
Zafemy DIS	ACA	QL	<i>carteolol</i>	G	
Zumandimine	ACA		Cequa Sol 0.09%	NPD	PA, QL
EYE MEDICATIONS			Ciloxan Sol	NF	
Acular/Acular LS	NF		<i>ciprofloxacin</i>	G	
Alcaine	NF		Clobetasol Ophth Susp	NF	
Alocril	NPD	PA	Combigan soln 0.2-0.5%	NF	
Alphagan P	NF		Cosopt	NF	
Alrex	NF		<i>cromolyn ophth</i>	LCG	
<i>apraclonidine</i>	G		Cyclogyl	NF	
<i>atropine sulfate</i>	G		<i>cyclopentolate HCl</i>	G	
<i>azelastine HCL drops</i>	G		<i>cyclosporine emulsion</i>	G	QL
Azopt	NF		Cystadrops Soln	NPD, SP	PA, QL
<i>bacitracin ophth</i>	G		<i>dexamethasone ophth</i>	G	
<i>bacitracin/polymyxin B ophth oint</i>	G		Diamox Sequels	NF	
<i>bepotastine</i>	G		<i>diclofenac soln 0.1% ophth</i>	G	
Bepreve Soln	NF		<i>difluprednate</i>	G	
Besivance	PB		<i>dorzolamide HCl 2%</i>	G	
Betagan	NF		<i>dorzolamide-timolol</i>	G	
<i>betaxolol</i>	G		Durezol Emu	NF	
Betimol	NF		Elestat	NF	
Betoptic S	NPD	PA	<i>epinastine HCl</i>	G	
<i>bimatoprost</i>	G		<i>erythromycin ethylsuccinate susp</i>	G	
Bleph 10	NF		<i>erythromycin ophth oint</i>	G	
Blephamide S.O.P. ointment	NPD		Eysuvis Drop 0.25%	NPD	
<i>brimonidine sol 0.1%</i>	G		<i>fluorometholone</i>	G	
<i>brimonidine tartrate</i>	G		<i>flurbiprofen</i>	G	
<i>brimonidine/timolol soln 0.2-0.5%</i>	G		FML Liquifilm suspension	NF	
<i>bromfenac drops</i>	G				
<i>brinzolamide sus 1%</i>	G				

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Gentak oint 0.3% OP	NF	
<i>gentamicin ophth</i>	G	
Homatropaire sol 5% OP	NPD	
<i>homatropine ophthalmic</i>	LCG	
Ilevro Susp 0.3%	NPD	PA
Inveltys Susp	NF	
Iopidine	NF	
Isopto Carpine	NF	
Istalol Drops	NF	
Iyuzeh Drops 0.005%	NF	
<i>ketorolac oph soln</i>	G	
Lastacaft Soln	NPD	PA
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
<i>levofloxacin ophth soln</i>	G	
Lotemax [SM]	NF	
<i>loteprednol susp</i>	G	
Lumigan	PB	
Maxitrol	NF	
<i>methazolamide</i>	G	
Miebo Drops	PB	QL
Moxeza	NF	
<i>moxifloxacin ophthalmic soln</i>	G	
Mydriacyl	NF	
<i>neomycin/ polymyxin B/ dexamethasone</i>	G	
Neo-Polycin Oint HC 1% OP	NPD	
Neo-Polycin Oint Op	NF	
Neosporin soln	NF	
Nevanac Susp 0.1%	NPD	PA
Ocufen	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Ocuflox	NF	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
Omnipred	NF	
Oxervate soln 200mcg/ml	NPD, SP	PA, QL
Patanol	NF	
Pediapred Sol	NF	
Phospholine Iodide	NPD	
<i>pilocarpine</i>	G	
<i>pilocarpine sol</i>	G	PA
<i>polymyxin B/neo/ bacitracin</i>	G	
<i>polymyxin B/neo/ gramicidin</i>	G	
<i>polymyxin B/ trimethoprim soln</i>	G	
Polytrim	NF	
Pred-Forte	NF	
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/ sodium sulfacetamide</i>	G	
Prolensa sol 0.07%	NF	
<i>proparacaine</i>	G	
Qlosi Sol 0.4%	NF	
Rescula	NF	
Restasis Emulsion 0.05% ophthalmic	NF	QL
Restasis Multidose	PB	QL
Rhopressa Soln 0.02%	NPD	
Rocklatan Soln	NPD	
Simbrinza Susp 1-0.2%	PB	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfacetamide</i>	G	
<i>tafluprost soln</i>	G	
<i>timolol hemi sol 0.5% ophth</i>	G	
<i>timolol ophth</i>	G	
Timoptic	NF	
Timoptic Ocudose	NF	
Timoptic XE	NF	
<i>tobramycin ophthalmic</i>	LCG	
<i>tobramycin-dexamethasone</i>	G	
Tobrex	NF	
Travatan Z	NF	
<i>travoprost</i>	G	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/ polymyxin B</i>	G	
<i>tropicamide</i>	LCG	
Trusopt	NF	
Tryptyr	NF	
Tyrvaya soln	NPD	PA, QL
Upneeq Soln	NPD	PA
Verkazia Emu 0.1%	NF	QL
Vevye Drops 0.1%	NF	QL
Vigamox	NF	
Viroptic	NF	
Vizz	NF	
Vuity Sol	NPD	PA
Vyzulta Soln 0.024% OP	NF	
Xalatan	NF	
Xdemvy Drops 0.25%	NPD	PA, QL
Xelpros Emulsion	NF	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Xiidra	PB	QL
Zerviate Drops 0.24%	NPD	PA
Zioptan	NF	
Zymaxid	NF	

ALLERGY, COUGH & COLD, LUNG MEDS

Accolate	NF	
<i>acetylcysteine</i>	G	
Advair Diskus	NF	
Advair HFA	PB	
Aerospan	NF	
AirDuo Digihaler	NF	
AirDuo RespiClick	NF	
Airsupra AER	NPD	PA
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
Alkindi Sprinkle	NF	
Alvesco	NF	
<i>arformoterol neb</i>	G	
Anoro Ellipta	PB	
ArmonAir Digihaler	NF	
ArmonAir RespiClick	NF	
Arnuity Ellipta	PB	
Asmanex	NF	
Asmanex HFA	NF	
Atrovent HFA	PB	
Auvi-Q 0.1mg	NPD	AL, QL
Auvi-Q 0.15mg and 0.3mg	NPD	PA, QL
<i>azelastine/ fluticasone spray 137-50</i>	G	PA
Beconase AQ	NF	
<i>benzonatate</i>	LCG	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS	DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Bevespi Aerosphere	NPD	PA	<i>epinephrine pen 0.3mg</i>	G	QL
<i>bosentan</i>	G, SP	PA	EpiPen	NF	QL
Breo Ellipta	PB		EpiPen Jr.	NF	QL
Breyna AER	NF		Esbriet	NF, SP	LDD
Breztri Aerosphere	PB		Filspari tab	NPD, SP	QL, PA
Brinsupri	NPD, SP	PA, QL	Flovent Diskus	NF	
<i>bromfed dm</i>	G		Flovent HFA	NF	(Bypass NF exception for members 5 years of age and under)
Bronchitol Cap	NPD, SP	PA	<i>flunisolide</i>	G	
Brovana Neb	NF		Fluticasone AER	NF	
<i>budesonide susp.</i>	G		Fluticasone HFA AER	NF	(Bypass NF exception for members 5 years of age and under)
<i>carbinoxamine</i>	G		Fluticasone inh	NF	
Carbinoxamine Sus	NPD		<i>fluticasone propionate nasal soln</i>	G	
Cayston	NPD, SP	PA	Fluticasone/Salmeterol AER	NF	
<i>cheratussin AC</i>	G	5DS, QL, MME	<i>fluticasone-salmeterol AER powder</i>	G	
<i>cheratussin DAC</i>	G	5DS, QL, MME	Flutic/Vilan INH	NF	
Clarinox	NF		<i>formoterol neb</i>	G	
Clarinox-D	NF	AL	Grastek	NPD	PA
Clemastine syrup	NPD	PA	Hycodan Sol 5-1.5mg/m	NF	QL, 5DS, MME
<i>clemastine tab</i>	NPD		Hycodan Tab 5-1.5mg	NF	QL, 5DS, MME
Clemasz	NPD		Hycofenix	NPD	QL, 5DS
Combivent Respimat	PB		<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, MME
<i>cromolyn sodium solution (oral, nasal, inhalation)</i>	G		<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, MME
<i>cyproheptadine</i>	LCG		<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, MME
Daliresp	NF		<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, MME
<i>desloratadine</i>	G				
Dexchlorpheniramine	NF				
Duaklir	NF				
Dulera	NF				
Dymista	NF				
Elixophyllin Elixir	NPD				
Epinephrine pen 0.15mg	PB	QL			

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<i>hydromet</i>	G	QL, 5DS, MME
<i>hydroxyzine HCL syrup</i>	G	
<i>hydroxyzine HCL tab</i>	LCG	
<i>hydroxyzine pamoate</i>	G	
HyperSal	NPD	
Incruse Ellipta	NF	
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>	G	
Kitabis Pak	NF, SP	LDD
Kuvan	NF, SP	
Levalbuterol tartrate HFA	NPD	QL
<i>levalbuterol nebulizer</i>	G	
Lonhala Magnair	NPD	PA
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
Miplyffa	NPD, SP	PA, QL
Neffy Spray 2/0.1ml	NF	QL
Nucala Soln	PB, SP	PA
Obredon	NF	QL, 5DS, MME
Odactra SL	NPD	PA
Ofev	NPD, SP	PA
Ohtuvayre Susp	NF	QL
Oralair	NPD	PA
Palforzia cap/powder	NPD	PA
Perforomist Neb	NF	
<i>pirfenidone</i>	G, SP	PA
ProAir Digihaler	NF	QL
ProAir HFA	NPD	QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
ProAir RespiClick	NPD	QL
<i>promethazine</i>	LCG	
<i>promethazine/codeine</i>	LCG	QL, 5DS, MME
<i>promethazine/dextromethorphen</i>	G	
<i>promethazine/phenylephrine</i>	G	
<i>promethazine/phenylephrine/codeine</i>	G	QL, 5DS, MME
Proventil HFA	NF	QL
Pulmicort Flexhaler	PB	
Pulmicort Respules	NF	
Pulmozyme	PB, SP	
<i>Pyquvi</i>	G, SP	PA
Qvar	NF	
Ragwitek	NPD	PA
Rebetol	NF, SP	
Rezira	NF	QL, 5DS, MME
<i>roflumilast</i>	G	
Rezurock	NPD, SP	PA, QL
Ryclora	NF	
Ryvent	NF	
Seebri	NF	
Semprex-D	NF	QL
Sephience	NF	
Serevent Diskus	PB	
Singulair	NF	
<i>sodium chloride inhalation</i>	LCG	
Spiriva	PB	
Stiolto Respimat	PB	
Striverdi Respimat Aer Solution	PB	

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Symbicort	PB	
Symdeko	NF, SP	
Symjepi Inj	NPD	QL
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	QL
Tarpeyo	NF	QL
<i>terbutaline sulfate tablet</i>	G	
Tessalon Perles	NF	
Tezspire Inj	PB, SP	PA
Theo-24	NPD	
<i>theochron</i>	G	
<i>theophylline extended release</i>	G	
<i>theophylline soln</i>	G	
Thiola [EC]	NF, SP	
<i>tiopronin</i>	G, SP	
Tiotropium bromide cap 18mcg	NF	
Tracleer	NF, SP	LDD
Trelegy Ellipta	PB	
Tudorza Pressair	NF	
Tussicap	NF	QL, 5DS, MME
Tuxarin ER	NF	QL, 5DS, MME
Tuzistra XR	NPD	QL, 5DS, MME
Umeclid/vila inh	NPD	PA
Utibron Neohaler	NPD	PA
Vanrafia	NPD, SP	PA
Ventolin HFA	NF	QL
Vistaril	NF	
Vituz	NF	QL, 5DS, MME
VoSpire ER	NF	
Winrevair Inj	NPD, SP	PA
<i>wixela inhub aer</i>	G	
Xhance	NF	
Xolair Inj	PB, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Xopenex Nebulization Soln	NF	
Xopenex HFA	NF	QL
Yupelri Soln	NPD	PA
Z-Tuss AC	NF	QL, 5DS, MME
<i>zafirlukast</i>	G	
<i>Zelvysia</i>	G, SP	PA
<i>zileuton ER 600mg</i>	G	PA
Zutripro	NF	QL, 5DS, MME
Zyflo 600mg	NF	
Zyflo CR 600mg	NF	

URINARY & PROSTATE MEDS

Accrufer	NF	
<i>alfuzosin</i>	G	
Anaspaz	NPD	
<i>avanafil tab</i>	G	PA, QL
Avodart	NF	
<i>bethanechol</i>	G	
Blujepa	NF	QL
Cardura	NF	
Cardura XL	NPD	PA
Caverject	NPD	QL
Cialis	NF	QL
Cobefy Cap	NF	QL
<i>darifenacin ER</i>	G	
Detrol	NF	
Detrol LA	NF	
Ditropan XL	NF	
<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	
<i>dutasteride/ tamsulosin hcl</i>	G	
Edex	NPD	QL
ED-Spaz	NPD	
Elmiron	NPD	PA

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Enablex	NF	
<i>finasteride</i>	G	
<i>flavoxate</i>	G	
Flomax	NF	
Gelnique Gel	NF	
Gemtesa	NF	
<i>hyoscyamine</i>	LCG	
<i>hyosyne</i>	LCG	
Jalyn	NF	
Levbid	NPD	
Levitra	NF	QL
Levsin	NPD	
<i>mirabegron</i>	G	
Muse	PB	PA, QL
Myrbetriq	PB	
Nulev	NPD	
<i>oscimin</i>	LCG	
<i>oxybutynin tab [ER]</i>	G	
<i>oxybutynin sol</i>	G	
<i>oxybutynin syrup</i>	LCG	
Oxytrol Patch	NPD	PA
<i>phenazopyridine</i>	LCG	
<i>potassium citrate</i>	G	
Proscar	NF	
Pyridium	NF	
Rapaflo	NF	
<i>solifenacin</i>	G	
Staxyn	NF	QL
Stendra	NF	QL
Symax	NPD	
<i>tamsulosin</i>	G	
<i>terazosin</i>	G	
Tezruly	NF	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>tropium chloride</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Urecholine	NF	
Urocit-K	NF	
Uroxatral	NF	
<i>ardenafil</i>	G	PA, QL
<i>ardenafil ODT</i>	G	PA, QL
Vesicare	NF	
Viagra	NF	QL

VITAMINS & ELECTROLYTES

Altrixa	NPD	PA
Auryxia	NPD	
Azeschew	NPD	PA
Azesco	NPD	PA
Brand Prenatal vitamins	NF	
Buphenyl Powder/Tablet	NF, SP	
Calciferol	NPD	
<i>cyanocobalamin spray</i>	G	PA
Dailyvite w/Zinc & NephplexRx	NPD	
DermacinRx	NPD	PA
Dojolvi Liq	NPD	PA
Duzallo	NPD	PA
<i>ergocalciferol</i>	G	
Ferric citrate	NPD	
<i>fluoritab chew tab</i>	G	
FolateXcel	NPD	PA
Fosrenol chewable tab	NF	
Fosrenol Packet	NPD	PA
Jynarque	NPD, SP	PA
K-Phos	NF	
K-Tab	NF	
Klor-Con	G	
<i>lanthanum chewable tab</i>	G	PA
Lokelma Pak	NPD	

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Matervia	NPD	PA
Mephyton	NF	
Multi-Mac	NPD	PA
<i>multivitamin with fluoride drops, tabs</i>	G	
Nascobal	NF	
Nebusal Nebulization Solution	NPD	
NeoMaterna	NPD	PA
Nestabs One	NPD	PA
P2i Prenatal Cap Choline	NF	
Phospho-Trin Tab K500	NF	
<i>phytonadione</i>	G	
Pokonza Pow	NF	
<i>potassium bicarbonate/potassium citrate effervescent</i>	G	
<i>potassium chloride</i>	G	
PreGen DHA	NPD	PA
Pregenna	NPD	PA
Prenara	NPD	PA
Prenate Max	NPD	PA
Prenatol-M	NPD	PA
Pulmosal Nebulization Solution	NPD	
Quflora	NF	
Rayaldee	NF	
<i>sodium fluoride chew tab</i>	G	
<i>sodium phenylbutyrate tab/powder</i>	G, SP	PA
SPS Suspension 15GM/60ml	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
Tri-Vi-Flor, Poly-Vi-Flor with and without iron	NPD	
Trinaz	NPD	PA
Veltassa Pow	NPD	
Vita-Pac	NPD	PA
Zalvit	NPD	PA
DIAGNOSTICS & MISCELLANEOUS AGENTS		
Alvaiz Tab	NPD, SP	PA
Arcalyst	NPD, SP	PA
Auranofin	NPD	
Bafiertam	PB, SP	
Berinert	NPD, SP	PA
Cablivi Kit	NPD, SP	QL
<i>calcium acetate</i>	G	
Carbaglu	NF, SP	
<i>carglumic</i>	G, SP	PA
Cerdelga	NPD, SP	PA
Chemet	NPD	
Chorionic gonadotropin	NF	
Cinryze	NF, SP	
<i>clovique</i>	G, SP	PA
Cystadane	NF	
Cystagon	NPD, SP	PA
Dawnzera	NF	
<i>deferasirox tab/granule</i>	G	PA
<i>deferiprone tab</i>	G	PA
Depen Titratab	PB	
D-Penamamine 125mg tablet	NPD, SP	
<i>dichlorophenate tab</i>	G, SP	PA
Doptelet	NPD, SP	PA
Empaveli	NPD, SP	PA
Enspryng Inj	NPD, SP	PA
Eohilia Sus	NPD	PA, QL

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Ermeza Soln	NF		Orladeyo Cap	NPD, SP	PA
Evrysdi Soln	NPD, SP	PA	Oxbryta	NPD, SP	PA
Evrysdi Tab	NPD, SP	PA	<i>penicillamine capsule</i>	G	PA
Exjade	NF		<i>penicillamine tablet</i>	G	
Fabhalta	NPD, SP	PA	PhosLo	NF	
Ferriprox	NF		Phoslyra soln	NPD	PA
Firazyr	NPD, SP	PA, QL	<i>phospha</i>	G	
Firdapse	NPD, SP	PA	Potaba	NPD	
Fyremadel Sol 250/0.5ml	NF		Pregnyl	PB	
Galafold	NPD, SP	PA, QL	Pyrukynd	NPD, SP	PA
<i>ganirelix acetate soln</i>	G, SP	R	Renagel	NF	
Haegarda	NPD, SP	PA	Renvela	NF	
Harliku	NF		Ridaura	NPD	
<i>icatibant inj</i>	G, SP	PA, QL	Rinvoq	PB, SP	PA
Idelvion	NF, SP		Ruconest	NPD, SP	PA
Jadenu Sprinkle	NF		Ruzurgi	NPD, SP	PA
Jadenu Tab	NF		Sajazir inj	NF, SP	QL
Kesimpta Inj	PB, SP		<i>sapropterin pow/ tab</i>	G, SP	PA
Keveyis	NF, SP		<i>sevelamer carbonate</i>	G	
Kionex suspension	NPD		Siklos	NPD	
Kirsty	NF	QL	Stremsiq	NPD, SP	PA
Lucemyra	NF	QL, Q/T	Sucraid Solution 8500 unit/ml	NPD, SP	PA
Metopirone	NPD		Syprine	NF	
<i>midodrine HCl</i>	G		Takhzyro	NPD, SP	PA
<i>miglustat</i>	G, SP	PA	Tavalisse	NPD, SP	PA
<i>nitisinone</i>	G, SP	PA	Tavneos	NPD, SP	PA
Nityr	NPD, SP	PA	Tegsedi	NPD, SP	PA
Novarel 10000 Unit	PB, SP		<i>trientine</i>	G	PA
Novarel 5000 Unit	NF, SP		Velphoro Tab Chew	NF	
Nulibry Inj	NPD, SP	PA	Vowst	NPD	PA, QL
Ocaliva	NPD, SP	PA	Voydeya	NPD, SP	PA
Olumiant	NPD, SP	PA	Wayrilz	NF	
Opfolda	NPD, SP		Xuriden	NPD, SP	PA
Orfadin Cap/ Susp	NPD, SP	PA			

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<i>yargesa</i>	G, SP	PA
Zavesca	NF, SP	
Zilbrysq Inj	NPD, SP	PA
Zokinvy	NPD, SP	PA

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

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-275-2583 (TTY: 711) or speak to your provider.

العربية: انتباه: إذا كنت تتحدث العربية، فيمكنك الحصول على مساعدة لغوية مجانية. كما تتوفر الوسائل والخدمات المساعدة والمناسبة مجانًا لضمان وصول المعلومات إليك بصيغ ميسرة ومناسبة. يُرجى الاتصال على الرقم 1-800-275-2583 (TTY: 711) أو يمكنك التحدث مع مقدم الرعاية الخاص بك.

বাংলা: দৃষ্টি আকর্ষণ: যদি আপনি বাংলাভাষী হন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ। অ্যাক্সেসিবল ফরম্যাটে তথ্য প্রদান করার জন্য উপযুক্ত সহায়ক উপকরণ ও পরিষেবা বিনামূল্যে উপলব্ধ। 1-800-275-2583 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সঙ্গে যোগাযোগ করুন।

普通话: 注意: 如果您说普通话, 我们将为您免费提供语言协助服务。我们还免费提供适当的辅助工具和服务, 确保以无障碍格式传递信息。请致电 1-800-275-2583 (TTY: 711) 或咨询服务提供者。

Français: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-275-2583 (TTY: 711) ou parlez-en à votre fournisseur.

Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans pou lang ki disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele nan 1-800-275-2583 (TTY: 711) oswa pale ak founisè w la.

ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારી માટે મફત ભાષા સહાયતા સેવા ઉપલબ્ધ છે. સુલભ સ્વરૂપમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનો અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-800-275-2583 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતાનો સંપર્ક કરો.

हिंदी: ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा संबंधी सहायता सेवाएँ मुफ्त में उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के लिए उचित सहायक सहायता और सेवाएँ भी मुफ्त में मिलती हैं। 1-800-275-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italiano: ATTENZIONE: Se parli Italiano, puoi trovare disponibili servizi gratuiti di assistenza linguistica. Gratuitamente, sono inoltre disponibili ausili e servizi di supporto adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-275-2583 (TTY: 711) oppure rivolgiti al tuo fornitore.

日本語: 注意: 日本語話者の方には、無料の言語支援サービスをご提供しています。アクセシビリティ情報を提供するための適切な補助やサービスも無料でご利用いただけます。1-800-275-2583 (TTY: 711) にお電話くださるか、または、プロバイダーにお問い合わせください。

한국어: 주의: 한국어를 구사하시는 경우 무료 언어 보조 서비스를 이용할 수 있습니다. 접근성 높은 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스 역시 무료로 이용 가능합니다. 1-800-275-2583 (TTY: 711) 에 전화하시거나 서비스 제공업체에 문의하세요.

Diné bizaad: BAA'ÁKONÍNÍZIN: Diné bizaad bee yánífti'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anída'awo'í ná hóló. T'áadoole'é binahji' bee adahodoonífti diné bich'i' anídahazt'i'í bee bika'anída'awo'í beego bee baa dahane'í baa dahwiizt'i'go hadadilyaaígíí áldó' t'áá jiik'eh hóló. Kohji' 1-800-275-2583 (TTY: 711) hodíilnih doodago níka'análawo'í bich'i' hanidziih.

Pennsilfaanisch-Deutsch: WICHDIICH: Wann du Deitsch schwetzsch, kenne mer dich Schprooch-Hilf beigrige, unni as es dich ennich eppes koschde zellt. Mir kenne dich aa differnti Sadde Hilf beigrige, wasewwer as brauchsch fer Information griege, aa fer nix. Call 1-800-275-2583 (TTY: 711) odder schwetz mit dei Provider.

Polski: UWAGA: Jeśli jesteś osobą polskojęzyczną, pamiętaj, że oferujemy bezpłatne usługi pomocy językowej. Bezpłatnie dostępne są również odpowiednie materiały pomocnicze i usługi informacyjne w przystępnych formatach. Zadzwoń na numer 1-800-275-2583 (TTY: 711) lub porozmawiaj z dostawcą usług.

Português: ATENÇÃO: se você fala português, há serviços gratuitos de assistência linguística disponíveis. Também são disponibilizados gratuitamente para suporte e serviços auxiliares apropriados para o fornecimento de informações. Ligue para 1-800-275-2583 (TTY: 711) ou entre em contato com seu prestador.

Русский: Внимание! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Также бесплатно предоставляются соответствующие вспомогательные услуги по предоставлению информации в доступных форматах. Звоните по телефону 1-800-275-2583 (TTY: 711) или обратитесь к своему провайдеру.

Español: ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia lingüística disponibles. También hay ayudas y servicios auxiliares disponibles y sin cargo en formatos accesibles para brindarle información. Llame al 1-800-275-2583 (TTY: 711) o hable con su prestador.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, available para sa iyo ang mga libreng serbisyo sa tulong sa wika. Available din ang naaangkop na mga auxiliary aid at serbisyo para magbigay ng impormasyon sa mga naa-access na format nang walang bayad. Tumawag sa 1-800-275-2583 (TTY: 711) o makipag-usap sa iyong provider.

తెలుగు: గమనిక: మీరు తెలుగు మాట్లాడితే, ఉచిత భాష సహాయ సేవలు మీకు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు అలాగే సేవలు కూడా ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) నంబర్ కు కాల్ చేయండి లేదా మీ ప్రొవైడర్ తో మాట్లాడండి.

Українська: Увага! Якщо ви говорите українською, вам доступні безплатні послуги перекладача. Також безоплатно надаються відповідні допоміжні послуги з надання інформації в доступних форматах. Телефонуйте за номером 1-800-275-2583 (TTY: 711) або зверніться до свого провайдера.

Tiếng Việt: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Bạn cũng có thể nhận được các công cụ và dịch vụ hỗ trợ khác để giúp tiếp cận thông tin dễ dàng hơn, hoàn toàn miễn phí. Vui lòng gọi 1-800-275-2583 (TTY: 711) hoặc liên hệ với nhà cung cấp dịch vụ của bạn để được hỗ trợ.

Yorùbá: ÀKÍYÈSÍ: Tí o bá nso Yorùbá, àwọn isẹ̀ àtìlẹ̀hìn èdè lófẹ̀ẹ̀ wà lárọ̀wótó rẹ̀. Àwọn isẹ̀ àtìlẹ̀hìn ìrànlọ̀wọ̀ tó yẹ̀ láti pèsè iwífúnni ni ọ̀na irááyèsì kíkà wà lárọ̀wótó bakanna lófẹ̀ẹ̀. Pe 1-800-275-2583 (TTY: 711) tàbí kí ó bá olùpèsè rẹ̀ sọrọ̀.

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 less favorably because of race, color, national origin, age, disability, or sex.

This plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance 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, in person or by mail: 1901 Market Street, Philadelphia, PA 19103, by phone: 1-888-377-3933 (TTY: 711), by fax: 215-761-0245, or by email: civilrightscordinator@1901market.com.

You can file a grievance in person or by mail, fax, or email. 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the following website: www.healthinsurancehosting.com/notices.

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