

Prescribing Guide for Emory Members



EMORY
UNIVERSITY

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The 2026 Prescribing Guide with Advanced Control Specialty Formulary® is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

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INTRODUCTION

We are pleased to provide the 2026 **Prescribing Guide with Advanced Control Specialty Formulary**® as a useful reference and informational tool. The **Prescribing Guide with Advanced Control Specialty Formulary**® can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **Prescribing Guide with Advanced Control Specialty Formulary**® is reflective of current medical practice as of the date of review.

The information contained in this **Prescribing Guide with Advanced Control Specialty Formulary**® is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **Prescribing Guide with Advanced Control Specialty Formulary**® is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **Prescribing Guide with Advanced Control Specialty Formulary**® is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at <https://www.ahrq.gov/gam/>.

PLAN SUMMARY

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

HSA PLAN

Welcome to your new prescription benefit administered by CVS/caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money. Following is a brief summary of your prescription benefits. CVS/caremark and Emory are confident you will find value with your new prescription benefit program. Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total "out of pocket" spending required by you before prescription benefits are paid. Your annual deductible is \$1,700 for an individual or \$3,400 for a family. Until this deductible amount is

met, you will pay 100 percent for your prescriptions.

	The Pharmacy at Emory, and Emory Saint Joseph's Apothecary	CVS/caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)	Maintenance Choice[®] CVS/caremark Mail Service Pharmacy or CVS/pharmacy For long-term medications (Up to a 90-day supply)	
Tier Zero* Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol and brand-name and generic smoking deterrents	\$0 for Tier Zero medications	\$0 for Tier Zero medications	100% for long-term Tier Zero medications after refill limit	\$0 for Tier Zero medications
Generic Medications (Tier 1)**	1-30 days 10% (\$25 max) 61-90 days 10% (\$62.50 max)	10% (\$25 max) for a generic prescription before refill limit	100% for a long-term generic prescription after refill limit	10% (\$62.50 max) for a generic prescription
Preferred Brand-Name Medications (Tier 2)	1-30 days 20% (\$75 max) 61-90 days 20% (\$187.50 max)	20% (\$75 max) for a preferred brand-name prescription before refill limit	100% for a long-term preferred brand-name prescription after refill limit	20% (\$187.50 max) for a preferred brand-name prescription
Non-Preferred Brand-Name Medications (Tier 3)***	1-30 days 30% (\$120 max) 61-90 days 30% (\$300 max)	30% (\$120 max) for a non-preferred brand-name prescription before refill limit	100% for a long-term non-preferred brand-name prescription after refill limit	30% (\$300 max) for a non-preferred brand-name prescription
Lifestyle Drugs	1-30 days 40% (\$150 max) 61-90 days 40% (\$375 max)	40% (\$150 max) for a lifestyle drug prescription before refill limit	100% for a long-term lifestyle drug prescription after refill limit	40% (\$375 max) for a lifestyle drug prescription
Refill Limit	None	One initial fill plus one refill for a long-term medications	Not Applicable	None
Annual Deductible	\$1,700 per individual / \$3,400 per family			
Maximum Out-of-Pocket	\$3,750 per individual / \$7,500 per family			
Web Services	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.			
Customer Care	Visit www.caremark.com or call toll-free at 1-866-601-6935.			
*Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol, birth control medications, brand-name and generic smoking deterrents and diabetic supplies are at Tier 0.				
**Select preferred brand-name medications used to treat diabetes, CHF, high blood pressure, and high cholesterol are at Tier 1.				
***Select non-preferred brand-name medications used to treat diabetes, CHF, high blood pressure, and high cholesterol are at Tier 2.				

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

POS PLAN

Welcome to your new prescription benefit administered by CVS/caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

Following is a brief summary of your prescription benefits. CVS/caremark and Emory are confident you will find value with your new prescription benefit program.

	The Pharmacy at Emory, and Emory Saint Joseph's Apothecary	CVS/caremark Retail Pharmacy Network For short-term medications (Up to a 30-day supply)		Maintenance Choice[®] CVS/caremark Mail Service Pharmacy or CVS/pharmacy For long-term medications (Up to a 90-day supply)
Tier Zero* Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol and brand-name and generic smoking deterrents	\$0 for Tier Zero medications	\$0 for Tier Zero medications	100% for long-term Tier Zero medications after refill limit	\$0 for Tier Zero medications
Generic Medications (Tier 1)**	1-30 days 10% (\$10 min, \$25 max) 61-90 days 10% (\$25 min, \$62.50 max)	10% (\$10 min, \$25 max) for a generic prescription before refill limit	100% for a long-term generic prescription after refill limit	10% (\$10 min, \$62.50 max) for a generic prescription
Preferred Brand-Name Medications (Tier 2)	1-30 days 20% (\$30 min, \$75 max) 61-90 days 20% (\$75 min, \$187.50 max)	20% (\$30 min, \$75 max) for a preferred brand-name prescription before refill limit	100% for a long-term preferred brand-name prescription after refill limit	20% (\$75 min, \$187.50 max) for a preferred brand-name prescription
Non-Preferred Brand-Name Medications (Tier 3)***	1-30 days 30% (\$60 min, \$120 max) 61-90 days 30% (\$150 min, \$300 max)	30% (\$60 min, \$120 max) for a non-preferred brand-name prescription before refill limit	100% for a long-term non-preferred brand-name prescription after refill limit	30% (\$150 min, \$300 max) for a non-preferred brand-name prescription
Lifestyle Drugs	1-30 days 40% (\$90 min, \$150 max) 61-90 days 40% (\$225 min, \$375 max)	40% (\$90 min, \$150 max) for a lifestyle drug prescription before refill limit	100% for a long-term lifestyle drug prescription after refill limit	40% (\$225 min, \$375 max) for a lifestyle drug prescription
Refill Limit	None	One initial fill plus one refill for a long-term medications	Not Applicable	None
Maximum Out-of-Pocket	\$3,000 per individual / \$6,000 per family			
Web Services	Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. To register, have your Prescription Card ready.			
Customer Care	Visit www.caremark.com or call toll-free at 1-866-601-6935.			
*Select generics used to treat diabetes, CHF, high blood pressure, high cholesterol, birth control medications, brand-name and generic smoking deterrents and diabetic supplies are at Tier 0.				
**Select preferred brand-name medications used to treat diabetes, CHF, high blood pressure, and high cholesterol are at Tier 1.				
***Select non-preferred brand-name medications used to treat diabetes, CHF, high blood pressure, and high cholesterol are at Tier 2.				

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.



PREFACE

The ***Prescribing Guide with Advanced Control Specialty Formulary***[®] is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the ***Prescribing Guide with Advanced Control Specialty Formulary***[®] may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the ***Prescribing Guide with Advanced Control Specialty Formulary***[®] will generally cost more than generics, and brand-name medications not on the list will generally cost the most.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically appropriate drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs.

Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark® employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

LEGEND

Abbreviation	Description
OTC	Over the counter
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
COX-2 INHIBITORS		
celecoxib	1	
GOUT		
allopurinol	1	
colchicine	1	
probenecid	1	
MISCELLANEOUS		
clonidine hcl (analgesia)	1	
NSAIDS		
diclofenac sodium	1	
etodolac	1	
ibuprofen	1	
meloxicam	1	
nabumetone	1	
naproxen	1	
oxaprozin	1	
sulindac	1	
NSAIDS, COMBINATIONS		
diclofenac sodium-misoprostol delayed release 50-0.2 mg	1	
diclofenac sodium-misoprostol delayed release 75-0.2 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
OPIOID ANALGESICS		
codeine-acetaminophen soln 120-12 mg/5ml	1	
codeine-acetaminophen tab 300-15 mg	1	
codeine-acetaminophen tab 300-30 mg	1	
codeine-acetaminophen tab 300-60 mg	1	
fentanyl transdermal	1	
hydrocodone ext-rel	1	
hydrocodone-acetaminophen	1	
hydromorphone	1	
hydromorphone ext-rel	1	
methadone	1	
morphine	1	
morphine ext-rel	1	
oxycodone	1	
oxycodone-acetaminophen soln 5-325 mg/5ml	1	
oxycodone-acetaminophen tab 5-325 mg	1	
tramadol	1	
tramadol ext-rel	1	
XTAMPZA ER	2	

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA	2	
<i>buprenorphine transdermal</i>	1	
SALICYLATES		
<i>diflunisal</i>	1	
VISCOSUPPLEMENTS		
DUROLANE	2	
EUFLEXXA	2	
GELSYN-3	2	
ORTHOVISC	2	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>chloroprocaine hcl</i>	1	
<i>tetracaine hcl</i>	1	
ANTI-INFECTIVES		
ANTHELMINTICS		
EMVERM	2	
<i>ivermectin</i>	1	
STROMECTOL	3	
ANTI-BACTERIALS - MISCELLANEOUS		
<i>sulfadiazine</i>	1	
<i>tinidazole</i>	1	
ANTIFUNGALS		
DIFLUCAN	3	
<i>fluconazole</i>	1	
<i>fluconazole inj 200 mg/100ml</i>	1	
<i>fluconazole inj 400 mg/200ml</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	
<i>voriconazole</i>	1	
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate</i>	1	
<i>mefloquine hcl</i>	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	
APRETUDE	2	
<i>atazanavir</i>	1	
<i>darunavir</i>	1	
<i>efavirenz</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine</i>	1	
<i>etravirine</i>	1	
<i>fosamprenavir calcium</i>	1	
ISENTRESS	2	
<i>lamivudine</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
<i>nevirapine ext-rel</i>	1	
<i>ritonavir</i>	1	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
<i>zidovudine</i>	1	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine-zidovudine</i>	1	
<i>abacavir-lamivudine tab 600-300 mg</i>	1	
BIKTARVY	2	
CABENUVA	2	
CIMDUO	2	
DESCOVY	2	
DOVATO	2	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	1	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine- rilpivirine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine-tenofovir disoproxil fumarate</i>	1	
GENVOYA	2	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
ODEFSEY	2	
SYMTUZA	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pyrazinamide</i>	1	
<i>rifampin</i>	1	
ANTIVIRALS		
<i>acyclovir</i>	1	
<i>famciclovir</i>	1	
<i>oseltamivir</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID	2	
RELENZA	2	
<i>ribavirin</i>	1	
<i>valacyclovir</i>	1	
<i>valganciclovir</i>	1	
CEPHALOSPORINS		
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
<i>clarithromycin ext-rel</i>	1	
DIFICID	2	
<i>erythromycins</i>	1	
FLUOROQUINOLONES		
CIPRO	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin inj 200 mg/100ml</i>	1	
<i>ciprofloxacin inj 400 mg/200ml</i>	1	
<i>levofloxacin</i>	1	
<i>levofloxacin inj 250 mg/50ml</i>	1	
<i>levofloxacin inj 500 mg/100ml</i>	1	
<i>moxifloxacin</i>	1	
<i>moxifloxacin inj 400 mg/250ml</i>	1	
HEPATITIS B		
<i>adefovir dipivoxil</i>	1	
<i>entecavir</i>	1	
<i>lamivudine</i>	1	
<i>tenofovir disoproxil fumarate</i>	1	
HEPATITIS C		
EPCLUSA	2	Genotypes 1, 2, 3, 4, 5, 6
HARVONI	2	Genotypes 1, 4, 5, 6
<i>ribavirin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VOSEVI	2	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
MISCELLANEOUS		
<i>chloramphenicol sodium succinate</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin inj 300 mg/50ml</i>	1	
<i>clindamycin inj 600 mg/50ml</i>	1	
<i>clindamycin inj 900 mg/50ml</i>	1	
<i>dapsone</i>	1	
<i>linezolid</i>	1	
<i>metronidazole</i>	1	
<i>nitrofurantoin</i>	1	
<i>pyrimethamine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>trimethoprim</i>	1	
<i>vancomycin</i>	1	
XIFAXAN	2	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin-clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin-clavulanate ext-rel tab 1000-62.5 mg</i>	1	
<i>amoxicillin-clavulanate susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 400-57 mg/5ml</i>	1	
<i>amoxicillin-clavulanate susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin-clavulanate tab 875-125 mg</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
AUGMENTIN	3	
AUGMENTIN ES-600	3	
<i>dicloxacillin</i>	1	
<i>penicillin vk</i>	1	
TETRACYCLINES		
<i>doxycycline (monohydrate)</i>	1	
<i>doxycycline hyclate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline</i>	1	
<i>minocycline hcl</i>	1	
<i>tetracycline</i>	1	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i>	1	
<i>cyclophosphamide</i>	1	
<i>melphalan hcl</i>	1	
<i>temozolomide</i>	1	
ANTIBIOTICS		
<i>mitoxantrone hcl</i>	1	
<i>valrubicin</i>	1	
ANTIMETABOLITES		
<i>azacitidine</i>	1	
<i>capecitabine</i>	1	
<i>decitabine</i>	1	
LONSURF	2	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>pemetrexed</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
ERIVEDGE	2	
<i>lenalidomide</i>	1	
THALOMID	2	
BIOSIMILARS		
KANJINTI	2	
RUXIENCE	2	
TRAZIMERA	2	
ZIRABEV	2	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone</i>	1	
<i>anastrozole</i>	1	
<i>bicalutamide</i>	1	
CASODEX	3	
ELIGARD	2	
ERLEADA	2	
<i>exemestane</i>	1	
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	1	
<i>megestrol acetate</i>	1	
NUBEQA	2	
<i>tamoxifen citrate</i>	1	
XTANDI	2	
YONSA	2	

Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
ALECENSA	2	
ALUNBRIG	2	
AUGTYRO	2	
BOSULIF	2	
BRAFTOVI	2	
BRUKINSA	2	
CABOMETYX	2	
CALQUENCE	2	
<i>dasatinib</i>	1	
<i>erlotinib</i>	1	
<i>everolimus</i>	1	
GAVRETO	2	
<i>gefitinib</i>	1	
GOMEKLI	2	
IBRANCE	2	
IBTROZI	2	
<i>imatinib mesylate</i>	1	
INLYTA	2	
JAKAFI	2	
KISQALI	2	
KISQALI FEMARA CO-PACK 200 MG DOSE	2	
KISQALI FEMARA CO-PACK 400 MG DOSE	2	
KISQALI FEMARA CO-PACK 600 MG DOSE	2	
KOSELUGO	2	
<i>lapatinib</i>	1	
LENVIMA	2	
LENVIMA 14 MG DAILY DOSE	2	
LENVIMA 18 MG DAILY DOSE	2	
LENVIMA 24 MG DAILY DOSE	2	
MEKINIST	2	
MEKTOVI	2	
<i>nilotinib</i>	1	
<i>pazopanib</i>	1	
PIQRAY	2	
RETEVMO	2	
ROZLYTREK	2	
RYDAPT	2	
SCEMBLIX	2	
<i>sorafenib tosylate</i>	1	
STIVARGA	2	
<i>sunitinib</i>	1	
TAFINLAR	2	
TAGRISSO	2	

Drug Name	Drug Tier	Requirements/Limits
<i>temsirolimus</i>	1	
TRUQAP	2	
VITRAKVI	2	
XOSPATA	2	
ZYKADIA	2	
MISCELLANEOUS		
<i>bexarotene</i>	1	
<i>hydroxyurea</i>	1	
KRAZATI	2	
LUMAKRAS	2	
LYNPARZA	2	
ODOMZO	2	
<i>tretinoin (chemotherapy)</i>	1	
VISTOGARD	2	
ZEJULA	2	
MITOTIC INHIBITORS		
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound particles</i>	1	
MONOCLONAL ANTIBODIES		
PHEGO	2	
POLYCYTHEMIA VERA		
BESREMI	2	
JAKAFI	2	
PROTEASOME INHIBITORS		
<i>bortezomib</i>	1	
NINLARO	2	
PROTECTIVE AGENTS		
<i>levoleucovorin calcium</i>	1	
TOPOISOMERASE INHIBITORS		
<i>etoposide</i>	1	
<i>topotecan hcl</i>	1	
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl</i>	1	
<i>benazepril & hydrochlorothiazide</i>	1	
<i>enalapril maleate & hydrochlorothiazide</i>	1	
<i>fosinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide tab 20-25 mg</i>	1	
LOTENSIN HCT	3	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>trandolapril-verapamil hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VASERETIC	3	
ACE INHIBITORS		
ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril</i>	1	
<i>enalaprilat</i>	1	
<i>fosinopril</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	3	
<i>perindopril erbumine</i>	1	
<i>quinapril</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
ZESTRIL	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	
KERENDIA	2	
<i>spironolactone</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine-olmesartan tab 5-20 mg</i>	1	
<i>amlodipine-olmesartan tab 5-40 mg</i>	1	
<i>amlodipine-olmesartan tab 10-20 mg</i>	1	
<i>amlodipine-olmesartan tab 10-40 mg</i>	1	
<i>amlodipine-telmisartan tab 40-5 mg</i>	1	
<i>amlodipine-telmisartan tab 40-10 mg</i>	1	
<i>amlodipine-telmisartan tab 80-5 mg</i>	1	
<i>amlodipine-telmisartan tab 80-10 mg</i>	1	
<i>amlodipine-valsartan tab 5-160 mg</i>	1	
<i>amlodipine-valsartan tab 5-320 mg</i>	1	
<i>amlodipine-valsartan tab 10-160 mg</i>	1	
<i>amlodipine-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan-hydrochlorothiazide tab 100-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	1	
<i>olmesartan-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>telmisartan-hydrochlorothiazide</i>	1	
TRIBENZOR	3	
<i>valsartan-hydrochlorothiazide</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan</i>	1	
<i>irbesartan</i>	1	
<i>losartan</i>	1	
<i>olmesartan</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
ANTIARRHYTHMICS		
<i>amiodarone</i>	1	
<i>disopyramide</i>	1	
<i>flecainide acetate</i>	1	
MULTAQ	2	
<i>propafenone hcl</i>	1	
<i>sotalol</i>	1	
<i>sotalol hcl (afib/afl)</i>	1	
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS		
NEXLETOL	2	
NEXLIZET	2	
ANTILIPEMICS, BILE ACID RESINS		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID	3	
<i>colestipol hcl</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
<i>ezetimibe</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	1	
<i>fenofibric acid delayed-rel</i>	1	
<i>gemfibrozil</i>	1	
LOPID	3	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
<i>atorvastatin</i>	1	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium</i>	1	
<i>lovastatin</i>	1	
<i>pitavastatin</i>	1	
<i>pravastatin</i>	1	
<i>rosuvastatin</i>	1	
<i>simvastatin</i>	1	
ZOCOR	3	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	
VYTORIN	3	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin ext-rel</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl</i>	1	
LOVAZA	3	
<i>omega-3 acid ethyl esters cap 1 gm</i>	1	
VASCEPA	2	
ANTILIPEMICS, PCSK9 INHIBITORS		
REPATHA	2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone</i>	1	
<i>bisoprolol & hydrochlorothiazide</i>	1	
<i>metoprolol & hydrochlorothiazide</i>	1	
BETA-BLOCKERS		
<i>acebutolol</i>	1	
<i>atenolol</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate ext-rel</i>	1	
COREG	3	
CORGARD	3	
<i>labetalol hcl</i>	1	
<i>metoprolol succinate ext-rel</i>	1	
<i>metoprolol tartrate</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol</i>	1	
<i>propranolol ext-rel</i>	1	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
<i>amlodipine-atorvastatin tab 2.5-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-atorvastatin tab 2.5-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 2.5-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 5-80 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-10 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-20 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-40 mg</i>	1	
<i>amlodipine-atorvastatin tab 10-80 mg</i>	1	
CADUET	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine</i>	1	
<i>diltiazem ext-rel</i>	1	
<i>felodipine</i>	1	
<i>nifedipine ext-rel</i>	1	
PROCARDIA XL	3	
TIAZAC	3	
<i>verapamil ext-rel</i>	1	
DIGITALIS GLYCOSIDES		
<i>digoxin</i>	1	
DIRECT RENIN INHIBITORS/COMBINATIONS		
<i>aliskiren</i>	1	
DIURETICS		
<i>acetazolamide</i>	1	
<i>acetazolamide sodium</i>	1	
ALDACTAZIDE	3	
<i>amiloride</i>	1	
<i>amiloride & hydrochlorothiazide</i>	1	
<i>bumetanide</i>	1	
<i>chlorthalidone</i>	1	
<i>dichlorphenamide</i>	1	
<i>ethacrynic acid</i>	1	
<i>furosemide</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
LASIX	3	
<i>methazolamide</i>	1	
<i>metolazone</i>	1	
<i>spironolactone-hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i>	1	
<i>triamterene</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide tab 75-50 mg</i>	1	
HEART FAILURE		
INPEFA	2	
<i>isosorbide dinitrate-hydralazine tab 20-37.5 mg</i>	1	
<i>ivabradine</i>	1	
<i>sacubitril-valsartan</i>	1	
VERQUVO	2	
MISCELLANEOUS		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>droxidopa</i>	1	
<i>epinephrine</i>	1	
<i>guanfacine hcl</i>	1	
<i>hydralazine hcl</i>	1	
<i>midodrine hcl</i>	1	
<i>ranolazine ext-rel</i>	1	
VYNDAMAX	2	
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitroglycerin</i>	1	
NITROLINGUAL	3	
NITROSTAT	3	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	2	
<i>ambrisentan</i>	1	
<i>bosentan</i>	1	
OPSUMIT	2	
OPSYNVI	2	
ORENITRAM	2	
ORENITRAM TITRATION KIT M	2	
<i>sildenafil</i>	1	
<i>tadalafil</i>	1	
TADLIQ	2	
<i>treprostinil</i>	1	
TYVASO	2	
TYVASO DPI	2	
UPTRAVI	2	
UPTRAVI TITRATION PACK	2	
YUTREPIA	2	

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ALCOHOL DETERRENTS		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
AMYOTROPHIC LATERAL SCLEROSIS (ALS)		
RADICAVA ORS	2	
ANTI-ANXIETY		
<i>alprazolam</i>	1	
<i>buspirone hcl</i>	1	
<i>clomipramine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>lorazepam</i>	1	
<i>oxazepam</i>	1	
ANTIDEMENTIA		
ARICEPT	3	
<i>donepezil</i>	1	
EXELON	3	
<i>galantamine</i>	1	
<i>galantamine ext-rel</i>	1	
<i>memantine</i>	1	
<i>memantine hcl</i>	1	
<i>memantine titration pak 5-10mg</i>	1	
<i>memantine-donepezil ext-rel cp24 14-10mg</i>	1	
<i>memantine-donepezil ext-rel cp24 21-10mg</i>	1	
<i>memantine-donepezil ext-rel cp24 28-10mg</i>	1	
NAMZARIC	2	
<i>rivastigmine</i>	1	
<i>rivastigmine transdermal</i>	1	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	
AUVELITY	2	
<i>bupropion</i>	1	
<i>bupropion ext-rel</i>	1	
CELEXA	3	
<i>citalopram</i>	1	
<i>desipramine hcl</i>	1	
<i>desvenlafaxine ext-rel</i>	1	
<i>doxepin hcl</i>	1	
<i>duloxetine</i>	1	
<i>escitalopram</i>	1	
FETZIMA	2	
FETZIMA TITRATION PACK	2	
<i>fluoxetine</i>	1	
<i>imipramine hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine</i>	1	
<i>nortriptyline hcl</i>	1	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl ext-rel</i>	1	
<i>phenelzine sulfate</i>	1	
REMERON	3	
REMERON SOLTAB	3	
<i>sertraline</i>	1	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone</i>	1	
TRINTELLIX	2	
<i>venlafaxine</i>	1	
<i>venlafaxine ext-rel</i>	1	
<i>venlafaxine hcl</i>	1	
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
<i>vilazodone</i>	1	
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	
ZURZUVAE	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine</i>	1	
<i>benztropine mesylate</i>	1	
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa ext-rel tab er 25-100 mg</i>	1	
<i>carbidopa-levodopa ext-rel tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	2	
<i>entacapone</i>	1	
INBRIJA	2	
NEUPRO	2	
PARLODEL	3	
<i>pramipexole</i>	1	
<i>pramipexole ext-rel</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>ropinirole ext-rel</i>	1	
RYTARY	2	
<i>selegiline</i>	1	
SINEMET	3	
<i>trihexyphenidyl hcl</i>	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFI	2	

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA	2	
<i>aripiprazole</i>	1	
ARISTADA	2	
ARISTADA INITIO	2	
<i>chlorpromazine hcl</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
<i>lurasidone</i>	1	
<i>olanzapine</i>	1	
<i>perphenazine</i>	1	
<i>quetiapine</i>	1	
<i>quetiapine ext-rel</i>	1	
RISPERDAL	3	
<i>risperidone</i>	1	
SEROQUEL	3	
<i>thiothixene</i>	1	
<i>trifluoperazine hcl</i>	1	
VRAYLAR	2	
<i>ziprasidone</i>	1	
ANTISEIZURE AGENTS		
BRIVIACT	2	
<i>carbamazepine</i>	1	
<i>carbamazepine ext-rel</i>	1	
CARBATROL	3	
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
<i>diazepam</i>	1	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN INFATABS	2	
DILANTIN-125	2	
<i>divalproex sodium</i>	1	
<i>divalproex sodium ext-rel</i>	1	
<i>eslicarbazepine</i>	1	
<i>ethosuximide</i>	1	
<i>gabapentin</i>	1	
<i>lacosamide</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine ext-rel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i>	1	
<i>levetiracetam ext-rel</i>	1	
MYSOLINE	3	
NEURONTIN	3	
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine ext-rel</i>	1	
OXTELLAR XR	2	
<i>perampanel</i>	1	
<i>phenobarbital</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>rufinamide</i>	1	
<i>tiagabine</i>	1	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
<i>topiramate</i>	1	
<i>topiramate ext-rel</i>	1	
<i>valproic acid</i>	1	
<i>vigabatrin</i>	1	
XCOPRI	2	
ZARONTIN	3	
<i>zonisamide</i>	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 5 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 10 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 15 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 20 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 25 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 30 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 37.5 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts ext-rel cap er 24hr 50 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts tab 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine mixed salts tab 7.5 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts tab 10 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts tab 12.5 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts tab 15 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts tab 20 mg</i>	1	
<i>amphetamine-dextroamphetamine mixed salts tab 30 mg</i>	1	
<i>atomoxetine</i>	1	
AZSTARYS	2	
<i>clonidine hcl (adhd)</i>	1	
<i>dexmethylphenidate ext-rel</i>	1	
<i>dexmethylphenidate hcl</i>	1	
<i>dextroamphetamine sulfate</i>	1	
FOCALIN	3	
<i>guanfacine ext-rel</i>	1	
<i>lisdexamfetamine</i>	1	
METHYLIN	3	
<i>methylphenidate</i>	1	
<i>methylphenidate ext-rel</i>	1	
QELBREE	2	
RITALIN	3	
STRATTERA	3	
BOTULINUM TOXINS		
DAXXIFY	2	
DYSPORT	2	
XEOMIN	2	
FIBROMYALGIA		
SAVELLA	2	
SAVELLA TITRATION PACK	2	
HYPNOTICS		
AMBIEN	3	
AMBIEN CR	3	
BELSOMRA	2	
DAYVIGO	2	
<i>doxepin</i>	1	
<i>eszopiclone</i>	1	
QUVIVIQ	2	
<i>ramelteon</i>	1	
RESTORIL	3	
<i>temazepam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem</i>	1	
<i>zolpidem ext-rel</i>	1	
<i>zolpidem sublingual</i>	1	
MIGRAINE - ERGOTAMINE DERIVATIVES		
D.H.E. 45	2	
<i>dihydroergotamine mesylate</i>	1	
<i>ergotamine-caffeine tab 1-100 mg</i>	1	
MIGRAINE - MISCELLANEOUS		
NURTEC ODT	2	
QULIPTA	2	
UBRELVY	2	
MIGRAINE - MONOCLONAL ANTIBODIES		
AIMOVIG	2	
AJOVY	2	
EMGALITY	2	
MIGRAINE - TRIPTANS AND COMBINATIONS		
<i>eletriptan</i>	1	
IMITREX	3	
IMITREX STATDOSE REFILL	3	
IMITREX STATDOSE SYSTEM	3	
<i>naratriptan</i>	1	
ONZETRA XSAIL	2	
RELPAX	3	
<i>rizatriptan</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
TOSYMRA	2	
ZEMBRACE SYMTOUCH	2	
<i>zolmitriptan</i>	1	
MISCELLANEOUS		
ENSPRYNG	2	
MOOD STABILIZERS		
<i>lithium carbonate</i>	1	
MOVEMENT DISORDERS		
AUSTEDO	2	
INGREZZA	2	
tetrabenazine	1	
MULTIPLE SCLEROSIS AGENTS		
AVONEX	2	
BAFIERTAM	2	
BETASERON	2	
COPAXONE	2	
<i>dalfampridine</i>	1	
<i>dimethyl fumarate delayed-rel</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate delayed-rel starter pack 120 mg & 240 mg</i>	1	
<i>fingolimod</i>	1	
<i>glatiramer</i>	1	
KESIMPTA	2	
MAYZENT	2	
OCREVUS	2	
REBIF	2	
REBIF REBIDOSE TITRATION	2	
REBIF TITRATION PACK	2	
<i>teriflunomide</i>	1	
TYSABRI	2	
VUMERITY	2	
ZEPOSIA	2	
ZEPOSIA 7-DAY STARTER PAC	2	
ZEPOSIA STARTER KIT	2	
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>dantrolene sodium</i>	1	
LYVISPAH	2	
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
<i>orphenadrine w/ aspirin & caff</i>	1	
<i>tizanidine hcl</i>	1	
ZANAFLEX	3	
MYASTHENIA GRAVIS		
<i>pyridostigmine bromide</i>	1	
VYVGART	2	
VYVGART HYTRULO	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	1	
LUMRYZ	2	
LUMRYZ STARTER PACK	2	
<i>modafinil</i>	1	
SUNOSI	2	
WAKIX	2	
XYWAV	2	
OPIOID AGONIST/ANTAGONIST		
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	1	
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	1	
ZUBSOLV	2	
OPIOID ANTAGONIST		
KLOXXADO	2	
<i>naloxone</i>	1	
<i>naltrexone hcl</i>	1	
POSTHERPETIC NEURALGIA (PHN)		
<i>gabapentin</i>	1	
GRALISE	2	
<i>pregabalin ext-rel</i>	1	
PSYCHOTHERAPEUTIC-MISC		
<i>fluoxetine hcl (pmdd)</i>	1	
NUEDEXTA	2	
<i>paroxetine mesylate</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent)</i>	1	
<i>varenicline tartrate</i>	1	
ENDOCRINE AND METABOLIC		
ACROMEGALY		
<i>octreotide acetate</i>	1	
SOMATULINE DEPOT	2	
ANDROGENS		
NATESTO	2	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN	2	
ANTIDIABETICS, BIGUANIDE		
<i>metformin</i>	1	
<i>metformin ext-rel</i>	1	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
<i>glipizide-metformin tab 2.5-250 mg</i>	1	
<i>glipizide-metformin tab 2.5-500 mg</i>	1	
<i>glipizide-metformin tab 5-500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS		
JANUMET	2	
JANUMET XR	2	
JENTADUETO	2	
JENTADUETO XR	2	
saxagliptin-metformin ext-rel tb24 2.5-1000 mg	1	
saxagliptin-metformin ext-rel tb24 5-500 mg	1	
saxagliptin-metformin ext-rel tb24 5-1000 mg	1	
TRIJARDY XR	2	
ZITUVIMET	2	
ZITUVIMET XR	2	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA	2	
saxagliptin	1	
TRADJENTA	2	
ZITUVIO	2	
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
liraglutide	1	
MOUNJARO	2	
OZEMPIC	2	
RYBELSUS	2	
TRULICITY	2	
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA 100/33	2	
XULTOPHY 100/3.6	2	
ANTIDIABETICS, INSULIN		
BASAGLAR	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
HUMALOG	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	OTC
HUMULIN 70/30 KWIKPEN	2	OTC
HUMULIN N	2	OTC
HUMULIN R	2	OTC
HUMULIN R U-500	2	
INSULIN ASPART	2	
INSULIN ASPART PROTAMINE/	2	
INSULIN LISPRO	2	
INSULIN LISPRO PROTAMINE/	2	

Drug Name	Drug Tier	Requirements/Limits
LANTUS	2	
LEVEMIR	2	
LYUMJEV	2	
NOVOLIN 70/30	2	OTC
NOVOLIN 70/30 FLEXPEN	2	OTC
NOVOLIN N	2	OTC
NOVOLIN R	2	OTC
NOVOLOG	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILL	2	
TOUJEO	2	
TRESIBA	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
ACTOPLUS MET	3	
<i>pioglitazone-metformin tab 15-500 mg</i>	1	
<i>pioglitazone-metformin tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
DUETACT	3	
<i>pioglitazone-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS		
<i>dapagliflozin-metformin ext-rel tb24 5-1000mg</i>	1	
<i>dapagliflozin-metformin ext-rel tb24 10-1000mg</i>	1	
SYNJARDY	2	
SYNJARDY XR	2	
XIGDUO XR	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS		
GLYXAMBI	2	
QTERN	2	
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS		
<i>dapagliflozin</i>	1	
FARXIGA	2	
JARDIANCE	2	
ANTIDIABETICS, SULFONYLUREA		
AMARYL	3	
<i>glimepiride</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i>	1	
<i>glipizide ext-rel</i>	1	
ANTIOBESITY		
<i>orlistat</i>	1	
<i>phentermine hcl-topiramate</i>	1	
QSYMIA	2	
SAXENDA	2	
WEGOVY	2	
ZEPBOUND	2	
CALCIUM RECEPTOR AGONISTS		
<i>cinacalcet</i>	1	
CALCIUM REGULATORS, BISPHOSPHONATES		
ACTONEL	3	
<i>alendronate</i>	1	
ATELVIA	3	
FOSAMAX	3	
<i>ibandronate</i>	1	
<i>risedronate</i>	1	
<i>risedronate sodium</i>	1	
<i>zoledronic acid</i>	1	
CALCIUM REGULATORS, MISCELLANEOUS		
<i>calcitonin-salmon</i>	1	
OSEVELT	2	
PROLIA	2	
CALCIUM REGULATORS, PARATHYROID HORMONES		
<i>teriparatide</i>	1	
TYMLOS	2	
CARNITINE DEFICIENCY AGENTS		
<i>levocarnitine</i>	1	
CENTRAL PRECOCIOUS PUBERTY		
FENSOLVI	2	
LUPRON DEPOT-PED	2	
LUPRON DEPOT-PED (6-MONTH	2	
SUPPRELIN LA	2	
TRIPTODUR	2	
CHELATING AGENTS		
<i>deferasirox</i>	1	
<i>deferiprone</i>	1	
<i>deferoxamine</i>	1	
<i>penicillamine</i>	1	
<i>trientine</i>	1	
CONTRACEPTIVES		
ANNOVERA	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel & ethinyl estradiol</i>	1	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	1	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	1	
<i>ethinyl estradiol-drospirenone tab 3-0.02 mg</i>	1	
<i>ethinyl estradiol-drospirenone tab 3-0.03 mg</i>	1	
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>ethinyl estradiol-drospirenone-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>ethinyl estradiol-etonogestrel va ring 0.120- 0.015 mg/24hr</i>	1	
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.1- 0.02mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03 mg</i>	1	
<i>ethinyl estradiol-levonorgestrel 91-day tab 0.15-0.03mg(84) & 0.01mg(7)</i>	1	
<i>ethinyl estradiol-levonorgestrel continuous tab 90-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel tab 0.15 mg-30 mcg</i>	1	
<i>ethinyl estradiol-levonorgestrel-iron tab 0.1 mg-20 mcg (21)</i>	1	
<i>ethinyl estradiol-norelgestromin td ptwk 150-35 mcg/24hr</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate tab 1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron cap 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.4 mg-35 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 0.8 mg-25 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron chew tab 1 mg-20 mcg (24)</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1 mg-20 mcg</i>	1	
<i>ethinyl estradiol-norethindrone acetate-iron tab 1-20/1-30/1-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethinyl estradiol-norethindrone acetate-iron tab</i> <i>1.5 mg-30 mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>ethinyl estradiol-norgestimate tab 0.25 mg-35</i> <i>mcg</i>	1	
<i>ethynodiol diacet & eth estrad</i>	1	
KYLEENA	2	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	1	
LO LOESTRIN FE	2	
<i>medroxyprogesterone</i>	1	
MIRENA	2	
NATAZIA	2	
<i>norethin acet & estrad-fe</i>	1	
<i>norethindrone & eth estradiol</i>	1	
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone-eth estradiol (triphasic)</i>	1	
<i>norgestrel & ethinyl estradiol</i>	1	
SKYLA	2	
DIABETIC SUPPLIES		
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	2	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	2	OTC
ACCU-CHEK LANCETS / LANCING DEVICES	2	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	2	OTC
BD ULTRAFINE INSULIN SYRINGES	2	OTC
BD ULTRAFINE NEEDLES	2	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	2	
EMBECTA ULTRAFINE INSULIN SYRINGES	2	OTC; Except certain NDCs
EMBECTA ULTRAFINE NEEDLES	2	OTC; Except certain NDCs
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	2	
OMNIPOD 5 INSULIN INFUSION PUMP	2	
OMNIPOD DASH INSULIN INFUSION PUMP	2	
OMNIPOD INSULIN INFUSION PUMP	2	
TRUE METRIX STRIPS AND KITS	2	OTC
TWIIIST INSULIN INFUSION PUMP AND SUPPLIES	2	
ENDOMETRIOSIS		
<i>danazol</i>	1	
ORILISSA	2	
FERTILITY REGULATORS		
<i>cetrorelix acetate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clomiphene citrate</i>	1	
FOLLISTIM AQ	2	
GANIRELIX ACETATE	1	
PREGNYL	2	
GLUCOCORTICOIDS		
CORTEF	3	
<i>dexamethasone</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone</i>	1	
MEDROL	3	
MEDROL DOSEPAK	3	
<i>methylprednisolone</i>	1	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
<i>glucagon, human recombinant</i>	1	
GVOKE	2	
ZEGALOGUE	2	
HEREDITARY TYROSINEMIA TYPE 1 AGENTS		
<i>nitisinone</i>	1	
ORFADIN	2	
HUMAN GROWTH HORMONES		
HUMATROPE	2	
NORDITROPIN	2	
SOGROYA	2	
LYSOSOMAL STORAGE DISORDERS		
NEXVIAZYME	2	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE		
ELFABRIO	2	
FABRAZYME	2	
GALAFOLD	2	
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE		
CERDELGA	2	
CEREZYME	2	
<i>miglustat</i>	1	
MENOPAUSAL SYMPTOM AGENTS		
CLIMARA PRO	2	
COMBIPATCH	2	
DUAVEE	2	
ESTRACE	3	
<i>estradiol</i>	1	
<i>estradiol vaginal</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone tab 0.5 mg-2.5 mcg</i>	1	
<i>estradiol-norethindrone tab 0.5-0.1 mg</i>	1	
<i>estradiol-norethindrone tab 1 mg-5 mcg</i>	1	
<i>estradiol-norethindrone tab 1-0.5 mg</i>	1	
ESTRING	2	
IMVEXXY	2	
PREMARIN	2	
PREMPHASE	2	
PREMPRO	2	
VAGIFEM	3	
MISCELLANEOUS		
<i>betaine</i>	1	
<i>cabergoline</i>	1	
CYSTAGON	2	
EVISTA	3	
<i>methylergonovine maleate</i>	1	
<i>mifepristone</i>	1	
OSPHENA	2	
<i>raloxifene</i>	1	
<i>sapropterin</i>	1	
<i>tolvaptan</i>	1	
PHOSPHATE BINDER AGENTS		
AURYXIA	2	
<i>calcium acetate</i>	1	
<i>ferric citrate</i>	1	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
POTASSIUM-REMOVING AGENTS		
LOKELMA	2	
VELTASSA	2	
PROGESTINS		
CRINONE	2	
ENDOMETRIN	2	
<i>hydroxyprogesterone caproate</i>	1	
<i>medroxyprogesterone</i>	1	
<i>megestrol acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone, micronized</i>	1	
PROVERA	3	
THYROID AGENTS		
<i>levothyroxine</i>	1	
<i>liothyronine</i>	1	
<i>methimazole</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil</i>	1	
SYNTHROID	2	
UREA CYCLE DISORDER		
<i>carglumic acid</i>	1	
PHEBURANE	2	
<i>sodium phenylbutyrate</i>	1	
UTERINE FIBROIDS		
MYFEMBREE	2	
ORIAHNN	2	
VASOPRESSINS		
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>desmopressin acetate spray refrigerated</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol</i>	1	
<i>doxercalciferol</i>	1	
<i>paricalcitol</i>	1	
GASTROINTESTINAL		
ANTICHOLINERGICS		
<i>dicyclomine</i>	1	
ANTIDIARRHEALS		
<i>diphenoxylate-atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine tab 2.5-0.025 mg</i>	1	
<i>loperamide</i>	1	
ANTIEMETICS		
<i>aprepitant</i>	1	
<i>doxylamine-pyridoxine delayed-rel tab 10-10 mg</i>	1	
<i>dronabinol</i>	1	
<i>granisetron</i>	1	
MARINOL	3	
<i>meclizine</i>	1	
<i>metoclopramide</i>	1	
<i>ondansetron</i>	1	
<i>prochlorperazine</i>	1	
<i>promethazine</i>	1	
REGLAN	3	
SANCUSO	2	
<i>scopolamine transdermal</i>	1	
<i>trimethobenzamide</i>	1	
VARUBI	2	
EOSINOPHILIC ESOPHAGITIS		
DUPIXENT	2	

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>famotidine inj 20mg/50ml</i>	1	
PEPCID	3	
INFLAMMATORY BOWEL DISEASE		
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>budesonide delayed-rel</i>	1	
<i>budesonide ext-rel</i>	1	
CORTIFOAM	2	
<i>hydrocortisone</i>	1	
<i>mesalamine</i>	1	
<i>mesalamine delayed-rel</i>	1	
<i>mesalamine ext-rel</i>	1	
<i>mesalamine w/ cleanser</i>	1	
PENTASA	2	
ROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfasalazine delayed-rel</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS	2	
<i>lubiprostone</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron</i>	1	
VIBERZI	2	
LAXATIVES		
<i>lactulose</i>	1	
<i>lactulose (encephalopathy)</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	1	
MISCELLANEOUS		
IQIRVO	2	
<i>misoprostol</i>	1	
MOVANTIK	2	
<i>prucalopride</i>	1	
<i>sucralfate</i>	1	
SYMPROIC	2	
<i>ursodiol</i>	1	
PANCREATIC ENZYMES		
CREON	2	

Drug Name	Drug Tier	Requirements/Limits
VIOKACE	2	
ZENPEP	2	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	
<i>esomeprazole delayed-rel</i>	1	
<i>esomeprazole sodium</i>	1	
<i>lansoprazole delayed-rel</i>	1	
<i>omeprazole delayed-rel</i>	1	
<i>pantoprazole delayed-rel</i>	1	
PANTOPRAZOLE SODIUM	1	
RECTAL, CORTICOSTEROIDS		
<i>hydrocortisone</i>	1	
PROCTOFOAM-HC AER 1%	2	
ULCER THERAPY COMBINATIONS		
<i>amoxicillin-clarithromycin w/ lansoprazole</i>	1	
<i>bismuth-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA	2	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin ext-rel</i>	1	
AVODART	3	
CARDURA	3	
<i>doxazosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin cap 0.5-0.4 mg</i>	1	
<i>finasteride</i>	1	
FLOMAX	3	
PROSCAR	3	
<i>silodosin</i>	1	
<i>tamsulosin</i>	1	
<i>terazosin</i>	1	
ERECTILE DYSFUNCTION		
<i>avanafil</i>	1	
<i>sildenafil</i>	1	
<i>tadalafil</i>	1	
MISCELLANEOUS		
<i>bethanechol chloride</i>	1	
FILSPARI	2	
<i>potassium citrate (alkalinizer)</i>	1	
<i>tiopronin</i>	1	
<i>tiopronin delayed-rel</i>	1	
VANRAFIA	2	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>darifenacin ext-rel</i>	1	
DETROL	3	
<i>fesoterodine ext-rel</i>	1	
<i>mirabegron ext-rel</i>	1	
MYRBETRIQ	2	
<i>oxybutynin</i>	1	
<i>oxybutynin ext-rel</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>tolterodine ext-rel</i>	1	
<i>trospium</i>	1	
<i>trospium ext-rel</i>	1	
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	1	
<i>metronidazole vaginal</i>	1	
<i>terconazole vaginal</i>	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran</i>	1	
ELIQUIS	2	
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
<i>rivaroxaban</i>	1	
<i>warfarin</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	
BLEEDING DISORDERS AGENTS		
NOVOSEVEN RT	2	
SEVENFACT	2	
WILATE	2	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP	2	
FULPHILA	2	
NIVESTYM	2	
NYVEPRIA	2	
PROCRIT	2	
RETACRIT	2	
HEMOPHILIA A AGENTS		
ADVATE	2	
ADYNOVATE	2	
AFSTYLA	2	
ALTUVIIIO	2	
ELOCTATE	2	

Drug Name	Drug Tier	Requirements/Limits
ESPEROCT	2	
JIVI	2	
KOGENATE FS	2	
KOVALTRY	2	
NOVOEIGHT	2	
NUWIQ	2	
XYNTHA	2	
HEMOPHILIA B AGENTS		
BENEFIX	2	
REBINYN	2	
MISCELLANEOUS		
<i>anagrelide hcl</i>	1	
<i>cilostazol</i>	1	
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS		
EMPAVELI	2	
PLATELET AGGREGATION INHIBITORS		
BRILINTA	2	
<i>clopidogrel</i>	1	
<i>dipyridamole</i>	1	
<i>dipyridamole ext-rel-aspirin cap 25-200 mg</i>	1	
<i>prasugrel</i>	1	
<i>ticagrelor</i>	1	
SICKLE CELL DISEASE		
ENDARI	2	
<i>glutamine (sickle cell)</i>	1	
SIKLOS	2	
THROMBOCYTOPENIA AGENTS		
ALVAIZ	2	
DOPTELET	2	
IMMUNOLOGIC AGENTS		
ALLERGENIC EXTRACTS		
GRASTEK	2	
ODACTRA	2	
ORALAIR	2	
RAGWITEK	2	
ALOPECIA AREATA		
LITFULO	2	
OLUMIANT	2	
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)		
AVSOLA	2	
ILUMYA	2	
PYZCHIVA INTRAVENOUS	2	
REMICADE	2	

Drug Name	Drug Tier	Requirements/Limits
SIMPONI ARIA	2	
SKYRIZI INTRAVENOUS	2	
STELARA INTRAVENOUS	2	
TREMFYA INTRAVENOUS	2	
YESINTEK INTRAVENOUS	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
ENBREL	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
COSENTYX SUBCUTANEOUS	2	
ENBREL	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
RINVOQ	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
ENTYVIO SUBCUTANEOUS	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
PYZCHIVA SUBCUTANEOUS	2	
RINVOQ	2	
SKYRIZI SUBCUTANEOUS	2	
STELARA SUBCUTANEOUS	2	
TREMFYA SUBCUTANEOUS	2	
YESINTEK SUBCUTANEOUS	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
COSENTYX SUBCUTANEOUS	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS		
CIMZIA PREFILLED SYRINGE	2	
COSENTYX SUBCUTANEOUS	2	
RINVOQ	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS		
ADALIMUMAB-ADAZ	2	

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-FKJP	2	
BIMZELX	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
OTEZLA	2	
PYZCHIVA SUBCUTANEOUS	2	
SKYRIZI SUBCUTANEOUS	2	
SOTYKTU	2	
STELARA SUBCUTANEOUS	2	
TREMFYA SUBCUTANEOUS	2	
YESINTEK SUBCUTANEOUS	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
COSENTYX SUBCUTANEOUS	2	
ENBREL	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
OTEZLA	2	
PYZCHIVA SUBCUTANEOUS	2	
RINVOQ	2	
SKYRIZI SUBCUTANEOUS	2	
STELARA SUBCUTANEOUS	2	
TREMFYA SUBCUTANEOUS	2	
YESINTEK SUBCUTANEOUS	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
ENBREL	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
KEVZARA	2	
ORENCIA CLICKJECT	2	
ORENCIA SUBCUTANEOUS	2	
RINVOQ	2	
XELJANZ	2	
XELJANZ XR	2	
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS		
ADALIMUMAB-ADAZ	2	
ADALIMUMAB-FKJP	2	
ENTYVIO SUBCUTANEOUS	2	
HYRIMOZ	2	Except NDCs 61314-XXXX-XX
PYZCHIVA SUBCUTANEOUS	2	

Drug Name	Drug Tier	Requirements/Limits
RINVOQ	2	
SKYRIZI SUBCUTANEOUS	2	
STELARA SUBCUTANEOUS	2	
TREMFYA SUBCUTANEOUS	2	
VELSIPITY	2	
YESINTEK SUBCUTANEOUS	2	
ZEPOSIA	2	
ZEPOSIA 7-DAY STARTER PAC	2	
ZEPOSIA STARTER KIT	2	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i>	1	
<i>leflunomide</i>	1	
<i>methotrexate</i>	1	
RASUVO	2	
HEREDITARY ANGIOEDEMA		
<i>icatibant</i>	1	
ORLADEYO	2	
RUCONEST	2	
TAKHZYRO	2	
IMMUNOGLOBULIN		
CUTAQUIG	2	
XEMBIFY	2	
IMMUNOSUPPRESSANTS		
<i>azathioprine</i>	1	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
<i>everolimus</i>	1	
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>sirolimus</i>	1	
<i>tacrolimus</i>	1	
MEDICAL DEVICES		
THYROID AGENTS		
<i>dipyridamole (diagnostic)</i>	1	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>potassium chloride</i>	1	
<i>potassium chloride in nacl</i>	1	
<i>potassium chloride liquid</i>	1	
<i>potassium chloride microencapsulated crystals</i>	1	
<i>er</i>		
<i>sodium fluoride</i>	1	
PRENATAL VITAMINS		
<i>prenatal vitamins</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
<i>b-complex w/ c & folic acid</i>	1	
<i>cyanocobalamin</i>	1	
<i>folic acid</i>	1	
<i>folic acid-vitamin b6-vitamin b12</i>	1	
<i>multiple vitamins w/ minerals</i>	1	
<i>multivitamins</i>	1	
<i>niacinamide w/ zinc-copper-methylfolate-se-cr</i>	1	
<i>ped multivitamins w/fl & iron</i>	1	
<i>pediatric multivitamins w/fl</i>	1	
<i>pediatric vitamins acd w/ fluoride</i>	1	
<i>pyridoxine hcl</i>	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
MAXITROL	3	
<i>neomycin-polymyxin b-bacitracin-hydrocortisone oint 1%</i>	1	
<i>neomycin-polymyxin b-dexamethasone oint 0.1%</i>	1	
<i>neomycin-polymyxin b-dexamethasone susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc (ophth)</i>	1	
<i>sulfacetamide sod-prednisolone</i>	1	
TOBRADEX	2	
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i>	1	
<i>bacitracin-polymyxin b (ophth)</i>	1	
BESIVANCE	2	
CILOXAN	2	
<i>ciprofloxacin</i>	1	
<i>erythromycin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX	3	
<i>ofloxacin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
<i>sulfacetamide</i>	1	
<i>tobramycin</i>	1	
TOBREX	3	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluridine</i>	1	
VIGAMOX	3	
XDEMVEY	2	
ANTI-INFLAMMATORIES		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	2	
<i>bromfenac</i>	1	
<i>dexamethasone</i>	1	
<i>diclofenac</i>	1	
<i>difluprednate</i>	1	
<i>fluorometholone (ophth)</i>	1	
FML FORTE	2	
ILEVRO	2	
<i>ketorolac</i>	1	
<i>loteprednol</i>	1	
MAXIDEX	2	
NEVANAC	2	
PRED MILD	2	
<i>prednisolone acetate</i>	1	
PREDNISOLONE SODIUM PHOSP	3	
ANTIALLERGICS		
<i>azelastine</i>	1	
<i>bepotastine</i>	1	
<i>cromolyn sodium</i>	1	
<i>loteprednol</i>	1	
<i>olopatadine</i>	1	
ZERVIAE	2	
ANTIGLAUCOMA BETA-BLOCKERS		
BETIMOL	2	
BETOPTIC S	2	
<i>levobunolol hcl</i>	1	
<i>timolol hemihydrate</i>	1	
<i>timolol maleate</i>	1	
ANTIGLAUCOMA COMBINATION AGENTS		
<i>brimonidine-timolol soln 0.2-0.5%</i>	1	
<i>dorzolamide-timolol sol 22.3-6.8 mg/ml pf</i>	1	
<i>dorzolamide-timolol soln 22.3-6.8 mg/ml</i>	1	
ROCKLATAN	2	
SIMBRINZA	2	
CARBONIC ANHYDRASE INHIBITORS		
<i>brinzolamide</i>	1	
<i>dorzolamide</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DRY EYE DISEASE		
<i>cyclosporine (ophth)</i>	1	
RESTASIS	2	
VEVYE	2	
XIIDRA	2	
PROSTAGLANDINS		
<i>latanoprost</i>	1	
LUMIGAN	2	
<i>tafluprost</i>	1	
<i>travoprost</i>	1	
RETINAL DISORDERS		
BYOOVIZ	2	
RHO KINASE INHIBITORS		
RHOPRESSA	2	
SYMPATHOMIMETICS		
ALPHAGAN P	2	
<i>brimonidine</i>	1	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
ARALAST NP	2	
GLASSIA	2	
ZEMAIRA	2	
ANAPHYLAXIS TREATMENT AGENTS		
AUVI-Q	2	
<i>epinephrine</i>	1	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	
BEVESPI AEROSPHERE	2	
<i>ipratropium-albuterol inhalation solution 0.5-2.5(3) mg/3ml</i>	1	
STIOLTO RESPIMAT	2	
<i>umeclidinium-vilanterol</i>	1	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS		
BREZTRI AEROSPHERE	2	
TRELEGY ELLIPTA	2	
ANTICHOLINERGICS		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
<i>ipratropium bromide (nasal)</i>	1	
<i>ipratropium inhalation</i>	1	
SPIRIVA	2	
<i>tiotropium bromide monohydrate</i>	1	
YUPELRI	2	

Drug Name	Drug Tier	Requirements/Limits
ANTI HISTAMINE COMBINATIONS		
azelastine-fluticasone nasal spray 137-50 mcg/act	1	
ANTI HISTAMINES		
azelastine	1	
clemastine fumarate	1	
cyproheptadine hcl	1	
hydroxyzine hcl	1	
levocetirizine	1	
olopatadine	1	
BETA AGONISTS		
albuterol inhalation solution	1	
albuterol sulfate	1	
albuterol sulfate cfc-free	1	
formoterol inhalation solution	1	
levalbuterol tartrate cfc-free	1	
SEREVENT	2	
STRIVERDI RESPIMAT	2	
terbutaline sulfate	1	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
DUPIXENT	2	
NUCALA	2	Except lyophilized powder
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS		
DUPIXENT	2	
NUCALA	2	Except lyophilized powder
XOLAIR	2	
COLD/COUGH		
benzonatate	1	
hydrocodone bitartrate-homatropine methylbromide	1	
promethazine w/codeine	1	
promethazine-dm	1	
pseudoephed-bromphen-dm	1	
CYSTIC FIBROSIS		
tobramycin inhalation solution	1	
LEUKOTRIENE MODIFIERS		
zileuton ext-rel	1	
LEUKOTRIENE RECEPTOR ANTAGONISTS		
montelukast	1	
zafirlukast	1	
MAST CELL STABILIZERS		
cromolyn sodium	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>roflumilast</i>	1	
NASAL STEROIDS		
<i>flunisolide</i>	1	
<i>fluticasone</i>	1	
<i>mometasone</i>	1	
XHANCE	2	
PULMONARY FIBROSIS AGENTS		
OFEV	2	
<i>pirfenidone</i>	1	
SEVERE ASTHMA AGENTS		
DUPIXENT	2	
FASENRA	2	
NUCALA	2	Except lyophilized powder
TEZSPIRE	2	
XOLAIR	2	
STEROID INHALANTS		
ARNUITY ELLIPTA	2	
<i>budesonide inhalation</i>	1	
FLOVENT HFA	2	
<i>fluticasone propionate diskus</i>	1	
<i>fluticasone propionate hfa</i>	1	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA	2	
BREO ELLIPTA	2	
<i>breyna aer 80-4.5 mcg/act</i>	1	
<i>breyna aer 160-4.5 mcg/act</i>	1	
<i>budesonide-formoterol aer 80-4.5 mcg/act</i>	1	
<i>budesonide-formoterol aer 160-4.5 mcg/act</i>	1	
<i>fluticasone furoate-vilanterol</i>	1	
<i>fluticasone-salmeterol</i>	1	
SYMBICORT	2	
XANTHINES		
<i>theophylline</i>	1	
TOPICAL		
DERMATOLOGY, ACNE		
ABSORICA	2	
<i>adapalene</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	2	
ARAZLO	2	
BENZAC AC WASH	3	

Drug Name	Drug Tier	Requirements/Limits
BENZAMYCIN	3	
<i>benzoyl peroxide</i>	1	
<i>clindamycin</i>	1	
<i>clindamycin phosphate-benzoyl peroxide</i>	1	
<i>clindamycin phosphate-tretinoin</i>	1	
<i>clindamycin-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	
<i>clindamycin-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>dapsone (topical)</i>	1	
EPIDUO	2	
EPIDUO FORTE	2	
<i>erythromycin</i>	1	
<i>erythromycin-benzoyl peroxide gel 5-3%</i>	1	
<i>isotretinoin</i>	1	
KLARON	3	
RETIN-A	3	
<i>sulfacetamide sodium (acne)</i>	1	
<i>tazarotene</i>	1	
<i>tretinoin</i>	1	
TWYNEO	2	
WINLEVI	2	
DERMATOLOGY, ACTINIC KERATOSIS		
<i>fluorouracil</i>	1	
<i>imiquimod</i>	1	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin</i>	1	
<i>mupirocin</i>	1	
<i>silver sulfadiazine</i>	1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i>	1	
<i>clotrimazole</i>	1	
<i>econazole</i>	1	
<i>ketoconazole</i>	1	
<i>luliconazole</i>	1	
<i>naftifine</i>	1	
<i>nystatin</i>	1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	
<i>calcipotriene</i>	1	
<i>calcipotriene-betamethasone oint 0.005-0.064%</i>	1	
<i>calcipotriene-betamethasone susp 0.005-0.064%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENSTILAR	2	
<i>methoxsalen</i>	1	
<i>tazarotene</i>	1	
VTAMA	2	
ZORYVE	2	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole</i>	1	
<i>selenium sulfide</i>	1	
ZORYVE	2	
DERMATOLOGY, ATOPIC DERMATITIS		
CIBINQO	2	
DUPIXENT	2	
EBGLYSS	2	
EUCRISA	2	
NEMLUVIO	2	
OPZELURA	2	
<i>pimecrolimus</i>	1	
RINVOQ	2	
<i>tacrolimus</i>	1	
VTAMA	2	
ZORYVE	2	
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA		
DUPIXENT	2	
XOLAIR	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate (topical)</i>	1	
<i>betamethasone dipropionate augmented</i>	1	
<i>betamethasone valerate</i>	1	
BRYHALI	2	
<i>clobetasol</i>	1	
<i>clobetasol propionate</i>	1	
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
<i>fluocinolone acetonide</i>	1	
<i>fluocinonide</i>	1	
<i>fluticasone propionate</i>	1	
<i>halobetasol</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone</i>	1	
<i>triamcinolone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine</i>	1	
<i>lidocaine-prilocaine</i>	1	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>lactic acid (ammonium lactate)</i>	1	
<i>podofilox</i>	1	
DERMATOLOGY, PRURIGO NODULARIS		
DUPIXENT	2	
NEMLUVIO	2	
DERMATOLOGY, ROSACEA		
<i>azelaic acid</i>	1	
<i>brimonidine</i>	1	
<i>doxycycline monohydrate delayed-rel capsule</i>	1	
FINACEA	2	
<i>ivermectin</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole</i>	1	
DERMATOLOGY, SCABICIDES AND PEDICULICIDES		
<i>ivermectin (pediculicide)</i>	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	1	
<i>clotrimazole</i>	1	
EPISIL	2	
<i>lidocaine viscous</i>	1	
MUGARD	2	
<i>nystatin (mouth-throat)</i>	1	
<i>pilocarpine hcl (oral)</i>	1	
<i>triamcinolone acetonide (mouth)</i>	1	
OTIC		
<i>acetic acid</i>	1	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin b-hydrocortisone otic soln 1%</i>	1	
<i>neomycin-polymyxin b-hydrocortisone otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic</i>	1	

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