



2027 Core Elite Formulary Effective 01/01/2027

The Core Elite Formulary includes common FDA-approved **generic (Tier 1), brand preferred (Tier 2), brand non-preferred (Tier 3) and Non-Covered/Excluded (Tier 4)** drugs within select therapeutic categories. **This document is not a complete list of medications, nor may be covered by your plan.** Please refer to your benefit plan documents provided by your employer or plan sponsors for benefit coverage and restrictions. Prior authorization, step therapy or quantity limit on covered medications may apply.

Non-Covered/Excluded (Tier 4) Drugs: Talk with your healthcare provider and consider filling one of the covered (generic, brand preferred or brand non-preferred) alternatives. If the non-covered drug is deemed medically necessary and you or the healthcare provider would like to request an exception, a prior authorization is required. If approved, the drug will be covered at a pre-determined cost-sharing level.

The Core Elite Formulary list is revised periodically as new drugs and new prescribing information becomes available and may change at any time during the year. You may receive notice when necessary. To get updated formulary information covered by your plan, please contact us at 1-800-710-9341.

RESTRICTIONS/LIMITATIONS

Southern Scripts incorporates drug utilization management programs such as prior authorization, step therapy and quantity limits. Some covered generics and brand medications may enforce these coverage restrictions or limitations.

Prior Authorization (PA): it is a program that promotes the use of safe, effective and reasonably-priced drug therapy. This ensures the member has met specific criteria based on the most current evidence-based medical literature and prescription drugs are prescribed appropriately and are medically necessary. Your healthcare provider is required to provide additional medical information to determine coverage. If your prior authorization is denied, please consult with your healthcare provider if the alternative, preferred drug therapy is appropriate for you.

Step Therapy (ST): it is a program that requires members to initially try preferred, medically proven and less expensive prescription drugs before “stepping up” to more expensive drugs. The goal of step therapy is to control costs and to save dollars for both member and plan. Step Therapy is an automatic process in our system, however, some costly, step therapy drugs will require a prior authorization.

Quantity Limit (QL): it is a program that ensures the drug is prescribed correctly and safely. Generics and Brands may be limited to a certain quantity per month or over a specific amount of time. We use FDA-approved recommendations and clinical guidelines to set our quantity limits. A prior authorization will be required if the drug is beyond our quantity limit and will require documentation as to why you need to exceed the quantity limit.

HOW TO USE THIS FORMULARY

Note: Some benefits may require a deductible be met before copays apply. Please refer to your benefit plan documents for additional information.

Legend:

Tier 1= Generics

Tier 2 = Brand Preferred

Tier 3 = Brand Non-Preferred

Tier 4 = Formulary Exclusion, Not Covered

Generics (Tier 1) - \$

Generics are shown in lower-case and **boldface** type. They are as safe and effective as brands at a reduced cost. Not all generics may be included in the Core Elite Formulary. Some generics are followed by a reference brand drug in (parentheses). The reference brand drug is not classified as a generic, rather the intent is for completion purposes. Specialty Generics are listed as generics and are subject to a specialty generic copay. Restrictions/Limitations (PA, ST, QL) may apply.

Brands (Tier 2, 3) - \$\$ - \$\$\$

Brand drugs are shown in UPPERCASE type. They are a higher cost than generics. Not all brands are included in the Core Elite Formulary. Specialty brand drugs are listed as brand preferred and brand non-preferred and are subject to a specialty copay. Restrictions/Limitations (PA, ST, QL) may apply.

Formulary Exclusion, Not Covered (Tier 4) - \$\$\$\$

Not Covered drugs are shown in UPPERCASE type. Talk with your healthcare provider and consider filling one of the covered (generic, brand preferred or brand non-preferred) alternatives. If the non-covered drug is deemed medically necessary and you or the healthcare provider would like to request an exception, a prior authorization is required. If approved, the drug will be covered at a pre-determined cost-sharing level.

Label Name	Tier	Requirements/Limits
*5-HT3 Receptor Antagonists**		
ANZEMET	3	PA
<i>granisetron hcl</i>	1	
GRANISOL	4	
<i>ondansetron</i>	1	
<i>ondansetron hcl</i>	1	
SANCUSO	3	PA
*5-HT4 Receptor Agonists**		
MOTEGRITY	4	PA
<i>prucalopride succinate</i>	1	
*Abortifacients/Agents for Cervical Ripening**		
<i>carboprost tromethamine</i>	1	
CERVIDIL	3	
*ACE Inhibitors**		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate</i>	1	
EPANED	4	PA
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
QBRELIS	3	PA
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC	4	
ZESTRIL	4	
*Acidifiers**		
K-PHOS NO 2	2	
*Acne Products**		
ABSORICA CAPSULE ORAL 10 MG, 20 MG, 30 MG, 40 MG	4	
ABSORICA CAPSULE ORAL 25 MG, 35 MG	4	PA
ABSORICA LD	2	PA
ACANYA	4	PA
<i>accutane</i>	1	
ACZONE	4	PA
<i>adapalene</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	
ALTRENO	4	
<i>amnesteam</i>	1	
AMZEEQ	3	PA
ARAZLO	4	PA
ATRALIN	4	
AZELEX	3	
<i>benzoyl peroxide-erythromycin</i>	1	
CABTREO	3	PA
<i>claravis</i>	1	
CLEOCIN-T	4	PA
<i>clindacin</i>	1	
<i>clindacin etz</i>	1	

Label Name	Tier	Requirements/Limits
<i>clindacin-p</i>	1	
CLINDAGEL	4	PA
<i>clindamycin phos-benzoyl perox</i>	1	
<i>clindamycin phosphate</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
DIFFERIN	4	
EPIDUO	4	PA
EPIDUO FORTE	4	PA
EPSOLAY	4	PA
<i>erythromycin</i>	1	
<i>isotretinoin</i>	1	
KLARON	4	PA
<i>neuac</i>	1	
ONEXTON	4	PA
PLEXION CLEANSER	4	PA
RETIN-A	4	
RETIN-A MICRO PUMP	4	PA
<i>sulfacetamide sodium-sulfur</i>	1	
<i>sulfacetamide sod-sulfur wash</i>	1	
<i>tazarotene</i>	1	
<i>tretinoin cream</i>	1	
<i>tretinoin gel</i>	1	
<i>tretinoin microsphere</i>	1	
<i>tretinoin microsphere pump</i>	1	
TWYNEO	4	PA
WINLEVI	3	
<i>zenatane</i>	1	
ZIANA	4	PA
*Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors**		
NEXLETOL	2	PA
*Adrenal Steroid Inhibitors**		
ISTURISA	3	Specialty; PA
RECORLEV	3	Specialty; PA
*Agents for Chemical Dependency**		
<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	
<i>lofexidine hcl</i>	1	
LUCEMYRA	3	
*Agents for Chronic Idiopathic Constipation (CIC)**		
TRULANCE	2	
*Agents for External Genital and Perianal Warts**		
VEREGEN	3	PA
*Agents for Gaucher Disease**		
CERDELGA	2	Specialty; PA
<i>miglustat</i>	1	Specialty; PA
<i>yargesa</i>	1	Specialty; PA
ZAVESCA	4	Specialty; PA
*Agents for Pheochromocytoma**		
<i>metyrosine</i>	1	
<i>phenoxybenzamine hcl</i>	1	
*Agents for Sickle Cell Disease**		
DROXIA	3	Specialty; PA
ENDARI	3	Specialty; PA

Label Name	Tier	Requirements/Limits
<i>l-glutamine</i>	1	Specialty; PA
SIKLOS	3	Specialty; PA
XROMI	3	Specialty; PA
*Aldosterone Synthase Inhibitors**		
BAXFENDY	3	PA
*Alkalinizers**		
CYTRA K CRYSTALS	4	
ORACIT	4	
<i>pot & sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sod citrate-citric acid</i>	1	
<i>sodium citrate-citric acid</i>	1	
TRICITRATES	4	
UROCIT-K 10	4	
UROCIT-K 15	4	
*Alkylating Agents**		
<i>cyclophosphamide capsule</i>	1	Specialty
<i>cyclophosphamide solution reconstituted</i>	1	
<i>cyclophosphamide tablet</i>	1	Specialty
GLEOSTINE	2	Specialty; PA
LEUKERAN	2	Specialty; PA
<i>lomustine</i>	1	Specialty; PA
MYLERAN	2	Specialty; PA
<i>temozolomide</i>	1	Specialty
*Alpha-2 Receptor Antagonists (Tetracyclics)**		
<i>mirtazapine</i>	1	
REMERON	4	
REMERON SOLTAB	4	
*Alpha-Beta Blockers**		
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	1	
COREG	4	
COREG CR	4	
<i>labetalol hcl</i>	1	
*Alpha-Glucosidase Inhibitors**		
<i>acarbose</i>	1	
<i>miglitol</i>	1	
*Alpha-Proteinase Inhibitor (Human)**		
GLASSIA	3	Specialty; PA
*ALS Agents**		
RADICAVA ORS	3	Specialty; PA
RADICAVA ORS STARTER KIT	3	Specialty; PA
<i>riluzole</i>	1	Specialty
TEGLUTIK	4	Specialty; PA
TIGLUTIK	3	Specialty; PA
*Alternative Medicine - A's**		
NEOKE RA LIPOIC	4	
*Amebicides**		
SOLOSEC	2	
*Amidinopenicillins**		
PIVYA	4	
*Aminoglycosides**		
<i>amikacin sulfate</i>	1	

Label Name	Tier	Requirements/Limits
ARIKAYCE	3	Specialty; PA
BETHKIS	3	Specialty; PA
HUMATIN	2	
KITABIS PAK (W/ NEBULIZER)	3	Specialty; PA
<i>neomycin sulfate</i>	1	
TOBI	4	Specialty; PA
TOBI PODHALER	3	Specialty; PA
<i>tobramycin nebulization solution</i>	1	Specialty; PA
<i>tobramycin sulfate</i>	1	
*Aminomethylcyclines**		
NUZYRA	3	PA
*Aminopenicillins**		
<i>amoxicillin</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
*AMPA Glutamate Receptor Antagonists**		
FYCOMPA	3	
<i>perampanel</i>	1	
*Amphetamines**		
ADDERALL	4	
ADDERALL XR	3	
ADZENYS XR-ODT	4	PA
<i>amphetamine er</i>	1	
<i>amphetamine sulfate</i>	1	
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>amphet-dextroamphet 3-bead er</i>	1	
ARYNTA	4	PA
DEXEDRINE	4	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
DYANAVEL XR	4	PA
EVEKEO	4	PA
<i>lisdexamfetamine dimesylate</i>	1	
<i>methamphetamine hcl</i>	1	
MYDAYIS	4	PA
<i>procentra</i>	1	
VYVANSE CAPSULE	4	
VYVANSE TABLET CHEWABLE	4	PA
XELSTRYM	4	PA
<i>zenzedi</i>	1	
*Analgesic Combinations**		
ALLZITAL	1	
<i>bac (butalbital-acetamin-caff)</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-apap-caffeine capsule</i>	1	
<i>butalbital-apap-caffeine solution</i>	3	
<i>butalbital-apap-caffeine tablet</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
FIORICET	4	
TENCON	3	
*Analgesics - Anti-inflammatory Combinations**		
PRASTERA	4	
*Analgesics - Sodium Channel Pain Signal Inhibitors**		

Label Name	Tier	Requirements/Limits
JOURNAVX	3	PA
*Analgesics Other**		
LOTREXONE	4	
NALTREX	4	
*Anaphylaxis Therapy Agents**		
AUVI-Q	2	
<i>epinephrine</i>	1	
EPIPEN 2-PAK	4	
EPIPEN JR 2-PAK	4	
NEFFY	4	
*Androgens**		
ANDROGEL PUMP	4	
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
JATENZO	4	PA
KYZATREX	4	PA
METHITEST	3	
<i>methyltestosterone</i>	1	
NATESTO	4	PA
TESTIM	4	
TESTONE CIK	4	
<i>testosterone</i>	1	
<i>testosterone cypionate</i>	1	
<i>testosterone enanthate</i>	1	
TLANDO	4	PA
VOGELXO	4	
VOGELXO PUMP	4	
XYOSTED	3	PA
*Angiotensin II Receptor Antagonists**		
ARBLI	3	
ATACAND	4	
AVAPRO	4	
<i>azilsartan medoxomil</i>	1	
BENICAR	4	
<i>candesartan cilexetil</i>	1	
COZAAR	4	
DIOVAN	4	
EDARBI	3	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
MICARDIS	4	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan</i>	1	
*Anthelmintics**		
<i>albendazole</i>	1	
<i>benznidazole</i>	1	
BILTRICIDE	4	
EMVERM	3	PA
<i>ivermectin tablet oral 3 mg</i>	1	
<i>ivermectin tablet oral 6 mg</i>	3	
<i>praziquantel</i>	1	
STROMECTOL	4	PA
*Anti-Cataplectic Agents**		

Label Name	Tier	Requirements/Limits
LUMRYZ	3	Specialty
LUMRYZ STARTER PACK	3	Specialty
<i>sodium oxybate</i>	1	Specialty
XYREM	4	Specialty
XYWAV	3	Specialty
*Anti-infective Agents - Misc.**		
IMPAVIDO	2	PA
LIKMEZ	4	PA
<i>metronidazole</i>	1	
NEBUPENT	4	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN TABLET ORAL 200 MG	3	PA
XIFAXAN TABLET ORAL 550 MG	2	PA
*Anti-infective Misc. - Combinations**		
BACTRIM	4	
BACTRIM DS	4	
MB CAPS	1	
ME/NAPHOS/MB/HYO1	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim pediatric</i>	1	
URELLE	1	
URETRON D/S	1	
URIBEL	4	
URIMAR-T	1	
UROGESIC-BLUE	4	
URO-MP	1	
VILAMIT MB	1	
VILEVEV MB	1	
*Anti-inflammatory Agents - Topical**		
<i>diclofenac epolamine</i>	1	
<i>diclofenac sodium</i>	1	
FLECTOR	3	
*Anti-Inflammatory Agents**		
<i>cromolyn sodium</i>	1	
*Anti-TNF-alpha - Monoclonal Antibodies**		
ABRILADA (1 PEN)	4	Specialty; PA
ABRILADA (2 PEN)	4	Specialty; PA
ABRILADA (2 SYRINGE)	4	Specialty; PA
<i>adalimumab-aacf (2 pen)</i>	3	Specialty; PA
<i>adalimumab-aacf (2 syringe)</i>	3	Specialty; PA
<i>adalimumab-aacf(cd/uc/hs strt)</i>	3	Specialty; PA
<i>adalimumab-aacf(ps/uv starter)</i>	3	Specialty; PA
<i>adalimumab-aaty (1 pen)</i>	1	Specialty; PA
<i>adalimumab-aaty (2 pen)</i>	1	Specialty; PA
<i>adalimumab-aaty (2 syringe)</i>	1	Specialty; PA
<i>adalimumab-aaty cd/uc/hs start</i>	1	Specialty; PA
<i>adalimumab-adaz</i>	1	Specialty; PA
<i>adalimumab-adbm (2 pen)</i>	3	Specialty; PA
<i>adalimumab-adbm (2 syringe)</i>	3	Specialty; PA
<i>adalimumab-bwwd</i>	3	Specialty; PA
<i>adalimumab-fkjp (2 pen)</i>	3	Specialty; PA
<i>adalimumab-fkjp (2 syringe)</i>	3	Specialty; PA

Label Name	Tier	Requirements/Limits
<i>adalimumab-ryvk (1 pen)</i>	3	Specialty; PA
<i>adalimumab-ryvk (2 pen)</i>	3	Specialty; PA
<i>adalimumab-ryvk (2 syringe)</i>	3	Specialty; PA
AMJEVITA	4	Specialty; PA
AMJEVITA-PED 10KG TO <15KG	4	Specialty; PA
AMJEVITA-PED 15KG TO <30KG	4	Specialty; PA
CYLTEZO (2 PEN)	4	Specialty; PA
CYLTEZO (2 SYRINGE)	4	Specialty; PA
HADLIMA	2	Specialty; PA
HADLIMA PUSH TOUCH	2	Specialty; PA
HULIO (2 PEN)	4	Specialty; PA
HULIO (2 SYRINGE)	4	Specialty; PA
HUMIRA (2 PEN)	4	Specialty; PA
HUMIRA (2 SYRINGE)	4	Specialty; PA
HUMIRA-CD/UC/HS STARTER	4	Specialty; PA
HUMIRA-PSORIASIS/UEIT STARTER	4	Specialty; PA
HYRIMOZ	4	Specialty; PA
HYRIMOZ-CROHNS/UC STARTER	4	Specialty; PA
HYRIMOZ-PED<40KG CROHN STARTER	4	Specialty; PA
HYRIMOZ-PED>=40KG CROHN START	4	Specialty; PA
HYRIMOZ-PLAQ PSOR/UEIT START	4	Specialty; PA
HYRIMOZ-PLAQUE PSORIASIS START	4	Specialty; PA
SIMLANDI (1 PEN)	2	Specialty; PA
SIMLANDI (2 PEN)	2	Specialty; PA
SIMLANDI (2 SYRINGE)	2	Specialty; PA
SIMPONI SOLUTION AUTO-INJECTOR SUBCUTANEOUS 100 MG/ML	2	Specialty; PA
SIMPONI SOLUTION AUTO-INJECTOR SUBCUTANEOUS 50 MG/0.5ML	4	Specialty; PA
SIMPONI SOLUTION PREFILLED SYRINGE SUBCUTANEOUS 100 MG/ML	2	Specialty; PA
SIMPONI SOLUTION PREFILLED SYRINGE SUBCUTANEOUS 50 MG/0.5ML	4	Specialty; PA
YUFLYMA (1 PEN)	4	Specialty; PA
YUFLYMA (2 PEN)	4	Specialty; PA
YUFLYMA (2 SYRINGE)	4	Specialty; PA
YUFLYMA-CD/UC/HS STARTER	4	Specialty; PA
YUSIMRY	4	Specialty; PA
*Antidiuretic Antihypertensives**		
CARDURA	4	
CATAPRES-TTS-1	4	
CATAPRES-TTS-2	4	
CATAPRES-TTS-3	4	
<i>clonidine</i>	1	
<i>clonidine er</i>	1	
<i>clonidine hcl</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
JAVADIN	4	PA
<i>methyl dopa</i>	1	
NEXICLON XR	3	PA
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
TEZRULY	3	PA

Label Name	Tier	Requirements/Limits
*Antianginals-Other**		
<i>ranolazine er</i>	1	
*Antianxiety Agents - Misc.**		
BUCAPSOL	3	PA
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
*Antiarrhythmics Type I-A**		
<i>disopyramide phosphate</i>	1	
NORPACE	3	
NORPACE CR	3	
<i>procainamide hcl</i>	1	
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
*Antiarrhythmics Type I-B**		
<i>mexiletine hcl</i>	1	
*Antiarrhythmics Type I-C**		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
*Antiarrhythmics Type III**		
<i>amiodarone hcl</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
TIKOSYN	4	
*Antiasthmatic - Monoclonal Antibodies**		
EXDENSUR	4	Specialty; PA
FASENRA PEN	2	Specialty; PA
NUCALA	2	Specialty; PA
TEZSPIRE	2	Specialty; PA
XOLAIR	2	Specialty; PA
*Antibiotics - Topical**		
<i>gentamicin sulfate</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
NEO-SYNALAR	3	PA
XEPI	4	
*Anticoagulants - Misc.**		
<i>sodium citrate</i>	1	
*Anticonvulsants - Benzodiazepines**		
<i>clobazam</i>	1	
<i>clonazepam</i>	1	
<i>diazepam</i>	1	
KLONOPIN	4	
<i>midazolam</i>	1	
NAYZILAM	3	
ONFI	4	
SYMPAZAN	3	
VALTOCO 10 MG DOSE	3	
VALTOCO 15 MG DOSE	3	
VALTOCO 20 MG DOSE	3	
VALTOCO 5 MG DOSE	3	
*Anticonvulsants - Misc.**		

Label Name	Tier	Requirements/Limits
APTIOM	2	
BANZEL	4	
<i>brivaracetam</i>	1	
BRIVIACT	3	
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
DIACOMIT	3	Specialty; PA
ELEPSIA XR	4	
EPIDIOLEX	2	Specialty; PA
EPRONTIA	4	PA
<i>eslicarbazepine acetate</i>	1	
FANATREX FUSEPAQ	4	
FINTEPLA	3	Specialty; PA
<i>gabapentin</i>	1	
GABARONE	3	PA
KEPPRA	4	
KEPPRA XR	4	
<i>lacosamide</i>	1	
LAMICTAL	4	
LAMICTAL ODT	4	
LAMICTAL STARTER	4	
LAMICTAL XR KIT	3	
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR	4	
<i>lamotrigine</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam</i>	1	
<i>levetiracetam er</i>	1	
LYRICA	4	
MOTPOLY XR	4	PA
MYSOLINE	3	
NEURONTIN	4	
<i>oxcarbazepine</i>	1	
<i>oxcarbazepine er</i>	1	
OXTELLAR XR	3	
<i>pregabalin</i>	1	
<i>primidone</i>	1	
<i>relgaabi capsule oral 200 mg</i>	4	
<i>relgaabi capsule oral 300 mg, 400 mg</i>	1	
<i>roweepra</i>	1	
<i>rufinamide</i>	1	
SPRITAM	3	
<i>subvenite starter kit-blue</i>	1	
<i>subvenite starter kit-green</i>	1	
<i>subvenite starter kit-orange</i>	1	
SUBVENITE SUSPENSION	3	PA
<i>subvenite tablet</i>	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	4	

Label Name	Tier	Requirements/Limits
TOPAMAX SPRINKLE	4	
<i>topiramate</i>	1	
<i>topiramate er</i>	1	
TRILEPTAL	4	
TROKENDI XR	4	
VIMPAT	4	
ZONEGRAN	4	
ZONISADE	4	
<i>zonisamide</i>	1	
ZTALMY	3	Specialty; PA
*Antidementia Agents**		
ARICEPT	4	
<i>donepezil hcl</i>	1	
EXELON	4	
<i>galantamine hydrobromide</i>	1	
<i>galantamine hydrobromide er</i>	1	
LEQEMBI IQLIK	4	Specialty
<i>memantine hcl</i>	1	
<i>memantine hcl er</i>	1	
<i>memantine hcl-donepezil hcl er</i>	1	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR ORAL 14-10 MG, 28-10 MG	4	PA
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR ORAL 21-10 MG, 7-10 MG	3	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
ZUNVEYL	3	PA
*Antidepressant Combinations**		
AUVELITY	3	PA
*Antidepressants - Misc.**		
APLENZIN	4	PA
<i>bupropion hcl</i>	1	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl)</i>	1	
WELLBUTRIN SR	4	
WELLBUTRIN XL	4	PA
*Antidiabetic Combinations**		
ACTOPLUS MET	4	
<i>alogliptin-metformin hcl</i>	1	
<i>alogliptin-pioglitazone</i>	1	
<i>dapagliflozin-metformin hcl er</i>	1	
<i>dapagliflozin-saxagliptin</i>	1	
DUETACT	4	
<i>glipizide-metformin hcl</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	
INVOKAMET	4	
INVOKAMET XR	4	
JANUMET	2	
JANUMET XR	2	
JENTADUETO	4	
JENTADUETO XR	4	
<i>pioglitazone hcl-glimepiride</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	

Label Name	Tier	Requirements/Limits
<i>saxagliptin-metformin er</i>	1	
SEGLUROMET	4	
<i>sitaglipt base-metform hcl er</i>	1	
<i>sitagliptin base-metformin hcl</i>	1	
<i>sitagliptin phos-metformin hcl</i>	1	
SOLIQUA	2	
STEGLUJAN	4	
SYNJARDY	2	
SYNJARDY XR	2	
TRIJARDY XR	2	
XIGDUO XR	2	
XULTOPHY	2	
ZITUVIMET	4	
ZITUVIMET XR	4	
*Antidiarrheal - Chloride Channel Antagonists**		
MYTESI	3	PA
*Antidiarrheal/Probiotic Agents - Misc.**		
BACILLEX	4	
BILAC	4	
BIOCORE DAILY	4	
BIOCORE IMMUNE+	4	
BIOCORE RESTORE	4	
BIOMEVIA	4	
BIOMEXA	4	
BIOMYRA	4	
BIONARA ULTRA	4	
DERMACINRX PROBISOL	4	
DERMACINRX PROBITRAN	4	
FLORACTIS	4	
FLORAMYRA	4	
FLORRAGUT	4	
GUTSTOR	4	
GUTVANTAGE	4	
GUTVIA	4	
LACTEROL	4	
LACTOVIVE	4	
MICROBIOTA	4	
MICROVARA	4	
MICROVERA	4	
MICROVIA	4	
MICROWELL	4	
MOVYRA	4	
NEXIVA	4	
NOVORA	4	
PAXOTIN	4	
PROBENTRA	4	
PROBINATE	4	
PROBIONYX	4	
PROMELLA IN PREBIOTIC	4	
PRORIVA	4	
RELIBIOTIC	4	
SUREBIOTIC PROBIOTIC SUPPORT	4	
SYMBIARA	4	
SYNBIARA	4	

Label Name	Tier	Requirements/Limits
VALYRA	4	
VIREX	4	
WELLPRO 31	4	
ZELAC	4	
ZENVYRA	4	
*Antidiarrheal/Probiotic Combinations**		
AKKERSTOR	4	
BIOTRELLE	4	
GLYCTERA	4	
PROBICHEW	4	
RESTORA RX	4	
*Antidotes - Chelating Agents**		
CHEMET	2	
<i>deferasirox</i>	1	Specialty; PA
<i>deferasirox granules</i>	1	Specialty; PA
<i>deferiprone</i>	1	Specialty; PA
<i>dimercaptopropane-sulfonate</i>	1	
EXJADE	4	Specialty; PA
FERRIPROX SOLUTION	3	Specialty
FERRIPROX TABLET	4	Specialty; PA
FERRIPROX TWICE-A-DAY	3	Specialty; PA
JADENU	4	Specialty; PA
JADENU SPRINKLE	4	Specialty; PA
*Antidotes and Specific Antagonists**		
VISTOGARD	3	Specialty; PA
*Antiemetics - Anticholinergic**		
<i>dimenhydrinate</i>	1	
<i>meclizine hcl</i>	1	
<i>scopolamine</i>	1	
<i>trimethobenzamide hcl</i>	1	
*Antiemetics - Miscellaneous**		
AKYNZEO	4	PA
BONJESTA	3	PA
DICLEGIS	4	
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	
MARINOL	4	PA
SYNDROS	3	PA
*Antifungals - Topical**		
<i>ciclodan</i>	1	
<i>ciclopirox</i>	1	
<i>ciclopirox olamine</i>	1	
<i>clotrimazole</i>	1	
<i>clotrimazole-betamethasone</i>	1	
<i>econazole nitrate</i>	1	
ECOZA	3	PA
ERTACZO	3	PA
EXELDERM	3	PA
JUBLIA	2	PA
<i>ketoconazole</i>	1	
<i>ketodan</i>	1	
<i>klayesta</i>	1	
<i>luliconazole</i>	1	
LUZU	3	PA

Label Name	Tier	Requirements/Limits
<i>naftifine hcl</i>	1	
NAFTIN	4	PA
<i>nystatin</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT	3	PA
<i>sulconazole nitrate</i>	1	
<i>tavaborole</i>	1	
VUSION	3	PA
*Antifungals**		
ANCOBON	4	
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tablet oral 125 mg, 250 mg</i>	1	
<i>griseofulvin ultramicrosize tablet oral 165 mg</i>	3	
<i>nystatin</i>	1	
<i>terbinafine hcl</i>	1	
*Antihemophilic Products**		
ADVATE	2	Specialty
ADYNOVATE	2	Specialty
AFSTYLA	2	Specialty
ALHEMO	4	Specialty; PA
ALPHANATE	2	Specialty
ALPHANINE SD	2	Specialty
ALPROLIX	2	Specialty
ALTUVIIIIO	2	Specialty
BENEFIX	2	Specialty
COAGADEX	2	Specialty
CORIFACT	2	Specialty
ELOCTATE	2	Specialty
ESPEROCT	2	Specialty
FEIBA	2	Specialty
FESILTY	4	Specialty
FIBRYGA	2	Specialty
HEMLIBRA	2	Specialty; PA
HEMOFIL M	2	Specialty
HUMATE-P	2	Specialty
HYMPAVZI	3	Specialty; PA
IDELVION	2	Specialty
IXINITY	2	Specialty
JIVI	2	Specialty
KOATE	2	Specialty
KOATE-DVI	2	Specialty
KOVALTRY	2	Specialty
NOVOEIGHT	2	Specialty
NOVOSEVEN RT	2	Specialty
NUWIQ	2	Specialty
OBIZUR	2	Specialty
PROFILNINE	2	Specialty
QFITLIA	4	Specialty
REBINYN	2	Specialty

Label Name	Tier	Requirements/Limits
RECOMBINATE	2	Specialty
RIXUBIS	2	Specialty
SEVENFACT	3	Specialty
TRETTEN	2	Specialty
VONVENDI	2	Specialty
WILATE	2	Specialty
XYNTHA	2	Specialty
XYNTHA SOLOFUSE	2	Specialty
*Antihistamines - Alkylamines**		
<i>brompheniramine maleate</i>	1	
CORPHENA	3	PA
RYCLORA	3	PA
*Antihistamines - Ethanolamines**		
<i>carbinoxamine maleate</i>	1	
<i>carbinoxamine maleate er</i>	1	
CARBZAH	3	PA
<i>clemastine fumarate</i>	1	
CLEMSZA	3	
DICOPANOL FUSEPAQ	4	
<i>diphenhydramine hcl</i>	1	
KARBINAL ER	3	PA
<i>ryvent</i>	1	
*Antihistamines - Non-Sedating**		
<i>cetirizine hcl</i>	1	
CLARINEX	4	
<i>desloratadine solution</i>	3	PA
<i>desloratadine tablet</i>	1	
<i>desloratadine tablet disintegrating</i>	1	
<i>levocetirizine dihydrochloride</i>	1	
*Antihistamines - Phenothiazines**		
<i>promethazine hcl</i>	1	
<i>promethegan suppository rectal 12.5 mg, 25 mg</i>	1	
PROMETHEGAN SUPPOSITORY RECTAL 50 MG	3	
*Antihistamines - Piperidines**		
<i>ciproheptadine hcl</i>	1	
*Antihyperlipidemics - Combinations**		
<i>ezetimibe-simvastatin</i>	1	
NEXLIZET	2	PA
VYTORIN	4	
*Antihyperlipidemics - Misc.**		
<i>icosapent ethyl</i>	1	
LOVAZA	4	
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA CAPSULE ORAL 0.5 GM	2	PA
VASCEPA CAPSULE ORAL 1 GM	1	
*Antihypertensive Combinations**		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan-hctz</i>	1	
ATACAND HCT	4	
<i>atenolol-chlorthalidone</i>	1	

Label Name	Tier	Requirements/Limits
AVALIDE	4	
AZOR	4	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
DIOVAN HCT	4	
EDARBYCLOR	3	
<i>enalapril-hydrochlorothiazide</i>	1	
EXFORGE	4	
EXFORGE HCT	4	PA
<i>fosinopril sodium-hctz</i>	1	
HYZAAR	4	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
LOTENSIN HCT	4	
LOTREL	4	
<i>metoprolol-hydrochlorothiazide</i>	1	
MICARDIS HCT	4	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	
PRESTALIA	3	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hctz</i>	1	
<i>trandolapril-verapamil hcl er</i>	1	
TRIBENZOR	4	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	4	
ZESTORETIC	4	
*Antihypertensives - Misc.**		
VECAMYL	2	Specialty; PA
*Antimalarial Combinations**		
<i>atovaquone-proguanil hcl</i>	1	
COARTEM	3	
MALARONE	4	
<i>pyrimethamine-leucovorin</i>	1	
*Antimalarials**		
ARAKODA	3	
<i>chloroquine phosphate</i>	1	
DARAPRIM	4	PA
<i>hydroxychloroquine sulfate</i>	1	
KRINTAFEL	3	
<i>mefloquine hcl</i>	1	
PLAQUENIL	4	
<i>primaquine phosphate</i>	1	
<i>pyrimethamine</i>	1	
<i>quinine sulfate</i>	1	
SOVUNA	3	
*Antimanic Agents**		
<i>lithium</i>	1	
<i>lithium carbonate</i>	1	

Label Name	Tier	Requirements/Limits
<i>lithium carbonate er</i>	1	
LITHOBID	3	
*Antimetabolites**		
<i>azacitidine</i>	1	Specialty
<i>capecitabine</i>	1	Specialty
JYLAMVO	3	
<i>mercaptopurine</i>	1	Specialty
<i>methotrexate</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
ONUREG	3	Specialty
PURIXAN	2	Specialty
TABLOID	2	Specialty; PA
TREXALL	3	
XATMEP	3	
*Antimyasthenic/Cholinergic Agents**		
FIRDAPSE	3	Specialty; PA
MESTINON	4	
<i>pyridostigmine bromide</i>	1	
<i>pyridostigmine bromide er</i>	1	
*Antimycobacterial Agents**		
<i>cycloserine</i>	1	
<i>ethambutol hcl</i>	1	
<i>isoniazid</i>	1	
<i>pretomanid</i>	1	
PRIFTIN	2	
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin</i>	1	
RIFAMPIN+SYRSPEND SF	4	
SIRTURO	2	Specialty
*Antineoplastic - Angiogenesis Inhibitors**		
FRUZAQLA	3	Specialty; PA
INLYTA	2	Specialty
LENVIMA (10 MG DAILY DOSE)	2	Specialty
LENVIMA (12 MG DAILY DOSE)	2	Specialty
LENVIMA (14 MG DAILY DOSE)	2	Specialty
LENVIMA (18 MG DAILY DOSE)	2	Specialty
LENVIMA (20 MG DAILY DOSE)	2	Specialty
LENVIMA (24 MG DAILY DOSE)	2	Specialty
LENVIMA (4 MG DAILY DOSE)	2	Specialty
LENVIMA (8 MG DAILY DOSE)	2	Specialty
*Antineoplastic - Anti-HER2 Agents**		
HERNEXEOS	3	Specialty; PA
TUKYSA	3	Specialty
*Antineoplastic - Antibodies**		
LUNSUMIO VELO	4	Specialty; PA
*Antineoplastic - BCL-2 Inhibitors**		
VENCLEXTA	2	Specialty; PA
VENCLEXTA STARTING PACK	2	Specialty
*Antineoplastic - EGFR Inhibitors**		
<i>erlotinib hcl</i>	1	Specialty
<i>gefitinib</i>	1	Specialty
GILOTRIF	2	Specialty

Label Name	Tier	Requirements/Limits
IRESSA	4	Specialty
LAZCLUZE	2	Specialty; PA
TAGRISO	2	Specialty
VIZIMPRO	3	Specialty
*Antineoplastic - Hedgehog Pathway Inhibitors**		
DAURISMO	3	Specialty; PA
ERIVEDGE	2	Specialty; PA
ODOMZO	2	Specialty; PA
*Antineoplastic - Hormonal and Related Agents**		
<i>abiraterone acetate</i>	1	Specialty; PA
<i>abirtega</i>	1	Specialty; PA
AKEEGA	3	Specialty; PA
<i>anastrozole</i>	1	
ARIMIDEX	4	
AROMASIN	4	
<i>bicalutamide</i>	1	Specialty
CAMCEVI	4	Specialty; PA
CASODEX	4	Specialty
ELIGARD	3	Specialty; PA
ERLEADA	2	Specialty; PA
EULEXIN	3	Specialty
<i>exemestane</i>	1	
FARESTON	4	Specialty
FEMARA	4	
<i>fulvestrant</i>	1	Specialty
INLURIYO	3	Specialty; PA
<i>letrozole</i>	1	
<i>leuprolide acetate</i>	1	Specialty; PA
<i>leuprolide acetate-bupivacaine</i>	1	
LIFYORLI (125 MG DOSE)	4	Specialty; PA
LIFYORLI (150 MG DOSE)	4	Specialty; PA
LUPRON DEPOT (1-MONTH)	2	Specialty; PA
LUPRON DEPOT (3-MONTH)	2	Specialty; PA
LUPRON DEPOT (4-MONTH)	2	Specialty; PA
LUPRON DEPOT (6-MONTH)	2	Specialty; PA
LYSODREN	2	Specialty
<i>megestrol acetate</i>	1	
<i>nilutamide</i>	1	Specialty; PA
NUBEQA	2	Specialty; PA
ORGOVYX	3	Specialty; PA
ORSERDU	3	Specialty; PA
SOLTAMOX	2	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	1	Specialty
VABRINTY	4	Specialty; PA
VEPPANU	4	Specialty; PA
XTANDI CAPSULE	2	Specialty; PA
XTANDI TABLET	2	Specialty
YONSA	2	Specialty; PA
ZYTIGA	4	Specialty; PA
*Antineoplastic - Hypoxia-Inducible Factor Inhibitors**		
WELIREG	3	Specialty
*Antineoplastic - Immunomodulators**		
<i>pomalidomide</i>	1	Specialty; PA

Label Name	Tier	Requirements/Limits
POMALYST	2	Specialty; PA
*Antineoplastic - Menin Inhibitors**		
KOMZIFTI	3	Specialty; PA
REVUFORJ	3	Specialty; PA
*Antineoplastic - PDGFR-alpha Inhibitors**		
AYVAKIT	2	Specialty
*Antineoplastic - Protease Activators**		
MODEYSO	3	Specialty; PA
*Antineoplastic - XPO1 Inhibitors**		
XPOVIO (100 MG ONCE WEEKLY)	3	Specialty; PA
XPOVIO (40 MG ONCE WEEKLY)	3	Specialty; PA
XPOVIO (40 MG TWICE WEEKLY)	3	Specialty; PA
XPOVIO (60 MG ONCE WEEKLY)	3	Specialty; PA
XPOVIO (60 MG TWICE WEEKLY)	3	Specialty; PA
XPOVIO (80 MG ONCE WEEKLY)	3	Specialty; PA
XPOVIO (80 MG TWICE WEEKLY)	3	Specialty; PA
*Antineoplastic Combinations**		
AVMAPKI FAKZYNJA CO-PACK	3	Specialty
INQOVI	3	Specialty
KEYTRUDA QLEX	4	Specialty
LONSURF	2	Specialty; PA
OPDIVO QVANTIG	4	Specialty; PA
RYBREVANT FASPRO	4	Specialty; PA
*Antineoplastic Enzyme Inhibitors**		
AFINITOR	4	Specialty
AFINITOR DISPERZ	4	Specialty; PA
ALECENSA	2	Specialty; PA
ALUNBRIG	2	Specialty; PA
AUGTYRO	3	Specialty; PA
BALVERSA	3	Specialty; PA
BOSULIF	2	Specialty; PA
BRAFTOVI	3	Specialty; PA
BRUKINSA	2	Specialty; PA
CABOMETYX	2	Specialty; PA
CALQUENCE	2	Specialty; PA
CAPRELSA	2	Specialty; PA
COMETRIQ (100 MG DAILY DOSE)	2	Specialty; PA
COMETRIQ (140 MG DAILY DOSE)	2	Specialty; PA
COMETRIQ (60 MG DAILY DOSE)	2	Specialty; PA
COPIKTRA	3	Specialty; PA
COTELLIC	2	Specialty; PA
DANZITEN	4	Specialty; PA
<i>dasatinib</i>	1	Specialty; PA
ENSACOVE	3	Specialty; PA
<i>everolimus tablet oral 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	Specialty
<i>everolimus tablet soluble</i>	1	Specialty; PA
FOTIVDA	3	Specialty
GAVRETO	3	Specialty; PA
GLEEVEC	4	Specialty
GOMEKLI	3	Specialty; PA
HYRNUO	4	Specialty
IBRANCE	2	Specialty; PA
IBTROZI	3	Specialty; PA

Label Name	Tier	Requirements/Limits
ICLUSIG	2	Specialty
IDHIFA	3	Specialty; PA
<i>imatinib mesylate</i>	1	Specialty
IMBRUVICA	2	Specialty
IMKELDI	4	Specialty; PA
INREBIC	3	Specialty; PA
ITOVEBI	2	Specialty; PA
JAKAFI	2	Specialty; PA
JAKAFI XR	2	Specialty; PA
JAYPIRCA	3	Specialty; PA
JIDEYTRO	4	Specialty; PA
KISQALI (200 MG DOSE)	2	Specialty
KISQALI (400 MG DOSE)	2	Specialty
KISQALI (600 MG DOSE)	2	Specialty
KOSELUGO	2	Specialty
KRAZATI	3	Specialty; PA
<i>lapatinib ditosylate</i>	1	Specialty
LORBRENA	3	Specialty; PA
LUMAKRAS	3	Specialty; PA
LYNPARZA	2	Specialty
LYTGOBI (12 MG DAILY DOSE)	3	Specialty
LYTGOBI (16 MG DAILY DOSE)	3	Specialty
LYTGOBI (20 MG DAILY DOSE)	3	Specialty
MEKINIST SOLUTION RECONSTITUTED	2	Specialty
MEKINIST TABLET	2	Specialty; PA
MEKTOVI	3	Specialty; PA
NERLYNX	3	Specialty; PA
NEXAVAR	4	Specialty; PA
<i>nilotinib d-tartrate</i>	1	
<i>nilotinib hcl</i>	1	Specialty
NINLARO	2	Specialty; PA
OGSIVEO	2	Specialty; PA
OJEMDA	3	Specialty; PA
OJJAARA	3	Specialty; PA
<i>pazopanib hcl</i>	1	Specialty
PEMAZYRE	3	Specialty
PHYRAGO	4	Specialty; PA
PIQRAY (200 MG DAILY DOSE)	2	Specialty
PIQRAY (250 MG DAILY DOSE)	2	Specialty
PIQRAY (300 MG DAILY DOSE)	2	Specialty
QINLOCK	3	Specialty
RASONQUE	4	Specialty; PA
RETEVMO	2	Specialty; PA
REZLIDHIA	3	Specialty; PA
ROMVIMZA	2	Specialty; PA
ROZLYTREK	2	Specialty
RUBRACA	2	Specialty; PA
RYDAPT	2	Specialty; PA
SCSEMBLIX	2	Specialty; PA
<i>sorafenib tosylate</i>	1	Specialty; PA
SPRYCEL	2	Specialty; PA
STIVARGA	2	Specialty; PA
<i>sunitinib malate</i>	1	Specialty; PA
SUTENT	4	Specialty; PA

Label Name	Tier	Requirements/Limits
TABRECTA	2	Specialty
TAFINLAR	2	Specialty
TALZENNA	2	Specialty; PA
TASIGNA	2	Specialty
TEPMETKO	2	Specialty
TIBSOVO	2	Specialty
<i>torpenz</i>	1	Specialty
TRUQAP	2	Specialty; PA
TURALIO	3	Specialty
TYKERB	4	Specialty
VANFLYTA	3	Specialty; PA
VELCADE	4	Specialty
VERZENIO	2	Specialty; PA
VITRAKVI CAPSULE	2	Specialty; PA
VITRAKVI SOLUTION	2	Specialty
VONJO	3	Specialty
VORANIGO	2	Specialty; PA
VOTRIENT	2	Specialty
XALKORI	2	Specialty; PA
XOSPATA	3	Specialty
<i>yulithira</i>	1	Specialty
ZEJULA	2	Specialty; PA
ZELBORAF	2	Specialty; PA
ZOLINZA	2	Specialty; PA
ZYDELIG	2	Specialty; PA
ZYKADIA	2	Specialty; PA
*Antineoplastic or Premalignant Lesion Agents - Topical**		
<i>bexarotene</i>	1	Specialty
<i>diclofenac sodium</i>	1	
<i>fluorouracil</i>	1	
PANRETIN	3	
TARGRETIN	4	Specialty
VALCHLOR	2	Specialty
*Antineoplastics Misc.**		
ACTIMMUNE	2	Specialty
BESREMI	2	Specialty; PA
<i>bexarotene</i>	1	Specialty
HYDREA	4	Specialty
<i>hydroxyurea</i>	1	Specialty
MATULANE	2	Specialty; PA
TARGRETIN	4	Specialty
<i>tretinoin capsule</i>	1	Specialty
*Antiparkinson Adjunctive Therapy**		
<i>carbidopa</i>	1	
LODOSYN	4	
NOURIANZ	3	Specialty; PA
*Antiparkinson Anticholinergics**		
<i>benztropine mesylate</i>	1	
<i>trihexyphenidyl hcl</i>	1	
*Antiparkinson COMT Inhibitors**		
<i>entacapone</i>	1	
ONGENTYS	3	
TASMAR	4	
<i>tolcapone</i>	1	

Label Name	Tier	Requirements/Limits
*Antiparkinson Dopaminergics**		
<i>amantadine hcl</i>	1	
APOKYN	3	Specialty; PA
<i>apomorphine hcl</i>	1	Specialty; PA
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
CREXONT	4	PA
DHIVY	4	
DUOPA	3	PA
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR ORAL 137 MG	3	Specialty; PA
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR ORAL 68.5 MG	4	Specialty; PA
INBRIJA	2	Specialty; PA
NEUPRO	3	
ONAPGO	3	Specialty; PA
PARLODEL	4	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
RYTARY	3	PA
SINEMET	4	
VYALEV	3	Specialty
*Antiparkinson Monoamine Oxidase Inhibitors**		
AZILECT	4	PA
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
XADAGO	3	PA
ZELAPAR	3	PA
*Antiperistaltic Agents**		
<i>diphenoxylate-atropine</i>	1	
LOMOTIL	4	
<i>loperamide hcl</i>	1	
MOTOFEN	3	PA
*Antiprotozoal Agents**		
<i>atovaquone</i>	1	
LAMPIT	3	
MEPRON	4	
<i>nitazoxanide</i>	1	
*Antipruritics - Topical**		
<i>doxepin hcl</i>	1	
PRUDOXIN	4	PA
ZONALON	4	PA
*Antipsoriatics**		
<i>acitretin</i>	1	
BIMZELX	3	Specialty; PA
<i>calcipotriene</i>	1	
<i>calcitrene</i>	1	
<i>calcitriol</i>	1	
COSENTYX	2	Specialty; PA
COSENTYX (300 MG DOSE)	2	Specialty; PA

Label Name	Tier	Requirements/Limits
COSENTYX SENSOREADY (300 MG)	2	Specialty; PA
COSENTYX SENSOREADY PEN	2	Specialty; PA
COSENTYX UNOREADY	2	Specialty; PA
ICOTYDE	4	Specialty; PA
IMULDOSA	4	Specialty; PA
<i>methoxsalen rapid</i>	1	
OTULFI	4	Specialty; PA
PYZCHIVA	4	Specialty; PA
SELARSDI	4	Specialty; PA
SILIQ	4	Specialty; PA
SKYRIZI	2	Specialty; PA
SKYRIZI PEN	2	Specialty; PA
SORILUX	3	PA
SOTYKTU	2	Specialty; PA
SPEVIGO	3	Specialty; PA
STARJEMZA SOLUTION PREFILLED SYRINGE	2	Specialty; PA
STARJEMZA SOLUTION SUBCUTANEOUS 45 MG/0.5ML	2	Specialty; PA
STELARA	4	Specialty; PA
STEQEYMA	2	Specialty; PA
TALTZ	4	Specialty; PA
<i>tazarotene</i>	1	
TAZORAC CREAM TOPICAL 0.05 %	2	
TAZORAC CREAM TOPICAL 0.1 %	4	PA
TAZORAC GEL	4	PA
TREMFYA	2	Specialty; PA
TREMFYA ONE-PRESS	2	Specialty; PA
TREMFYA PEN	2	Specialty; PA
<i>ustekinumab</i>	3	Specialty; PA
<i>ustekinumab-aauz</i>	3	Specialty; PA
<i>ustekinumab-aekn</i>	3	Specialty; PA
<i>ustekinumab-ttwe</i>	3	Specialty; PA
VECTICAL	3	
VTAMA	3	
WEZLANA	4	Specialty; PA
YESINTEK	2	Specialty; PA
*Antipsychotics - Misc.**		
CAPLYTA	3	PA
EQUETRO	3	
GEODON CAPSULE	4	
GEODON SOLUTION RECONSTITUTED	4	PA
LATUDA	4	PA
<i>lurasidone hcl</i>	1	
NUPLAZID CAPSULE	3	Specialty
NUPLAZID TABLET	3	Specialty; PA
VRAYLAR	2	PA
<i>ziprasidone hcl</i>	1	
*Antiretrovirals**		
<i>abacavir sulfate</i>	1	
<i>abacavir sulfate-lamivudine</i>	1	
APRETUDE	2	Specialty; PA
APTIVUS	3	PA
<i>atazanavir sulfate</i>	1	

Label Name	Tier	Requirements/Limits
BIKTARVY	2	
CABENUVA	3	Specialty; PA
CIMDUO	2	PA
COMPLERA	3	PA
<i>darunavir</i>	1	
DELSTRIGO	2	PA
DESCOVY	2	
DOVATO	2	
EDURANT	3	PA
EDURANT PED	3	PA
<i>efavirenz</i>	1	
<i>efavirenz-emtricitab-tenofo df</i>	1	
<i>efavirenz-lamivudine-tenofovir</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir df</i>	1	
<i>emtricitab-rilpivir-tenofov df</i>	1	
EMTRIVA CAPSULE	4	PA
EMTRIVA SOLUTION	3	PA
EPIVIR	4	PA
<i>etravirine</i>	1	
EVOTAZ	2	PA
<i>fosamprenavir calcium</i>	1	
GENVOYA	2	
IDVYNZO	4	PA
INTELENCE TABLET ORAL 100 MG, 200 MG	4	PA
INTELENCE TABLET ORAL 25 MG	2	PA
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	PA
KALETRA SOLUTION	2	PA
KALETRA TABLET	4	PA
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
NORVIR PACKET	3	PA
NORVIR TABLET	4	PA
ODEFSEY	2	PA
PIFELTRO	3	PA
PREZCOBIX	2	PA
PREZISTA SUSPENSION	2	PA
PREZISTA TABLET ORAL 150 MG, 75 MG	2	PA
PREZISTA TABLET ORAL 600 MG, 800 MG	4	PA
RETROVIR	4	PA
REYATAZ CAPSULE	4	PA
REYATAZ PACKET	3	PA
<i>rilpivirine hcl</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	3	PA
SELZENTRY SOLUTION	3	PA
SELZENTRY TABLET	4	PA

Label Name	Tier	Requirements/Limits
STRIBILD	3	PA
SUNLENCA	3	Specialty; PA
SYMFI	4	PA
SYMTUZA	2	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
TRUVADA	4	PA
VIRACEPT	3	PA
VIREAD	2	PA
YEZTUGO	2	Specialty; PA
ZIAGEN	4	PA
<i>zidovudine</i>	1	
*Antirheumatic - Enzyme Inhibitors**		
OLUMIANT	3	Specialty; PA
RINVOQ	2	Specialty; PA
RINVOQ LQ	2	Specialty; PA
<i>tofacitinib citrate er</i>	1	Specialty; PA
XELJANZ SOLUTION	2	Specialty
XELJANZ TABLET	2	Specialty; PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR ORAL 11 MG	2	Specialty; PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR ORAL 22 MG	2	Specialty
*Antirheumatic Antimetabolites**		
RASUVO	2	PA
*Antiseborrheic Products**		
<i>selenium sulfide</i>	1	
<i>sodium sulfacetamide wash</i>	1	
*Antispasmodics**		
<i>atropine sulfate</i>	1	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	4	
DERMACINRX DIGENYX	4	
<i>dicyclomine hcl capsule</i>	1	
<i>dicyclomine hcl solution</i>	1	
<i>dicyclomine hcl tablet oral 20 mg</i>	1	
<i>dicyclomine hcl tablet oral 40 mg</i>	3	
DONNATAL	4	
GLYCATE	3	PA
<i>glycopyrrolate</i>	1	
<i>glycopyrrolate pf</i>	1	
<i>hyoscyamine sulfate</i>	1	
<i>hyoscyamine sulfate er</i>	1	
HYOSYNE	1	
LEVBID	4	
LEVSIN	4	
LEVSIN/SL	4	
<i>methscopolamine bromide</i>	1	
NULEV	1	
OSCIMIN	1	

Label Name	Tier	Requirements/Limits
<i>pb-hyoscy-atropine-scopolamine</i>	1	
PHENOHYTRO	1	
*Antithyroid Agents**		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
*Antitussives**		
<i>benzonatate</i>	1	
<i>hydrocodone bit-homatrop mbr</i>	1	
*Antiviral Combinations**		
PAXLOVID (150/100)	2	
PAXLOVID (300/100 & 150/100)	2	
PAXLOVID (300/100)	2	
*Antivirals - Topical**		
<i>acyclovir</i>	1	
DENAVIR	4	PA
<i>penciclovir</i>	1	
XERESE	3	PA
ZOVIRAX CREAM	4	PA
ZOVIRAX OINTMENT	4	
*Attention-Deficit/Hyperactivity Disorder (ADHD) Agents**		
<i>atomoxetine hcl</i>	1	
ATONCY	4	
<i>clonidine hcl er</i>	1	
<i>guanfacine hcl er</i>	1	
INTUNIV	4	
ONYDA XR	4	
QELBREE	4	
*Azithromycin**		
<i>azithromycin</i>	1	
ZITHROMAX	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
*Bacterial Vaccines**		
VIVOTIF	3	
*Barbiturate Hypnotics**		
<i>phenobarbital</i>	1	
*Benzisoxazoles**		
BYSANTI	4	PA
BYSANTI TITRATION PACK A	4	PA
BYSANTI TITRATION PACK B	4	PA
BYSANTI TITRATION PACK C	4	PA
FANAPT	3	PA
FANAPT TITRATION PACK A	3	PA
FANAPT TITRATION PACK B	3	PA
FANAPT TITRATION PACK C	3	PA
INVEGA	4	PA
<i>paliperidone er</i>	1	
RISPERDAL	4	
<i>risperidone</i>	1	
<i>risperidone microspheres er</i>	1	
*Benzodiazepines**		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	3	

Label Name	Tier	Requirements/Limits
ALPRAZOLAM XR	1	
ATIVAN	4	
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam</i>	1	
<i>lorazepam intensol</i>	1	
LOREEV XR	3	PA
<i>oxazepam</i>	1	
VALIUM	4	
XANAX	4	
*Beta Blockers Cardio-Selective**		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
ATENOLOL+SYRSPEND SF	4	
<i>betaxolol hcl</i>	1	
<i>bisoprolol fumarate</i>	1	
BYSTOLIC	3	
KAPSPARGO SPRINKLE	3	PA
LOPRESSOR SOLUTION	3	
LOPRESSOR TABLET ORAL 100 MG, 50 MG	4	
LOPRESSOR TABLET ORAL 12.5 MG	3	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet oral 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol tartrate tablet oral 12.5 mg</i>	3	
<i>nebivolol hcl</i>	1	
TENORMIN	4	
TOPROL XL	4	
*Beta Blockers Non-Selective**		
BETAPACE	4	
BETAPACE AF	4	
HEMANGEOL	4	
INDERAL LA	4	
INDERAL XL	3	PA
INNOPRAN XL	3	PA
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl</i>	1	
<i>propranolol hcl er</i>	1	
<i>sotalol hcl</i>	1	
<i>sotalol hcl (af)</i>	1	
SOTYLIZE	3	
<i>timolol maleate</i>	1	
*Beta-blockers - Ophthalmic**		
<i>betaxolol hcl</i>	1	
BETIMOL	4	PA
BETOPTIC-S	3	
<i>bimatoprost-timolol maleate</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
<i>carteolol hcl</i>	1	
COMBIGAN	4	

Label Name	Tier	Requirements/Limits
COSOPT	4	
COSOPT PF	4	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
ISTALOL	4	
<i>latanoprost-timolol maleate</i>	1	
<i>levobunolol hcl</i>	1	
<i>timolol hemihydrate</i>	1	
<i>timolol maleate</i>	1	
<i>timolol maleate (once-daily)</i>	1	
<i>timolol maleate ocudose</i>	1	
<i>timolol maleate pf</i>	1	
<i>timolol-brimon-dorzol-bimatopr</i>	1	
<i>timolol-brimon-dorzol-latanopr</i>	1	
<i>timolol-brimonidine-dorzolamid</i>	1	
<i>timolol-dorzolamid-bimatoprost</i>	1	
<i>timolol-dorzolamid-latanoprost</i>	1	
TIMOPTIC OCUDOSE	4	
*Biguanides**		
<i>metformin hcl</i>	1	
<i>metformin hcl er</i>	1	
<i>metformin hcl er (mod)</i>	1	
<i>metformin hcl er (osm)</i>	1	
RIOMET	4	PA
*Bile Acid Sequestrants**		
<i>cholestyramine</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam hcl</i>	1	
COLESTID	4	
<i>colestipol hcl</i>	1	
<i>prevalite</i>	1	
QUESTRAN	4	
QUESTRAN LIGHT	4	
WELCHOL	4	
*Bile Acid Synthesis Disorder Agents**		
CHOLBAM	3	Specialty; PA
CTEXLI	2	Specialty
*Bone Density Regulators**		
ACTONEL	4	
<i>alendronate sodium</i>	1	
ATELVIA	4	
AUKELSO	4	Specialty; PA
BILDYOS	2	Specialty; PA
BILPREVDA	4	Specialty; PA
BINOSTO	3	PA
BOMYNTRA	4	Specialty; PA
BONSITY	4	Specialty; PA
BOSAYA	4	Specialty; PA
<i>calcitonin (salmon)</i>	1	
CONEXXENCE	4	Specialty; PA
ENOBY	2	Specialty; PA
FORTEO	4	Specialty; PA
FOSAMAX	4	
FOSAMAX PLUS D	3	PA

Label Name	Tier	Requirements/Limits
<i>ibandronate sodium</i>	1	
JUBEREQ	4	Specialty; PA
MIACALCIN	4	
OSPOMYV	4	Specialty; PA
PROLIA	3	Specialty; PA
<i>risedronate sodium</i>	1	
<i>teriparatide</i>	1	Specialty; PA
TYMLOS	2	Specialty; PA
XGEVA	3	Specialty; PA
XTRENBO	4	Specialty; PA
*Bradykinin B2 Receptor Antagonists**		
FIRAZYR	4	Specialty; PA
<i>icatibant acetate</i>	1	Specialty; PA
<i>sajazir</i>	1	Specialty; PA
*Bronchodilators - Anticholinergics**		
ATROVENT HFA	3	
INCRUSE ELLIPTA	2	
<i>ipratropium bromide</i>	1	
<i>ipratropium bromide hfa</i>	1	
SPIRIVA HANDIHALER	4	
SPIRIVA RESPIMAT	2	
<i>tiotropium bromide</i>	1	
TUDORZA PRESSAIR	4	
<i>umeclidinium ellipta</i>	1	
YUPELRI	4	
*Burn Products**		
SILVADENE	4	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
SULFAMYLON	3	PA
*Butyrophenones**		
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
*Calcitonin Gene-Related Peptide (CGRP) Receptor Antag**		
AIMOVIG	2	PA
AJOVY	2	
EMGALITY	2	
EMGALITY (300 MG DOSE)	2	PA
NURTEC	2	PA
QULIPTA	2	
UBRELVY	2	PA
ZAVZPRET	4	PA
*Calcium Channel Blockers**		
AMLODIPINE BES+SYRSPEND SF	4	
<i>amlodipine besylate</i>	1	
CARDAMYST	4	
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
<i>cartia xt</i>	1	
CONJUPRI	3	PA
<i>diltiazem hcl</i>	1	
<i>diltiazem hcl er</i>	1	

Label Name	Tier	Requirements/Limits
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
DILT-XR	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
KATERZIA	3	PA
<i>levamlodipine maleate</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine er</i>	1	
NORLIQVA	4	PA
NORVASC	4	
NYMALIZE	3	
PROCARDIA XL	4	
SDAMLO	4	PA
SULAR	4	PA
<i>tiadylt er</i>	1	
TIAZAC	4	
<i>verapamil hcl</i>	1	
<i>verapamil hcl er</i>	1	
*Calcium**		
CALCIFOL	4	
LIQUICAL PLUS	4	
*Carbamates**		
<i>felbamate</i>	1	
FELBATOL	4	
XCOPRI	3	PA
XCOPRI (250 MG DAILY DOSE)	3	PA
XCOPRI (350 MG DAILY DOSE)	3	PA
*Carbapenems**		
<i>ertapenem sodium</i>	1	
*Carbonic Anhydrase Inhibitors**		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>acetazolamide sodium</i>	1	
<i>dichlorphenamide</i>	1	
KEVEYIS	4	PA
<i>methazolamide</i>	1	
<i>ormalvi</i>	1	
*Cardiac Glycosides**		
<i>digoxin</i>	1	
LANOXIN	3	
*Cardiac Myosin Inhibitors**		
CAMZYOS	3	Specialty; PA
MYQORZO	4	Specialty; PA
*Cardiovascular Agents Misc. - Combinations**		
<i>amlodipine-atorvastatin</i>	1	
BIDIL	4	PA
CADUET	4	
ENTRESTO	2	

Label Name	Tier	Requirements/Limits
<i>isosorb dinitrate-hydralazine</i>	1	
OPSYNVI	4	Specialty; PA
<i>sacubitril-valsartan</i>	1	
*Cardiovascular Anti-inflammatory/Immune Modulators**		
LODOCO	3	PA
*Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors**		
INPEFA	4	
*Central Muscle Relaxants**		
AMRIX	4	PA
ATMEKSI	4	PA
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>cyclobenzaprine hcl er</i>	1	
ENOVARX-CYCLOBENZAPRINE HCL	4	
<i>fexmid</i>	1	
FLEQSUVY	4	PA
<i>metaxalone</i>	1	
<i>methocarbamol</i>	1	
ONTRALFY	4	PA
<i>orphenadrine citrate er</i>	1	
OZOBAX DS	3	PA
TABRADOL FUSEPAQ	4	
<i>tanlor</i>	1	
<i>tizanidine hcl capsule oral 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl capsule oral 8 mg</i>	3	
<i>tizanidine hcl tablet</i>	1	
ZANAFLEX CAPSULE ORAL 2 MG, 4 MG, 6 MG	4	PA
ZANAFLEX CAPSULE ORAL 8 MG	3	
ZANAFLEX TABLET	4	
*Cephalosporins - 1st Generation**		
<i>cefadroxil</i>	1	
<i>cefazolin sodium</i>	1	
<i>cephalexin</i>	1	
*Cephalosporins - 2nd Generation**		
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<i>cefotetan disodium</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil</i>	1	
*Cephalosporins - 3rd Generation**		
<i>cefdinir</i>	1	
<i>cefixime capsule</i>	1	
<i>cefixime suspension reconstituted</i>	1	
<i>cefixime tablet</i>	3	
<i>cefotaxime sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>tazicef</i>	1	
*Cephalosporins - 4th Generation**		
<i>cefepime hcl</i>	1	
*Chelating Agents**		

Label Name	Tier	Requirements/Limits
CUPRIMINE	4	Specialty; PA
CUVRIOR	3	Specialty
DEPEN TITRATABS	4	Specialty; PA
<i>penicillamine</i>	1	Specialty; PA
SYPRINE	4	Specialty; PA
<i>trientine hcl</i>	1	Specialty; PA
*Chemotherapy Rescue/Antidote/Protective Agents**		
IWILFIN	3	Specialty; PA
LEDERLE LEUCOVORIN	4	
<i>leucovorin calcium</i>	1	
<i>mesna</i>	1	
MESNEX	2	PA
*Cholinergic Agonists**		
TYRVAYA	3	
*Cholinesterase Inhibitors**		
<i>pyridostigmine bromide er</i>	1	
*Clarithromycin**		
<i>clarithromycin</i>	1	
<i>clarithromycin er</i>	1	
*CMV Agents**		
LIVTENCITY	3	Specialty; PA
PREVYMIS PACKET	3	
PREVYMIS TABLET	3	PA
VALCYTE	4	
<i>valganciclovir hcl</i>	1	
*Cobalamins**		
<i>cyanocobalamin</i>	1	
<i>hydroxocobalamin acetate</i>	1	
<i>methylcobalamin</i>	1	
NASCOBAL	4	PA
*Combination Contraceptives - Oral**		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
ALYACEN 1/35	1	
ALYACEN 7/7/7	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
ARANELLE	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
AVERI	2	PA
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	3	PA
<i>balziva</i>	1	
BEYAZ	4	PA
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	

Label Name	Tier	Requirements/Limits
<i>blisovi fe 1/20</i>	1	
BRIELLYN	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>delyla</i>	1	
<i>dolishale</i>	1	
<i>drospiren-eth estrad-levomefol</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
FEMLYV	2	PA
<i>finzala</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>joyeaux</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	

Label Name	Tier	Requirements/Limits
<i>levonorgest-eth estrad 91-day</i>	1	
<i>levonorgest-eth estradiol-iron</i>	1	
<i>levonorgestrel-ethinyl estrad</i>	1	
<i>levonorg-eth estrad triphasic</i>	1	
LO LOESTRIN FE	2	PA
<i>loestrin 1.5/30 (21)</i>	1	
<i>loestrin 1/20 (21)</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lo-zumandimine</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
MARLISSA	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>minzoya</i>	1	
<i>mono-lynyah</i>	1	
NATAZIA	2	PA
<i>necon 0.5/35 (28)</i>	1	
NEXTSTELLIS	2	PA
<i>nikki</i>	1	
<i>norethin ace-eth estrad-fe</i>	1	
<i>norethindrone acet-ethinyl est</i>	1	
<i>norgestimate-eth estradiol</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
SAFYRAL	3	PA
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
TAYTULLA	2	PA

Label Name	Tier	Requirements/Limits
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
TYBLUME	2	PA
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
VALTYA 1/50	1	
VELIVET	2	PA
<i>vestura</i>	1	
<i>vienva</i>	1	
VIORELE	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
YASMIN 28	4	PA
YAZ	4	PA
<i>zovia 1/35 (28)</i>	1	
<i>zumandimine</i>	1	
*Combination Contraceptives - Transdermal**		
<i>norelgestromin-eth estradiol</i>	1	
TWIRLA	2	PA
<i>xulane</i>	1	
<i>zafemy</i>	1	
*Combination Contraceptives - Vaginal**		
ANNOVERA	2	PA
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
NUVARING	2	PA
*Combination Psychotherapeutics**		
<i>chlordiazepoxide-amitriptyline</i>	1	
LYBALVI	3	PA
<i>olanzapine-fluoxetine hcl</i>	1	
<i>perphenazine-amitriptyline</i>	1	
*Complement Inhibitors**		
BERINERT	3	Specialty; PA
EMPAVELI	2	Specialty; PA
ENJAYMO	4	Specialty
FABHALTA	2	Specialty; PA
HAEGARDA	2	Specialty; PA

Label Name	Tier	Requirements/Limits
RUCONEST	3	Specialty; PA
TAVNEOS	4	Specialty; PA
VOYDEYA	4	Specialty; PA
YARTEMLEA	4	Specialty
ZILBRYSQ	4	Specialty; PA
*Contraceptives**		
CAYA	2	
FEMCAP	2	
OMNIFLEX DIAPHRAGM	2	
*Corticosteroids - Topical**		
ALA SCALP	1	
ALA-CORT	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone valerate</i>	1	
BRYHALI	3	PA
<i>calcipotriene-betameth diprop</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate cream topical 0.025 %</i>	3	PA
<i>clobetasol propionate cream topical 0.05 %</i>	1	
CLOBETASOL PROPIONATE E	1	
<i>clobetasol propionate emulsion</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate liquid</i>	1	
<i>clobetasol propionate lotion</i>	1	
<i>clobetasol propionate ointment</i>	1	
<i>clobetasol propionate shampoo</i>	1	
<i>clobetasol propionate solution</i>	1	
CLOBEX	4	PA
CLOBEX SPRAY	4	PA
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	
CORDRAN	3	PA
DERMA-SMOOTH/FS BODY	4	PA
DERMA-SMOOTH/FS SCALP	4	PA
<i>desonide</i>	1	
<i>desoximetasone</i>	1	
<i>diflorasone diacetate</i>	1	
DIPROLENE	4	PA
DUOBRII	3	PA
ENSTILAR	2	PA
<i>fluocinolone acetonide</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>flurandrenolide</i>	1	
<i>fluticasone propionate</i>	1	
<i>halcinonide</i>	1	

Label Name	Tier	Requirements/Limits
<i>halobetasol propionate</i>	1	
HALOG	4	PA
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate cream</i>	3	PA
<i>hydrocortisone butyrate</i>	1	
<i>hydrocortisone valerate</i>	1	
IMPOYZ	3	PA
LEXETTE	1	
<i>mometasone furoate</i>	1	
PRAMOSONE	4	
SERNIVO	3	PA
SYNALAR	4	PA
TACLONEX	4	
TEXACORT	3	PA
TOPICORT	4	PA
TOPICORT SPRAY	4	PA
<i>tovet</i>	1	
<i>triamcinolone acetonide</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>triderm</i>	1	
VANOS	4	PA
WYNZORA	4	PA
*Corticotropin**		
ACTHAR	3	Specialty; PA
CORTROPHIN	4	Specialty; PA
*Corticotropin-Releasing Factor (CRF) Receptor Antagonists**		
CRENESSITY	3	Specialty; PA
*Cough/Cold/Allergy Combinations**		
CLARINEX-D 12 HOUR	3	PA
<i>hydrocod poli-chlorphe poli er</i>	1	
NEOTUSS PLUS	4	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>pseudoeph-bromphen-dm</i>	1	
TUXARIN ER	3	
*Coumarin Anticoagulants**		
<i>warfarin sodium</i>	1	
*Cycloplegic Mydriatics**		
<i>atropine sulfate</i>	1	
CYCLOGYL SOLUTION OPHTHALMIC 0.5 % , 2 %	3	
CYCLOGYL SOLUTION OPHTHALMIC 1 %	4	
CYCLOMYDRIL	3	
<i>cyclopentolate hcl</i>	1	
HOMATROPAIRE	4	
<i>phenylephrine hcl</i>	1	
<i>tropicamide-cyclopentolate-pe</i>	1	
<i>tropicamide-phenylephrine</i>	1	
<i>tropic-cyclopent-pe-ketorolac</i>	1	
<i>tropic-cyclop-pe-keto-propar</i>	1	
*Cystic Fibrosis Agents**		
ALYFTREK	2	Specialty; PA
BRONCHITOL	3	Specialty; PA
BRONCHITOL TOLERANCE TEST	3	Specialty; PA

Label Name	Tier	Requirements/Limits
KALYDECO	2	Specialty; PA
ORKAMBI PACKET ORAL 100-125 MG, 150-188 MG	3	Specialty; PA
ORKAMBI PACKET ORAL 75-94 MG	3	Specialty
ORKAMBI TABLET	3	Specialty; PA
PULMOZYME	2	Specialty
SYMDEKO	2	Specialty; PA
TRIKAFTA	2	Specialty; PA
*Cystinosis Agents**		
CYSTAGON	2	Specialty; PA
PROCYSBI CAPSULE DELAYED RELEASE	3	Specialty; PA
PROCYSBI PACKET	3	Specialty
*Dermatomyositis Agents**		
LISRAYA	4	Specialty; PA
*Diabetic Other**		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide</i>	1	
<i>glucagon emergency</i>	1	
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
KORLYM	4	Specialty; PA
<i>mifepristone tablet oral 300 mg</i>	1	Specialty; PA
PROGLYCEM	4	
*Diabetic Supplies**		
CONTOUR BLOOD GLUCOSE SYSTEM	2	
CONTOUR NEXT EZ	2	
CONTOUR NEXT GEN MONITOR	2	
CONTOUR NEXT LINK	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT ONE	2	
CONTOUR PLUS BLUE	2	
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
DEXCOM G7 RECEIVER	2	
DEXCOM G7 SENSOR	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE LIBRE 14 DAY READER	4	
FREESTYLE LIBRE 14 DAY SENSOR	4	
FREESTYLE LIBRE 2 READER	4	
FREESTYLE LIBRE 2 SENSOR	4	
FREESTYLE LIBRE 3 PLUS SENSOR	4	
FREESTYLE LIBRE 3 READER	4	
FREESTYLE LIBRE 3 SENSOR	4	
FREESTYLE PRECISION NEO SYSTEM	2	
MINIMED 780G INSULIN PUMP	4	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
TRUE METRIX AIR GLUCOSE METER	1	
TRUE METRIX GO GLUCOSE METER	1	
TRUE METRIX METER	1	

Label Name	Tier	Requirements/Limits
*Dibenzapines**		
ADASUVE	4	
<i>asenapine maleate</i>	1	
<i>clozapine</i>	1	
CLOZARIL	4	
<i>loxapine succinate</i>	1	
<i>olanzapine</i>	1	
<i>quetiapine fumarate</i>	1	
<i>quetiapine fumarate er</i>	1	
SAPHRIS	4	PA
SECUADO	3	PA
SEROQUEL	4	
SEROQUEL XR	4	
VERSACLOZ	3	PA
ZYPREXA	4	
ZYPREXA ZYDIS	4	
*Digestive Enzymes**		
CREON	2	
PANCREAZE	4	
PERTZYE	4	
SUCRAID	3	Specialty; PA
VIOKACE	4	
ZENPEP	2	
*Dihydroindolones**		
<i>molindone hcl</i>	1	
*Dipeptidyl Peptidase-4 (DPP-4) Inhibitors**		
<i>alogliptin benzoate</i>	1	
BRYNOVIN	4	PA
JANUVIA	2	
<i>saxagliptin hcl</i>	1	
<i>sitagliptin</i>	1	
<i>sitagliptin phosphate</i>	1	
TRADJENTA	4	
ZITUVIO	4	
*Direct Factor Xa Inhibitors**		
ELIQUIS	2	
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS DVT/PE STARTER PACK	2	
<i>rivaroxaban</i>	1	
SAVAYSA	4	
XARELTO STARTER PACK	2	
XARELTO SUSPENSION RECONSTITUTED	2	PA
XARELTO TABLET	2	
*Direct Muscle Relaxants**		
DANTRIUM	4	
<i>dantrolene sodium</i>	1	
*Direct Renin Inhibitors**		
<i>aliskiren fumarate</i>	1	
TEKTURNA	4	
*Diuretic Combinations**		
<i>amiloride-hydrochlorothiazide</i>	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	

Label Name	Tier	Requirements/Limits
*Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)s**		
SUNOSI	2	PA
*Dopamine Receptor Agonists - Antidiabetic**		
CYCLOSET	3	
*Eczema Agents**		
ADBRY	2	Specialty; PA
CIBINQO	2	Specialty; PA
DUPIXENT	2	Specialty; PA
EBGLYSS	2	Specialty; PA
OPZELURA	3	PA
*Emergency Contraceptives**		
ELLA	2	PA
*Emollients**		
<i>ammonium lactate</i>	1	
*Endothelin Receptor Antagonists**		
TRYVIO	3	Specialty; PA
*Enzymes - Topical**		
SANTYL	3	
*Erythromycins**		
E.E.S. 400	3	
<i>e.e.s. 400</i>	3	
E.E.S. GRANULES	4	
ERYPED 400	4	
<i>erythromycin</i>	1	
<i>erythromycin base</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
*Estrogen Combinations**		
<i>abigale</i>	1	
<i>abigale lo</i>	1	
ACTIVELLA	4	
ANGELIQ	3	
BIJUVA	4	
CLIMARA PRO	2	
COMBIPATCH	3	
COVARYX	1	
COVARYX HS	1	
DUAVEE	2	
EEMT	1	
EEMT HS	1	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRATEST H.S.	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>mimvey</i>	1	
MYFEMBREE	2	
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	2	
PREMPHASE	2	
PREMPRO	2	
*Estrogens**		
ALORA	3	PA

Label Name	Tier	Requirements/Limits
CLIMARA	4	
DELESTROGEN	4	
DEPO-ESTRADIOL	3	PA
DIVIGEL	4	
<i>dotti</i>	1	
ELESTRIN	3	
<i>estradiol</i>	1	
<i>estradiol valerate</i>	1	
ESTROGEL	2	
<i>estrogens conjugated</i>	1	
EVAMIST	3	
<i>lyllana</i>	1	
MENOSTAR	3	
MINIVELLE	4	PA
PREMARIN	2	
VIVELLE-DOT	4	PA
*Expectorants**		
<i>potassium iodide (expectorant)</i>	1	
SSKI	4	
*Fertility Regulators**		
<i>chorionic gonadotropin</i>	1	Specialty
<i>clomid</i>	1	
<i>clomiphene citrate</i>	1	
FOLLISTIM AQ	2	Specialty
GONAL-F	4	Specialty
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR SUBCUTANEOUS 300 UNT/0.48ML, 450 UNT/0.72ML	4	Specialty
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR SUBCUTANEOUS 900 UNT/1.44ML	4	
MENOPUR	3	Specialty
<i>milophene</i>	1	
NOVAREL	4	Specialty
OVIDREL	2	Specialty
PREGNYL	2	Specialty
*Fibric Acid Derivatives**		
<i>fenofibrate</i>	1	
<i>fenofibrate micronized</i>	1	
<i>fenofibric acid</i>	1	
<i>gemfibrozil</i>	1	
LIPOFEN	3	
LOPID	4	
*Fibrodysplasia Ossificans Progressiva (FOP) Agents**		
SOHONOS	3	Specialty; PA
*Fibromyalgia Agents**		
<i>milnacipran hcl</i>	1	
SAVELLA	3	
SAVELLA TITRATION PACK	3	
*Fidaxomicin**		
DIFICID SUSPENSION RECONSTITUTED	2	
DIFICID TABLET	2	PA
<i>fidaxomicin</i>	1	
*Fluoride**		

Label Name	Tier	Requirements/Limits
FLORIVA	3	
<i>sodium fluoride</i>	1	
*Fluoroquinolones**		
BAXDELA	3	
CIPRO SUSPENSION RECONSTITUTED	3	
CIPRO TABLET	4	
<i>ciprofloxacin hcl</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
*Folic Acid/Folates**		
<i>folic acid</i>	1	
QUIOFIC	4	
*Friedrich's Ataxia Agents**		
SKYCLARYS	3	Specialty; PA
*GABA Modulators**		
SABRIL	4	Specialty
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	Specialty
<i>vigadrone</i>	1	Specialty
VIGAFYDE	3	Specialty; PA
*GABA Receptor Modulator - Neuroactive Steroid**		
ZURZUVAE	2	Specialty; PA
*Gallstone Solubilizing Agents**		
RELTONE	3	PA
URSO FORTE	4	
<i>ursodiol</i>	1	
URSODIOL+SYRSPEND SF	4	
*Gastrointestinal Antiallergy Agents**		
<i>cromolyn sodium</i>	1	
GASTROCROM	4	
*Gastrointestinal Chloride Channel Activators**		
AMITIZA	4	PA
<i>lubiprostone</i>	1	
*Gastrointestinal Stimulants**		
<i>dexpanthenol</i>	1	
GIMOTI	3	PA
<i>metoclopramide hcl</i>	1	
REGLAN	4	
*Genitourinary Irrigants**		
<i>sodium chloride</i>	1	
*Glucocorticosteroids**		
AGAMREE	3	Specialty; PA
ALKINDI SPRINKLE	3	Specialty; PA
BETALIDO	4	
BETAMETHASONE COMBO	4	
<i>betamethasone sod phos & acet</i>	1	
<i>betamethasone sodium phosphate</i>	1	
<i>budesonide</i>	1	
<i>budesonide er</i>	1	
BUPIVILOG	4	
CORTEF	4	
<i>cortisone acetate</i>	1	
<i>deflazacort</i>	1	Specialty; PA

Label Name	Tier	Requirements/Limits
<i>dexameth sod phos-bupiv-epin</i>	1	
<i>dexamethasone</i>	1	
DEXAMETHASONE (LA)	4	
<i>dexamethasone ace & sod phos</i>	1	
<i>dexamethasone acetate</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate</i>	1	
DEXLIDO	4	
DEXLIDO-M	4	
DEXLYT	4	PA
DOUBLEDEX	4	
DYURAL 80-LM	4	
DYURAL-40	4	
DYURAL-80	4	
DYURAL-L	4	
DYURAL-LM	4	
EMFLAZA	4	Specialty; PA
EOHILIA	3	PA
HEMADY	3	PA
<i>hidex 6-day</i>	1	
<i>hydrocortisone</i>	1	
JAYTHARI	1	Specialty; PA
KHINDIVI	3	Specialty
<i>kymbee</i>	1	Specialty; PA
MARBETA-25	4	
MARBETA-L	4	
MARDEX-25	4	
MEDROL TABLET ORAL 16 MG, 4 MG, 8 MG	4	
MEDROL TABLET ORAL 2 MG	3	
MEDROL TABLET THERAPY PACK	4	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
ORAPRED ODT	3	PA
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
PREDNISONE INTENSOL	3	
<i>prednisone solution</i>	1	
<i>prednisone tablet</i>	1	
<i>prednisone tablet delayed release</i>	3	PA
<i>prednisone tablet therapy pack</i>	1	
<i>pyquvi</i>	1	Specialty; PA
ROPIDEX	4	
TAPERDEX 12-DAY	3	PA
<i>taperdex 6-day</i>	1	
TAPERDEX 7-DAY	3	PA
TARPEYO	3	PA
<i>triamcinolone acetonide</i>	1	
UCERIS TABLET EXTENDED RELEASE 24 HOUR	4	PA
*Glycopeptides**		
FIRVANQ	4	
VANCOCIN	4	
<i>vancomycin hcl</i>	1	

Label Name	Tier	Requirements/Limits
VANCOMYCIN+SYRSPEND SF	4	
*GnRH/LHRH Antagonists**		
<i>cetrorelix acetate</i>	1	Specialty; PA
CETROTIDE	4	Specialty; PA
<i>fyremadel</i>	1	Specialty; PA
<i>ganirelix acetate</i>	1	Specialty; PA
ORILISSA	2	PA
*Gold Compounds**		
<i>auranofin</i>	3	
RIDAURA	3	
*Gout Agent Combinations**		
<i>colchicine-probenecid</i>	1	
*Gout Agents**		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>febuxostat</i>	1	
GLOPERBA	3	PA
KRYSTEXXA	4	Specialty
MITIGARE	4	
ULORIC	4	
*Growth Hormone Receptor Antagonists**		
SOMAVERT	3	Specialty; PA
*Growth Hormone Releasing Hormones (GHRH)**		
EGRIFTA WR	4	Specialty
*Growth Hormones**		
GENOTROPIN	2	Specialty
GENOTROPIN MINIQUICK	2	Specialty
HUMATROPE	4	Specialty; PA
NGENLA	4	Specialty; PA
NORDITROPIN FLEXPRO	4	Specialty; PA
OMNITROPE	2	Specialty; PA
SEROSTIM	4	Specialty; PA
SKYTROFA	3	Specialty; PA
SOGROYA	4	Specialty; PA
ZOMACTON	4	Specialty; PA
*H-2 Antagonists**		
<i>cimetidine</i>	1	
<i>cimetidine hcl</i>	1	
<i>famotidine</i>	1	
<i>nizatidine</i>	1	
PEPCID	4	
<i>ranitidine hcl</i>	1	
*Hair Growth Agents**		
LEQSELVI	3	Specialty; PA
LITFULO	3	Specialty; PA
*Hemataologic - Tyrosine Kinase Inhibitors**		
TAVALISSE	3	Specialty; PA
WAYRILZ	4	Specialty; PA
*Hematopoietic Growth Factors**		
ALVAIZ	4	Specialty; PA
ARANESP (ALBUMIN FREE)	2	Specialty; PA
ARMLUPEG	4	Specialty; PA
DOPTELET	2	Specialty; PA
DOPTELET SPRINKLE	2	Specialty; PA

Label Name	Tier	Requirements/Limits
<i>eltrombopag olamine</i>	1	Specialty; PA
EPOGEN	2	Specialty; PA
FULPHILA	2	Specialty; PA
FYLNETRA	2	Specialty; PA
GRANIX	4	Specialty; PA
LEUKINE	3	Specialty; PA
MIRCERA	3	PA
MULPLETA	2	Specialty; PA
NEULASTA ONPRO	4	Specialty
NEULASTA SOLUTION	4	Specialty
NEULASTA SOLUTION PREFILLED SYRINGE	4	Specialty; PA
NEUPOGEN	4	Specialty; PA
NIVESTYM SOLUTION	2	Specialty; PA
NIVESTYM SOLUTION PREFILLED SYRINGE	2	Specialty
NPLATE	4	Specialty; PA
NYVEPRIA	4	Specialty; PA
PROCRT	2	Specialty; PA
PROMACTA	3	Specialty; PA
RELEUKO	4	Specialty; PA
RETACRIT	2	Specialty; PA
ROLVEDON	4	Specialty; PA
STIMUFEND	4	Specialty; PA
UDENYCA	2	Specialty; PA
UDENYCA ONBODY	2	Specialty; PA
ZARXIO	2	Specialty; PA
ZIEXTENZO	4	Specialty; PA
*Hematopoietic Mixtures**		
ABANEU-SL	1	
ACTIVE FE	4	
AIRAVITE	1	
BENTIVITE	4	
BP VIT 3	4	
CENFOL	4	
CENTRATEX	4	
CHOLECAL DF	4	
CHROMAGEN	1	
CORVITA 150	1	
CORVITE 150	4	
CORVITE FE	4	
DERMACINRX DOTREMIN	4	
DERMACINRX FOLTAMIN	4	
FEONYX	4	
FERIVA 21/7 (WITH DOCUSATE)	4	
FEROTRINSIC	1	
FERRALET 90	4	
FERRO-PLEX	4	
FOLA-B COMPLEX	4	
FOLDITAM	4	
FOLGARD RX	4	
FOLIC D3	4	PA
FOLICORE B COMPLEX	4	
FOLITE	4	

Label Name	Tier	Requirements/Limits
FOLIVANE-F	4	
FOLIVANE-PLUS	4	
FOLIXAPURE	4	
FOLIXATE	4	
FOLPLEX 2.2	1	
FOLTIRA	4	
FOLTREXYL	4	
FOLTRIN	1	
FOLVITA COMPLEX	4	
FOLVITE-D	1	
FOLVITRA	4	
FOLVYRIS	4	
FUSION PLUS	4	
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	1	
HEMATOGEN FA	4	
HEMOCYTE PLUS	4	
ICAR-C PLUS	4	
INTEGRA F	4	
INTEGRA PLUS	4	
IRON FOLATE PLUS	4	
IROSPAN 24/6	4	
K-TAN PLUS	1	
<i>lipo-b</i>	1	
MULTIGEN	4	
MULTIGEN FOLIC	4	
MULTIGEN PLUS	4	
NEPHRON FA	4	
NEURIN-SL	1	
NIFEREX	4	
NUFOL	1	
ORTHO DF	4	PA
OSTACHOL	4	
OVEEZA	4	
POLY-IRON 150 FORTE	1	
POLYSACCHARIDE IRON FORTE	1	
PUREVIT DUALFE PLUS	1	
SE-TAN PLUS	1	
TALIVA	4	
TANDEM PLUS	1	
TARON FORTE	4	
TRICON	1	
TRIGELS-F FORTE	1	
TULIVITE	4	
<i>vit b12-methionine-inos-chol</i>	1	
*Hematorheologic Agents**		
<i>pentoxifylline er</i>	1	
*Hemostatics - Systemic**		
<i>aminocaproic acid</i>	1	
<i>tranexamic acid</i>	1	
*Heparins And Heparinoid-Like Agents**		
ARIXTRA	4	
<i>enoxaparin sodium</i>	1	
ENOXILUV KIT	4	

Label Name	Tier	Requirements/Limits
<i>fondaparinux sodium</i>	1	
FRAGMIN SOLUTION	3	PA
FRAGMIN SOLUTION PREFILLED SYRINGE	3	
LOVENOX	4	
*Hepatitis Agents**		
<i>adefovir dipivoxil</i>	1	
BARACLUDE SOLUTION	2	PA
BARACLUDE TABLET	4	PA
<i>entecavir</i>	1	
EPCLUSA	2	Specialty; PA
HARVONI	2	Specialty; PA
HEPCLUDEX	4	Specialty; PA
<i>lamivudine</i>	1	
<i>ledipasvir-sofosbuvir</i>	1	Specialty; PA
MAVYRET	2	Specialty; PA
PEGASYS	2	Specialty; PA
<i>ribavirin</i>	1	Specialty; PA
<i>sofosbuvir-velpatasvir</i>	1	Specialty; PA
SOVALDI	2	Specialty; PA
VEMLIDY	2	
VOSEVI	2	Specialty; PA
ZEPATIER	4	Specialty; PA
*Hepatotropics**		
REZDIFFRA	4	Specialty; PA
*Herpes Agents**		
<i>acyclovir</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	
VALTREX	4	
*Histamine H3-Receptor Antagonist/Inverse Agonists**		
WAKIX	3	Specialty; PA
*HMG CoA Reductase Inhibitors**		
ATORVALIQ	3	PA
<i>atorvastatin calcium</i>	1	
CRESTOR	4	
EZALLOR SPRINKLE	3	PA
FLOLIPID	3	
<i>fluvastatin sodium</i>	1	
<i>fluvastatin sodium er</i>	1	
LESCOL XL	4	
LIPITOR	4	
LIVALO	4	PA
<i>lovastatin</i>	1	
<i>pitavastatin calcium</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
ZOCOR	4	
ZYPITAMAG	3	PA
*Hormone Receptor Modulators**		
EVISTA	4	
OSPHENA	3	
<i>raloxifene hcl</i>	1	
*Human Papillomavirus (HPV) Agents**		

Label Name	Tier	Requirements/Limits
PAPZIMEOS	4	Specialty
*Hydantoins**		
DILANTIN CAPSULE ORAL 100 MG	3	
DILANTIN CAPSULE ORAL 30 MG	2	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>phenytek</i>	1	
<i>phenytoin</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	
*Hyperoxaluria Agents**		
RIVFLOZA	4	Specialty; PA
*Hypnotics - Tricyclic Agents**		
<i>doxepin hcl</i>	1	
SILENOR TABLET ORAL 3 MG	4	PA
SILENOR TABLET ORAL 6 MG	4	
*Hypoactive Sexual Desire Disorder (HSDD) Agents**		
ADDYI	3	
VYLEESI	3	Specialty; PA
*IgA Nephropathy (IgAN) Agents**		
FILSPARI	3	Specialty
TRUTAKNA	4	Specialty; PA
VANRAFIA	3	Specialty; PA
VOYXACT	4	Specialty; PA
*Ileal Bile Acid Transporter (IBAT) Inhibitors**		
BYLVAY	3	Specialty; PA
BYLVAY (PELLETS)	3	Specialty; PA
LIVMARLI	3	Specialty; PA
LYNAVOY	4	Specialty; PA
*Imidazole-Related Antifungals**		
CRESEMBA	3	PA
DIFLUCAN	4	PA
<i>fluconazole</i>	1	
<i>itraconazole</i>	1	
<i>ketoconazole</i>	1	
NOXAFIL	2	PA
<i>posaconazole</i>	1	
SPORANOX	4	PA
TOLSURA	3	PA
VFEND	4	PA
VIVJOA	3	
<i>voriconazole</i>	1	
*Immune Serums**		
CUTAQUIG	3	Specialty; PA
CUVITRU	3	Specialty; PA
FLEBOGAMMA DIF	3	Specialty; PA
GAMMAGARD	3	Specialty; PA
GAMMAGARD S/D LESS IGA	3	Specialty; PA
GAMMAPLEX	3	Specialty; PA
GAMUNEX-C	3	Specialty; PA
HIZENTRA	3	Specialty; PA
OCTAGAM	3	Specialty; PA
PANZYGA	3	Specialty

Label Name	Tier	Requirements/Limits
PRIVIGEN	3	Specialty; PA
QIVIGY	4	Specialty; PA
XEMBIFY	3	Specialty; PA
YIMMUGO	4	Specialty
*Immunomodulating Agents - Systemic**		
NEMLUVIO	2	Specialty; PA
*Immunomodulating Agents - Topical**		
<i>imiquimod</i>	1	
<i>imiquimod pump</i>	1	
ZYCLARA PUMP	4	PA
*Immunomodulators**		
IMAAVY	4	Specialty
JOENJA	3	Specialty; PA
<i>lenalidomide</i>	1	Specialty; PA
REVLIMID	2	Specialty; PA
REZUROCK	3	Specialty; PA
RHAPSIDO	2	Specialty
RYONCIL 100KG TO <112.5KG	4	Specialty
RYONCIL 112.5KG TO <125KG	4	Specialty
RYONCIL 125KG TO <137.5KG	4	Specialty
RYONCIL 137.5KG TO <150KG	4	Specialty
THALOMID	2	Specialty; PA
VYVGART HYTRULO	3	Specialty; PA
*Immunosuppressive Agents - Topical**		
HYFTOR	3	PA
<i>pimecrolimus</i>	1	
<i>tacrolimus</i>	1	
*Immunosuppressive Agents**		
ASTAGRAF XL	3	
<i>azasan</i>	1	
<i>azathioprine</i>	1	
CELLCEPT	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
ENSPRYNG	3	Specialty
ENVARUSUS XR	3	
<i>everolimus tablet oral 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>engraf</i>	1	
IMURAN	3	
LUPKYNIS	3	Specialty
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
MYFORTIC	3	
MYHIBBIN	2	PA
NEORAL	3	
PROGRAF	3	
SANDIMMUNE	3	
<i>sirolimus</i>	1	
<i>tacrolimus</i>	1	
<i>tacrolimus er</i>	1	
ZORTRESS	3	
*Impotence Agents**		

Label Name	Tier	Requirements/Limits
<i>avanafil</i>	1	
CIALIS TABLET ORAL 10 MG, 20 MG	4	
CIALIS TABLET ORAL 5 MG	4	PA
<i>phenylephrine hcl</i>	1	
<i>sildenafil citrate tablet oral 100 mg, 25 mg, 50 mg</i>	1	
STENDRA	3	PA
<i>tadalafil</i>	1	
<i>vardenafil hcl</i>	1	
VIAGRA	4	
VYBRIQUE	4	PA
*Incretin Mimetic Agents**		
<i>liraglutide</i>	1	
MOUNJARO	2	PA
OZEMPIC	3	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	PA
OZEMPIC (1 MG/DOSE)	3	PA
OZEMPIC (2 MG/DOSE)	3	PA
RYBELSUS	3	PA
TRULICITY	3	PA
VICTOZA	4	PA
*Inflammatory Bowel Agents**		
APRISO	4	PA
AVSOLA	4	Specialty
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
<i>balsalazide disodium</i>	1	
CANASA	4	PA
CIMZIA (1 SYRINGE)	3	Specialty; PA
CIMZIA (2 SYRINGE)	3	Specialty; PA
CIMZIA-STARTER	3	Specialty; PA
DIPENTUM	3	
ENTYVIO PEN	2	Specialty; PA
LIALDA	4	PA
<i>mesalamine</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
OMVOH	2	Specialty; PA
OMVOH (300 MG DOSE)	2	Specialty; PA
PENTASA	3	
ROWASA	4	PA
SKYRIZI	2	Specialty; PA
STARJEMZA SOLUTION INTRAVENOUS 130 MG/26ML	2	Specialty
<i>sulfasalazine</i>	1	
TREMFYA	2	Specialty; PA
TREMFYA PEN	2	Specialty; PA
TREMFYA-CD/UC INDUCTION	2	Specialty; PA
VELSIPITY	4	Specialty; PA
ZYMFENTRA (1 PEN)	3	Specialty; PA
ZYMFENTRA (2 PEN)	3	Specialty; PA
ZYMFENTRA (2 SYRINGE)	3	Specialty; PA
*Influenza Agents**		
<i>oseltamivir phosphate</i>	1	

Label Name	Tier	Requirements/Limits
RELENZA DISKHALER	3	
TAMIFLU	4	
XOFLUZA (40 MG DOSE)	3	PA
XOFLUZA (80 MG DOSE)	3	PA
*Insulin Sensitizing Agents**		
ACTOS	4	
<i>pioglitazone hcl</i>	1	
*Insulin**		
ADMELOG	2	
ADMELOG SOLOSTAR	2	
AFREZZA	4	
APIDRA	2	PA
APIDRA SOLOSTAR	2	PA
AWIQLI FLEXTOUCH	2	PA
BASAGLAR KWIKPEN	4	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	3	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	PA
HUMALOG MIX 75/25	2	PA
HUMALOG MIX 75/25 KWIKPEN	2	PA
HUMALOG SOLUTION	2	
HUMALOG SOLUTION CARTRIDGE	2	PA
HUMALOG TEMPO PEN	2	PA
HUMULIN 70/30	2	PA
HUMULIN 70/30 KWIKPEN	2	PA
HUMULIN N	2	PA
HUMULIN N KWIKPEN	2	PA
HUMULIN R	2	PA
HUMULIN R U-500 KWIKPEN	2	
<i>insulin glargine max solostar</i>	1	
<i>insulin glargine solostar</i>	1	
<i>insulin glargine-yfgn</i>	1	
<i>insulin lispro</i>	1	
<i>insulin lispro (1 unit dial)</i>	1	
<i>insulin lispro junior kwikpen</i>	1	
<i>insulin lispro prot & lispro</i>	1	
KIRSTY	2	
LANTUS	2	
LANTUS SOLOSTAR	2	
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	2	PA
MERILOG	2	
MERILOG SOLOSTAR	2	
NOVOLIN 70/30	2	PA
NOVOLIN 70/30 FLEXPEN	2	PA
NOVOLIN 70/30 FLEXPEN RELION	2	PA
NOVOLIN 70/30 RELION	2	PA
NOVOLIN N	2	PA
NOVOLIN N FLEXPEN	2	PA

Label Name	Tier	Requirements/Limits
NOVOLIN N FLEXPEN RELION	2	PA
NOVOLIN N RELION	2	PA
NOVOLIN R	2	PA
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	PA
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	PA
NOVOLOG FLEXPEN	2	PA
NOVOLOG FLEXPEN RELION	2	PA
NOVOLOG MIX 70/30	2	PA
NOVOLOG MIX 70/30 FLEXPEN	2	PA
NOVOLOG MIX 70/30 RELION	2	PA
NOVOLOG PENFILL	2	PA
NOVOLOG RELION	2	
REZVOGLAR KWIKPEN	2	
SEMGLEE (YFGN)	2	PA
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
*Insulin-Like Growth Factors (Somatomedins)**		
INCRELEX	2	Specialty; PA
*Interleukin-1 Blockers**		
ARCALYST	3	Specialty; PA
*Interleukin-1 Receptor Antagonist (IL-1Ra)**		
KINERET	4	Specialty; PA
*Interleukin-6 Receptor Inhibitors**		
ACTEMRA	4	Specialty; PA
ACTEMRA ACTPEN	4	Specialty; PA
AVTOZMA	4	Specialty; PA
KEVZARA	3	Specialty; PA
TOFIDENCE	4	Specialty; PA
TYENNE	2	Specialty; PA
*Interstitial Cystitis Agents**		
ELMIRON	3	PA
<i>pentosan polysulfate sodium</i>	1	
*Intestinal Acidifiers**		
ENULOSE	1	
GENERLAC	1	
<i>lactulose encephalopathy</i>	1	
*Intestinal Cholesterol Absorption Inhibitors**		
<i>ezetimibe</i>	1	
ZETIA	4	
*Intrarectal Steroids**		
<i>budesonide</i>	1	
CORTENEMA	4	PA
<i>hydrocortisone</i>	1	
UCERIS FOAM	4	
*Iron**		
ACCRUFER	3	PA
INJECTAFER	4	
<i>iron sucrose</i>	1	
*Irritable Bowel Syndrome (IBS) Agents**		

Label Name	Tier	Requirements/Limits
<i>alosetron hcl</i>	1	
IBSRELA	4	PA
LINZESS	3	
VIBERZI	2	PA
*Keratolytic/Antimitotic/Vesicant Agents**		
CONDYLOX	4	PA
XALIX	4	
*Laxative Combinations**		
CLENPIQ	2	
GAVILYTE-C	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
GOLYTELY	4	
MOVIPREP	4	
<i>na sulfate-k sulfate-mg sulf</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
PEG-3350/ELECTROLYTES/ASCORBAT	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
PEG-PREP	2	
PLENVU	2	
SUFLAVE	2	
SUPREP BOWEL PREP KIT	4	
SUTAB	2	
*Laxatives - Miscellaneous**		
CONSTULOSE	1	
<i>kristalose</i>	1	
<i>lactulose</i>	1	
*Leprostatics**		
<i>dapsone</i>	1	
*Leukotriene Modulators**		
<i>montelukast sodium</i>	1	
SINGULAIR	4	
<i>zafirlukast</i>	1	
<i>zileuton er</i>	1	
*LHRH/GnRH Agonist Analog Pituitary Suppressants**		
LUPRON DEPOT-PED (1-MONTH)	2	Specialty; PA
LUPRON DEPOT-PED (3-MONTH)	2	Specialty; PA
LUPRON DEPOT-PED (6-MONTH)	2	Specialty
SUPPRELIN LA	3	Specialty; PA
SYNAREL	3	Specialty; PA
*Lincosamides**		
CLEOCIN	4	
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
*Live Fecal Microbiota**		
VOWST	3	Specialty
*Local Anesthetics - Topical**		
<i>lidocaine-prilocaine</i>	1	
LIDODERM	4	PA
PLIAGLIS	4	
ZTLIDO	3	PA
*Loop Diuretics**		
<i>bumetanide</i>	1	

Label Name	Tier	Requirements/Limits
BUMEX	4	
EDECIN	4	PA
ENBUMYST	4	PA
<i>ethacrynic acid</i>	1	
FUROSCIX	3	Specialty; PA
<i>furosemide</i>	1	
LASIX	4	
LASIX ONYU	3	Specialty; PA
SOAANZ	3	PA
<i>torsemide</i>	1	
*Meglitinide Analogues**		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
*Menopausal Symptoms Suppressants**		
LYNKUET	4	PA
VEOZAH	3	PA
*Metabolic Modifiers**		
AVLAYAH	4	Specialty; PA
<i>betaine</i>	1	Specialty; PA
BUPHENYL	4	Specialty; PA
<i>calcitriol</i>	1	
CARBAGLU	4	Specialty
<i>carglumic acid</i>	1	Specialty
CARNITOR	4	
CARNITOR SF	4	
<i>cinacalcet hcl</i>	1	Specialty
CYSTADANE	4	Specialty; PA
<i>doxercalciferol</i>	1	
FORZINITY	4	Specialty
GALAFOLD	3	Specialty; PA
<i>glycerol phenylbutyrate</i>	1	Specialty; PA
HARLIKU	4	Specialty; PA
IMCIVREE	3	Specialty
<i>javygtor packet</i>	1	Specialty; PA
<i>javygtor tablet</i>	1	Specialty
KUVAN PACKET	4	Specialty; PA
KUVAN TABLET	4	Specialty
KYGEVVI	4	Specialty
<i>levocarnitine</i>	1	
<i>levocarnitine sf</i>	1	
LOARGYS	4	Specialty; PA
MYALEPT	3	Specialty; PA
<i>nitisinone</i>	1	Specialty; PA
NITYR	2	Specialty; PA
NULIBRY	3	Specialty
OLPRUVA (2 GM DOSE)	4	Specialty; PA
OLPRUVA (3 GM DOSE)	4	Specialty; PA
OLPRUVA (4 GM DOSE)	4	Specialty; PA
OLPRUVA (5 GM DOSE)	4	Specialty; PA
OLPRUVA (6 GM DOSE)	4	Specialty; PA
OLPRUVA (6.67 GM DOSE)	4	Specialty; PA
OPFOLDA	3	Specialty; PA
ORFADIN CAPSULE	4	Specialty; PA
ORFADIN SUSPENSION	2	Specialty; PA

Label Name	Tier	Requirements/Limits
PALYNZIQ	3	Specialty; PA
<i>paricalcitol</i>	1	
PARSABIV	4	PA
PHEBURANE	3	Specialty
RAVICTI	3	Specialty; PA
RAYALDEE	3	PA
REDEMPLO	2	Specialty; PA
REVCovi	2	Specialty; PA
ROCALtrol CAPSULE	4	
ROCALtrol SOLUTION	4	PA
<i>sapropterin dihydrochloride packet</i>	1	Specialty; PA
<i>sapropterin dihydrochloride tablet</i>	1	Specialty
SENSIPAR	4	Specialty
SEPHIENCE	3	Specialty; PA
<i>sodium phenylbutyrate</i>	1	Specialty; PA
STRENSIQ	2	Specialty; PA
TRYNGOLZA	3	Specialty; PA
VYKAT XR	3	Specialty; PA
XPHOZAH	4	PA
XURIDEN	3	Specialty; PA
YORVIPATH	3	Specialty; PA
<i>zelvysia</i>	1	Specialty; PA
ZEMPLAR	4	
*Microsomal Triglyceride Transfer Protein (MTP) Inhibitors**		
JUXTAPID CAPSULE ORAL 10 MG, 20 MG, 30 MG, 5 MG	3	Specialty; PA
JUXTAPID CAPSULE ORAL 2 MG	4	Specialty; PA
*Migraine Combinations**		
CAFERGOT	4	
<i>ergotamine-caffeine</i>	1	
MIGERGOT	3	PA
SUMANSETRON	4	
<i>sumatriptan-naproxen sodium</i>	1	
SYMBRAVO	4	PA
TREXIMET	4	PA
*Migraine Products - NSAIDs**		
CAMBIA	4	PA
<i>diclofenac potassium(migraine)</i>	1	
ELYXYB	4	PA
*Migraine Products**		
BREKIYA	3	PA
<i>dihydroergotamine mesylate</i>	1	
ERGOMAR	3	PA
TRUDHESA	3	PA
*Mineralocorticoid Receptor Antagonists**		
KERENDIA	2	PA
*Mineralocorticoids**		
<i>fludrocortisone acetate</i>	1	
*Miotics**		
<i>pilocarpine hcl</i>	1	
QLOSI	3	PA
VIZZ	3	PA
VUITY	3	PA
YUVEZZI	4	PA

Label Name	Tier	Requirements/Limits
*Misc. Anti-Ulcer**		
CARAFATE	4	
<i>sucralfate</i>	1	
*Misc. Antivirals**		
LAGEVRIO	2	
XOCOVA	3	PA
*Misc. Respiratory Inhalants**		
HYPERSAL NEBULIZATION SOLUTION INHALATION 3.5 %	4	
HYPERSAL NEBULIZATION SOLUTION INHALATION 7 %	3	
NEBUSAL NEBULIZATION SOLUTION INHALATION 3 %	1	
NEBUSAL NEBULIZATION SOLUTION INHALATION 6 %	4	
PULMOSAL	1	
<i>sodium chloride</i>	1	
*Miscellaneous Vaginal Products**		
FEM PH	4	
INTRAROSA	3	
TRIMO-SAN	4	
*Mitotic Inhibitors**		
<i>etoposide</i>	1	Specialty; PA
*Monoamine Oxidase Inhibitors (MAOIs)**		
EMSAM	3	
MARPLAN	3	
NARDIL	3	
PARNATE	4	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	
*Monobactams**		
<i>aztreonam</i>	1	
CAYSTON	3	Specialty; PA
*Movement Disorder Drug Therapy**		
AUSTEDO	3	Specialty; PA
AUSTEDO XR	3	Specialty; PA
AUSTEDO XR PATIENT TITRATION	3	Specialty; PA
INGREZZA	3	Specialty; PA
<i>tetrabenazine</i>	1	Specialty; PA
XENAZINE	4	Specialty; PA
*Mucolytics**		
<i>acetylcysteine</i>	1	
*Multiple Sclerosis Agents**		
AMPYRA	4	Specialty; PA
AUBAGIO	4	Specialty; PA
AVONEX PEN	2	Specialty; PA
AVONEX PREFILLED	2	Specialty; PA
BAFIERTAM	4	Specialty; PA
BETASERON	2	Specialty; PA
<i>cladribine (10 tabs)</i>	1	Specialty; PA
<i>cladribine (4 tabs)</i>	1	Specialty; PA
<i>cladribine (5 tabs)</i>	1	Specialty; PA
<i>cladribine (6 tabs)</i>	1	Specialty; PA
<i>cladribine (7 tabs)</i>	1	Specialty; PA

Label Name	Tier	Requirements/Limits
<i>cladribine (8 tabs)</i>	1	Specialty; PA
<i>cladribine (9 tabs)</i>	1	Specialty; PA
COPAXONE	4	Specialty; PA
<i>dalfampridine er</i>	1	Specialty; PA
<i>dimethyl fumarate</i>	1	Specialty; PA
<i>dimethyl fumarate starter pack</i>	1	Specialty; PA
<i> fingolimod hcl</i>	1	Specialty; PA
GILENYA CAPSULE ORAL 0.25 MG	3	Specialty; PA
GILENYA CAPSULE ORAL 0.5 MG	4	Specialty; PA
<i>glatiramer acetate</i>	1	Specialty; PA
<i>glatopa</i>	1	Specialty; PA
KESIMPTA	2	Specialty; PA
MAVENCLAD (10 TABS)	2	Specialty; PA
MAVENCLAD (4 TABS)	2	Specialty; PA
MAVENCLAD (5 TABS)	2	Specialty; PA
MAVENCLAD (6 TABS)	2	Specialty; PA
MAVENCLAD (7 TABS)	2	Specialty; PA
MAVENCLAD (8 TABS)	2	Specialty; PA
MAVENCLAD (9 TABS)	2	Specialty; PA
MAYZENT	2	Specialty; PA
MAYZENT STARTER PACK	2	Specialty; PA
OCREVUS	3	Specialty; PA
PLEGRIDY	2	Specialty; PA
PLEGRIDY STARTER PACK	2	Specialty; PA
PONVORY	4	Specialty; PA
PONVORY STARTER PACK	4	Specialty; PA
REBIF	2	Specialty; PA
REBIF REBIDOSE	2	Specialty; PA
REBIF REBIDOSE TITRATION PACK	2	Specialty; PA
REBIF TITRATION PACK	2	Specialty; PA
TASCENSO ODT	4	Specialty; PA
TECFIDERA	4	Specialty; PA
<i>teriflunomide</i>	1	Specialty; PA
TYRUKO	4	Specialty; PA
TYSABRI	3	Specialty; PA
VUMERITY	2	Specialty; PA
ZEPOSIA	2	Specialty; PA
ZEPOSIA 7-DAY STARTER PACK	2	Specialty; PA
ZEPOSIA STARTER KIT	2	Specialty; PA
*Muscarinic Agents**		
COBENFY	4	PA
COBENFY STARTER PACK	4	PA
*Muscle Relaxant Combinations**		
NORGESIC	1	
NORGESIC FORTE	1	
<i>orphenadrine-aspirin-caffeine</i>	1	
ORPHENGESIC FORTE	1	
*Muscular Dystrophy Agents**		
DUVYZAT	3	Specialty; PA
*N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists**		
SPRAVATO (56 MG DOSE)	3	Specialty; PA
SPRAVATO (84 MG DOSE)	3	Specialty; PA
*Nasal Agent Combinations**		
<i>azelastine-fluticasone</i>	1	

Label Name	Tier	Requirements/Limits
DYMISTA	4	PA
<i>lidocaine hcl-oxymetazoline</i>	1	
RYALTRIS	4	PA
*Nasal Antiallergy**		
<i>azelastine hcl</i>	1	
<i>olopatadine hcl</i>	1	
*Nasal Anticholinergics**		
<i>ipratropium bromide</i>	1	
*Nasal Steroids**		
<i>flunisolide</i>	1	
<i>fluticasone propionate</i>	1	
<i>mometasone furoate</i>	1	
OMNARIS	3	PA
QNASL	3	PA
QNASL CHILDRENS	3	PA
XHANCE	3	PA
*Natriuretic Peptides**		
VOXZOGO	3	Specialty; PA
YUUIWEL	4	Specialty; PA
*Natural Penicillins**		
LENTOCILIN	4	
<i>penicillin v potassium</i>	1	
*Neurogenic Orthostatic Hypotension (NOH) - Agents**		
<i>droxidopa</i>	1	Specialty; PA
NORTHERA	4	Specialty; PA
*Neuromuscular Blocking Agent - Neurotoxins**		
BOTOX	3	Specialty; PA
*Nicotinic Acid Derivatives**		
<i>niacin (antihyperlipidemic)</i>	3	
<i>niacin er (antihyperlipidemic)</i>	1	
NIACOR	3	
*Nitrates**		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>nitro-bid</i>	3	
NITRO-DUR PATCH 24 HOUR TRANSDERMAL 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	4	
NITRO-DUR PATCH 24 HOUR TRANSDERMAL 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin</i>	1	
NITROLINGUAL	1	
NITROSTAT	4	
NITRO-TIME	1	
*Non-Barbiturate Hypnotics**		
AMBIEN CR TABLET EXTENDED RELEASE ORAL 12.5 MG	4	
AMBIEN CR TABLET EXTENDED RELEASE ORAL 6.25 MG	4	PA
AMBIEN TABLET ORAL 10 MG	4	
AMBIEN TABLET ORAL 5 MG	4	PA
EDLUAR	3	PA
<i>estazolam</i>	1	

Label Name	Tier	Requirements/Limits
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
LUNESTA TABLET ORAL 1 MG	4	PA
LUNESTA TABLET ORAL 2 MG, 3 MG	4	
<i>midazolam</i>	1	
<i>midazolam hcl</i>	1	
MIDAZOLAM+SYRSPEND SF	4	PA
<i>quazepam</i>	1	
RESTORIL CAPSULE ORAL 15 MG, 22.5 MG, 30 MG	4	
RESTORIL CAPSULE ORAL 7.5 MG	4	PA
<i>temazepam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate</i>	1	
<i>zolpidem tartrate er</i>	1	
*Nonsteroidal Anti-inflammatory Agents (NSAIDs)**		
ARTHROTEC	4	
CELEBREX	4	
<i>celecoxib</i>	1	
COMBOGESIC	3	PA
COXANTO	3	PA
<i>diclofenac potassium</i>	1	
<i>diclofenac sodium</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
<i>fenoprofen calcium</i>	1	
<i>fenopron</i>	3	PA
<i>flurbiprofen</i>	1	
<i>indocin suppository</i>	1	
INDOCIN SUSPENSION	4	PA
<i>indomethacin</i>	1	
<i>indomethacin er</i>	1	
<i>ketoprofen</i>	1	
<i>ketoprofen er</i>	1	
<i>ketorolac tromethamine</i>	1	
<i>ketorolac-bupiv-ketamine</i>	1	
<i>ketorolac-ropiv-ketamine</i>	1	
LODINE	4	
<i>lofena</i>	1	
<i>meclofenamate sodium</i>	1	
<i>meloxicam</i>	1	
<i>nabumetone</i>	1	
NAPRELAN	4	PA
<i>naproxen</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium</i>	1	
<i>naproxen sodium er</i>	1	
ORUDIS	3	PA
<i>oxaprozin capsule</i>	3	PA
<i>oxaprozin tablet</i>	1	
<i>piroxicam</i>	1	
RELAFEN DS	3	PA

Label Name	Tier	Requirements/Limits
SPRIX	3	PA
<i>sulindac</i>	1	
TOLECTIN 600	3	
TOLECTIN DS	4	
<i>tolmetin sodium capsule</i>	1	
<i>tolmetin sodium tablet oral 200 mg</i>	1	
<i>tolmetin sodium tablet oral 600 mg</i>	3	
TRESNI	4	PA
VYSCOX	3	
ZIPSOR	4	PA
ZYBIC	3	PA
ZYNRELEF	4	
*Oil Soluble Vitamins**		
DRISDOL	4	PA
<i>ergocalciferol</i>	1	
<i>vitamin d (ergocalciferol)</i>	1	
<i>wheat germ oil</i>	1	
*Ophthalmic - Angiogenesis Inhibitors**		
<i>bevacizumab</i>	1	
*Ophthalmic Adrenergic Agents**		
ALPHAGAN P	4	
<i>apraclonidine hcl</i>	1	
<i>bimatoprost-brimonidine-dorzol</i>	1	
<i>brimonidine tartrate</i>	1	
<i>brimonidine-dorzolamide</i>	1	
IOPIDINE	4	
SIMBRINZA	2	
*Ophthalmic Anti-infectives**		
AZASITE	4	PA
<i>bacitracin-polymyxin b</i>	1	
<i>besifloxacin hcl</i>	3	PA
BESIVANCE	2	PA
CILOXAN	4	PA
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin sulfate</i>	1	
KLARITY-A	4	PA
<i>levofloxacin</i>	1	
<i>moxifloxacin hcl</i>	1	
<i>moxifloxacin hcl (2x day)</i>	1	
<i>moxifloxacin-bromfenac</i>	1	
NATACYN	2	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
OCUFLOX	4	
<i>ofloxacin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>sulfacetamide sodium</i>	1	
<i>tobramycin solution</i>	1	
<i>tobramycin-vancomycin hcl</i>	1	
TOBREX	4	PA
<i>trifluridine</i>	1	

Label Name	Tier	Requirements/Limits
<i>vancomycin hcl</i>	1	
VIGAMOX	4	
XDEMVI	3	PA
ZIRGAN	4	
*Ophthalmic Immunomodulators**		
CEQUA	4	
<i>cyclosporine (pf)</i>	1	
KLARITY-C DROPS	4	PA
RESTASIS	2	
RESTASIS MULTIDOSE	4	
VERKAZIA	3	PA
VEVYE	4	
*Ophthalmic Integrin Antagonists**		
XIIDRA	4	
*Ophthalmic Kinase Inhibitors**		
RHOPRESSA	3	
ROCKLATAN	3	
*Ophthalmic Local Anesthetics**		
ALTACAINE	1	
IHEEZO	4	
<i>tetracaine hcl</i>	1	
*Ophthalmic Nerve Growth Factors**		
OXERVATE	3	Specialty; PA
*Ophthalmic Photodynamic Therapy Agents**		
VISUDYNE	4	Specialty; PA
*Ophthalmic Photoenhancers**		
EPIOXA HD/ EPIOXA	4	PA
*Ophthalmic Steroids**		
ALREX	4	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BYQLOVI	4	
<i>clobetasol propionate suspension</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
<i>difluprednate</i>	1	
DOUBLE PM	4	
DUREZOL	4	
EYSUVIS	2	
FLAREX	3	
<i>fluorometholone</i>	1	
FML FORTE	4	
FML LIQUIFILM	4	
INVELTYS	4	
KLARITY-L	4	
LOTEMAX GEL	4	
LOTEMAX OINTMENT	2	
LOTEMAX SM	2	
LOTEMAX SUSPENSION	4	
<i>loteprednol etabonate</i>	1	
<i>loteprednol-tobramycin</i>	1	
MAXIDEX	3	
MAXITROL	4	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
PRED FORTE	4	

Label Name	Tier	Requirements/Limits
PRED MILD	4	
<i>prednisol ace-moxiflox-bromfen</i>	1	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE P-F	4	
<i>prednisolone acetate-nepafenac</i>	1	
<i>prednisolone acet-moxifloxacin</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisolone-bromfenac</i>	1	
PREDNISOLONE-GATIFLOXACIN	4	
<i>prednisolone-moxifloxacin</i>	1	
<i>prednisolon-gatiflox-bromfenac</i>	1	
<i>prednisolon-moxiflox-bromfenac</i>	1	
<i>prednisolon-moxiflox-ketorolac</i>	1	
<i>prednisolon-moxiflox-nepafenac</i>	1	
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX	4	
TOBRADEX ST	3	
<i>tobramycin-dexamethasone</i>	1	
TRIPLE PMB	4	
TRIPLE PMK	4	
ZYLET	3	
*Ophthalmic Surgical Aids**		
GELFILM	4	
*Ophthalmics - Misc.**		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	4	PA
<i>azelastine hcl</i>	1	
AZOPT	4	PA
<i>bepotastine besilate</i>	1	
BEPREVE	4	PA
BIO GLO	1	
<i>brinzolamide</i>	1	
<i>bromfenac sodium</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	4	PA
<i>cromolyn sodium</i>	1	
CYSTADROPS	3	Specialty; PA
CYSTARAN	3	Specialty; PA
<i>diclofenac sodium</i>	1	
<i>dorzolamide hcl</i>	1	
<i>epinastine hcl</i>	1	
<i>fluorescein sodium</i>	1	
<i>fluorescein-benoxinate</i>	1	
<i>fluorescein-proparacaine</i>	1	
FLUOR-I-STRIPS A.T.	1	
FLURA-SAFE	4	
<i>flurbiprofen sodium</i>	1	
GREEN GLO LISSAMINE GREEN	4	
ILEVRO	3	PA
<i>ketorolac tromethamine</i>	1	
MIEBO	4	
NEVANAC	4	PA
<i>olopatadine hcl</i>	1	

Label Name	Tier	Requirements/Limits
OMLONTI	4	
PROLENSA	4	PA
<i>proparacaine-fluorescein</i>	1	
TRYPTYR	3	
UPNEEQ	3	PA
ZERVIAE	3	PA
*Opioid Agonists**		
<i>codeine sulfate</i>	1	
CONZIP	3	PA
DILAUDID	4	
DISKETS	1	
<i>fentanyl</i>	1	
<i>fentanyl citrate</i>	1	
<i>hydrocodone bitartrate er</i>	1	
<i>hydromorphone hcl</i>	1	
<i>hydromorphone hcl er</i>	1	
HYSINGLA ER	4	
<i>levorphanol tartrate</i>	1	
<i>methadone hcl</i>	1	
<i>methadone hcl intensol</i>	1	
METHADOSE CONCENTRATE	4	
METHADOSE SUGAR-FREE	4	
<i>methadose tablet soluble</i>	1	
<i>morphine sulfate</i>	1	
<i>morphine sulfate (concentrate)</i>	1	
<i>morphine sulfate er</i>	1	
<i>morphine sulfate er beads</i>	1	
MS CONTIN	4	
NUCYNTA	3	
NUCYNTA ER	2	
<i>oxycodone hcl</i>	1	
OXYCONTIN	3	
<i>oxymorphone hcl</i>	1	
<i>oxymorphone hcl er</i>	1	
ROXICODONE	4	
ROXYBOND	3	
SYNAPRYN FUSEPAQ	4	
<i>tapentadol hcl</i>	1	
<i>tapentadol hcl er</i>	1	
<i>tramadol hcl</i>	1	
<i>tramadol hcl (er biphasic)</i>	1	
<i>tramadol hcl er</i>	1	
XTAMPZA ER	2	PA
<i>xyvona</i>	1	
*Opioid Antagonists**		
KLOXXADO	2	
<i>naloxone hcl</i>	1	
<i>naltrexone hcl</i>	1	
OPVEE	2	
REXTOVY	2	
REZENOPY	4	PA
*Opioid Combinations**		
<i>acetaminophen-codeine</i>	1	
<i>apap-caff-dihydrocodeine</i>	1	

Label Name	Tier	Requirements/Limits
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>endocet</i>	1	
<i>hydrocodone-acetaminophen solution oral 10-300 mg/15ml</i>	3	
<i>hydrocodone-acetaminophen solution oral 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen tablet</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
NALOCET	3	PA
<i>oxycodone-acetaminophen</i>	1	
PERCOCET	4	
PROLATE	3	
<i>tramadol-acetaminophen</i>	1	
TREZIX	3	
*Opioid Partial Agonists**		
BELBUCA	2	
<i>buprenorphine</i>	1	
<i>buprenorphine hcl</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>butorphanol tartrate</i>	1	
BUTRANS	4	PA
SUBOXONE	4	
ZUBSOLV	3	PA
*Orexin Receptor Antagonists**		
BELSOMRA	2	
DAYVIGO	4	
QUVIVIQ	4	
*Otic Agents - Miscellaneous**		
<i>acetic acid</i>	1	
*Otic Anti-infectives**		
CETRAXAL	4	
<i>ciprofloxacin hcl</i>	1	
<i>ofloxacin</i>	1	
XTORO	4	PA
*Otic Combinations**		
CIPRO HC	3	PA
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	3	PA
PRAMOTIC	4	
*Otic Steroids**		
DERMOTIC	4	
<i>fluocinolone acetonide</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
*Oxazolidinones**		
<i>linezolid</i>	1	
SIVEXTRO	3	PA
ZYVOX	4	

Label Name	Tier	Requirements/Limits
*Oxytocics**		
<i>methergine</i>	1	
<i>methylergonovine maleate</i>	1	
<i>oxytocin</i>	1	
*Passive Immunizing Agents - Combinations**		
HYQVIA	3	Specialty; PA
*Penems**		
ORLYNVAH	3	PA
*Penicillin Combinations**		
<i>amoxicillin-pot clavulanate</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>ampicillin-sulbactam sodium</i>	1	
AUGMENTIN	3	
AUGMENTIN ES-600	4	
*Penicillinase-Resistant Penicillins**		
<i>dicloxacillin sodium</i>	1	
<i>nafcillin sodium</i>	1	
*Peripheral Opioid Receptor Antagonists**		
MOVANTIK	2	
RELISTOR SOLUTION	4	PA
RELISTOR SOLUTION PREFILLED SYRINGE	4	
RELISTOR TABLET	4	PA
SYMPROIC	2	
*Peripheral Vasodilators**		
<i>papaverine hcl</i>	1	
*Peroxisome Proliferator-Activated Receptor(PPAR) Agonists**		
IQIRVO	2	Specialty; PA
LIVDELZI	2	Specialty; PA
*Phenothiazines**		
<i>chlorpromazine hcl</i>	1	
<i>compro</i>	1	
<i>fluphenazine hcl</i>	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>trifluoperazine hcl</i>	1	
*Phosphate Binder Agents**		
AURYXIA	3	PA
<i>calcium acetate</i>	1	
<i>calcium acetate (phos binder)</i>	1	
<i>ferric citrate</i>	1	
FOSRENOL PACKET	3	
FOSRENOL TABLET CHEWABLE	4	
<i>lanthanum carbonate</i>	1	
REVELA	4	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	
VELPHORO	2	PA
*Phosphate**		
K-PHOS	3	
K-PHOS-NEUTRAL	3	
PHOSPHA 250 NEUTRAL	1	
<i>phosphorous</i>	1	

Label Name	Tier	Requirements/Limits
PHOSPHO-TRIN 250 NEUTRAL	1	
PHOSPHO-TRIN K500	1	
*Phosphodiesterase 3 & 4 (PDE3 & PDE4) Inhibitors**		
OHTUVAYRE	4	Specialty; PA
*Phosphodiesterase 4 (PDE4) Inhibitors - Topical**		
ADQUEY	4	PA
EUCRISA	2	
ZORYVE	4	
*Phosphodiesterase 4 (PDE4) Inhibitors**		
OTEZLA	2	Specialty; PA
OTEZLA XR	2	Specialty; PA
OTEZLA/OTEZLA XR INITIATION PK	2	Specialty; PA
*PIK3CA-Related Overgrowth Spectrum (PROS) Agents**		
VIJOICE PACKET	3	Specialty
VIJOICE TABLET THERAPY PACK	3	Specialty; PA
*Plasma Factor XIIa Inhibitors**		
ANDEMBRY	2	Specialty; PA
*Plasma Kallikrein Inhibitors**		
EKTERLY	4	Specialty; PA
ORLADEYO CAPSULE	3	Specialty
ORLADEYO PACKET	3	Specialty; PA
TAKHZYRO	2	Specialty; PA
*Platelet Aggregation Inhibitors**		
AGRYLIN	4	
<i>anagrelide hcl</i>	1	
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	2	
CABLIVI	3	Specialty; PA
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate</i>	1	
<i>dipyridamole</i>	1	
EFFIENT	4	
PLAVIX	4	
<i>prasugrel hcl</i>	1	
<i>ticagrelor</i>	1	
YOSPRALA	3	PA
ZONTIVITY	3	
*Polymyxins**		
<i>colistimethate sodium (cba)</i>	1	
<i>polymyxin b sulfate</i>	1	
*Posterior Pituitary Hormones**		
DDAVP PF	4	PA
DDAVP SOLUTION	4	PA
DDAVP TABLET	4	
DESMODA	4	Specialty; PA
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate</i>	1	
<i>desmopressin acetate pf</i>	1	
<i>desmopressin acetate spray</i>	1	
<i>vasopressin-sodium chloride</i>	1	
*Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents**		
<i>gabapentin (once-daily)</i>	1	
GRALISE TABLET ORAL 300 MG, 600 MG	4	PA
GRALISE TABLET ORAL 450 MG, 750 MG,	3	PA

Label Name	Tier	Requirements/Limits
900 MG		
LYRICA CR	4	
<i>pregabalin er</i>	1	
*Potassium Removing Agents**		
LOKELMA	2	
VELTASSA	2	
*Potassium Sparing Diuretics**		
ALDACTONE	4	
<i>amiloride hcl</i>	1	
CAROSPIR	4	
DYRENIUM	4	
<i>spironolactone</i>	1	
<i>triamterene</i>	1	
*Potassium**		
EFFER-K TABLET EFFERVESCENT ORAL 10 MEQ, 20 MEQ	4	
EFFER-K TABLET EFFERVESCENT ORAL 25 MEQ	1	
KLOR-CON	1	
<i>klor-con</i>	1	
KLOR-CON 10	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
POKONZA	3	PA
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er</i>	1	
<i>potassium chloride packet oral 20 meq</i>	1	
<i>potassium chloride packet oral 40 meq</i>	3	
<i>potassium chloride solution</i>	1	
*Prekallikrein-Directed Antisense Oligonucleotides (ASO)**		
DAWNZERA	2	Specialty; PA
*Premenstrual Dysphoric Disorder (PMDD) Agents**		
<i>fluoxetine hcl (pmdd)</i>	1	
*Prenatal Vitamins**		
ATABEX EC	3	
AZENTRA	4	PA
AZESCO	3	PA
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
C-NATE DHA	3	
COMPLETE NATAL DHA	3	
COMPLETENATE	3	
CO-NATAL FA	3	
CONCEPT DHA	3	
CONCEPT OB	3	
DERMACINRX PRETRATE	3	
ELITE-OB	3	
EMBRIVA	3	PA
ENBRACE HR	3	
FOLATEXCEL	3	PA
FOLIVANE-OB	3	
GESTYRA	3	PA

Label Name	Tier	Requirements/Limits
INATAL GT	3	
JENLIVA PRENATAL/POSTNATAL	3	
KOSHER PRENATAL PLUS IRON	3	
MATERNACEL	3	PA
MATERVIA	3	
MATRONEX	3	
M-NATAL PLUS	3	
NATAL PNV	3	
NATALCHEW	4	
NEEVO DHA	3	PA
NEOMATERNA	3	PA
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NEO-VITAL RX	3	
NESTABS	3	
NESTABS DHA	3	PA
NESTABS ONE	3	
NIVA-PLUS	3	
OB COMPLETE	3	
OB COMPLETE ONE	3	PA
OB COMPLETE PETITE	3	PA
OB COMPLETE PREMIER	3	
OB COMPLETE/DHA	3	
ONE VITE WOMENS PLUS	3	
ONENATAL RX	3	
PNV 27-CA/FE/FA	3	
PNV PRENATAL PLUS MULTIVIT+DHA	3	
PNV TABS 20-1	3	PA
PNV-DHA	3	
PNV-DHA+DOCUSATE	3	
PNV-OMEGA	3	
PNV-SELECT	3	
PREGEN DHA	3	PA
PREGENNA	3	PA
PREMESISRX	3	
PRENA 1 TRUE	3	
PRENA1	3	
PRENA1 PEARL	3	
PRENATABS FA	4	
PRENATAL	3	
PRENATAL 19	2	
PRENATAL PLUS	2	
PRENATAL PLUS VITAMIN/MINERAL	3	
PRENATAL-U	2	
PRENATE	3	
PRENATE AM	3	
PRENATE DHA	3	
PRENATE ELITE	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	3	PA

Label Name	Tier	Requirements/Limits
PRENATRIX	3	
PRENATRYL	3	
PRENOVA	4	
PROVIDA OB	3	
RELEVIA	3	
RELNATE DHA	3	
SELECT-OB	3	
SELECT-OB+DHA	3	
SE-NATAL 19	2	
TARON-C DHA	3	
THRIVITE RX	3	
TRINATAL RX 1	3	
TRINATE	2	
TRISTART DHA	3	
VINATE DHA RF	3	PA
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITALARA	3	PA
VITATHELY WITH GINGER	3	
WESCAP-PN DHA	3	
WESNATE DHA	3	
WESTAB PLUS	3	
WESTGEL DHA	3	
ZALVIT	3	PA
ZIPHEX	3	PA
*Progeria Treatment Agents**		
ZOKINVY	2	Specialty; PA
*Progesterone Receptor Antagonists**		
<i>mifepristone tablet oral 200 mg</i>	1	
*Progestin Contraceptives - Injectable**		
DEPO-PROVERA	2	PA
DEPO-SUBQ PROVERA 104	2	PA
<i>medroxyprogesterone acetate</i>	1	
*Progestin Contraceptives - Oral**		
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>meleya</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norlyroc</i>	1	
<i>orquidea</i>	1	
<i>sharobel</i>	1	
SLYND	2	PA

Label Name	Tier	Requirements/Limits
*Progestins**		
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate</i>	1	
<i>megestrol acetate</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	
PROMETRIUM	4	
PROVERA	4	
*Prolactin Inhibitors**		
<i>cabergoline</i>	1	
*Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors**		
LEQVIO	3	PA
LEROCHOL	4	PA
LIPFENDRA	4	PA
PRALUENT	4	PA
REPATHA	2	
REPATHA SURECLICK	2	
*Prostaglandin Vasodilators**		
AURLUMYN	4	Specialty; PA
ORENITRAM	3	Specialty; PA
ORENITRAM MONTH 1	3	Specialty; PA
ORENITRAM MONTH 2	3	Specialty; PA
ORENITRAM MONTH 3	3	Specialty; PA
TYVASO	3	Specialty; PA
TYVASO DPI INSTITUTIONAL KIT	4	Specialty; PA
TYVASO DPI MAINTENANCE KIT	3	Specialty; PA
TYVASO DPI TITRATION KIT	3	Specialty; PA
TYVASO REFILL KIT	3	Specialty; PA
TYVASO STARTER KIT	3	Specialty; PA
YUTREPIA	3	Specialty
*Prostaglandins - Ophthalmic**		
<i>bimatoprost</i>	1	
IYUZEH	4	
<i>latanoprost</i>	1	
LUMIGAN	2	
<i>tafluprost (pf)</i>	1	
TRAVATAN Z	4	
<i>travoprost (bak free)</i>	1	
VYZULTA	3	
XALATAN	4	
XELPROS	4	
ZIOPTAN	4	
ZOLYMBUS	4	PA
*Prostatic Hypertrophy Agents**		
<i>alfuzosin hcl er</i>	1	
AVODART	4	
CARDURA XL	3	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	
ENTADFI	3	PA
<i>finasteride</i>	1	
JALYN	4	
PROSCAR	4	

Label Name	Tier	Requirements/Limits
<i>silodosin</i>	1	
<i>tamsulosin hcl</i>	1	
UROXATRAL	4	
*Proton Pump Inhibitors**		
ACIPHEX	4	
DEXILANT	4	
<i>dexlansoprazole</i>	1	
<i>esomeprazole magnesium</i>	1	
FIRST-LANSOPRAZOLE	4	
<i>lansoprazole</i>	1	
NEXIUM CAPSULE DELAYED RELEASE	4	
NEXIUM PACKET ORAL 10 MG, 20 MG, 40 MG	4	
NEXIUM PACKET ORAL 2.5 MG, 5 MG	2	
<i>omeprazole</i>	1	
<i>pantoprazole sodium</i>	1	
PREVACID	4	
PREVACID SOLUTAB	4	
PRILOSEC	3	PA
PROTONIX	4	
<i>rabeprazole sodium</i>	1	
VOQUEZNA	3	
*Pseudobulbar Affect (PBA) Agents**		
NUEDEXTA	2	PA
*Psychotherapeutic and Neurological Agents - Misc.**		
AQNEURSA	3	Specialty; PA
MIPLYFFA	3	Specialty; PA
<i>pimozide</i>	1	
*Pulmonary Fibrosis Agents**		
ESBRIET	4	Specialty; PA
JASCAYD	3	Specialty; PA
<i>nintedanib esylate</i>	1	Specialty; PA
OFEV	3	Specialty; PA
<i>pirfenidone capsule</i>	1	Specialty; PA
<i>pirfenidone tablet oral 267 mg, 801 mg</i>	1	Specialty; PA
<i>pirfenidone tablet oral 534 mg</i>	1	Specialty
*Pulmonary Hypertension - Activin Signaling Inhibitor**		
WINREVAIR	3	Specialty; PA
*Pulmonary Hypertension - Endothelin Receptor Antagonists**		
<i>ambrisentan</i>	1	Specialty; PA
<i>bosentan</i>	1	Specialty; PA
LETAIRIS	4	Specialty; PA
<i>macitentan</i>	1	Specialty; PA
OPSUMIT	2	Specialty; PA
TRACLEER TABLET	4	Specialty; PA
TRACLEER TABLET SOLUBLE	2	Specialty; PA
*Pulmonary Hypertension - Phosphodiesterase Inhibitors**		
ADCIRCA	4	Specialty; PA
<i>alyq</i>	1	Specialty; PA
REVATIO	4	Specialty; PA
<i>sildenafil citrate suspension reconstituted</i>	1	Specialty; PA
<i>sildenafil citrate tablet oral 20 mg</i>	1	Specialty; PA
<i>tadalafil (pah)</i>	1	Specialty; PA
TADLIQ	4	Specialty; PA

Label Name	Tier	Requirements/Limits
*Pulmonary Hypertension - Prostacyclin Receptor Agonist**		
UPTRAVI	2	Specialty; PA
UPTRAVI TITRATION	2	Specialty; PA
*Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator**		
ADEMPAS	3	Specialty; PA
*Pyrimidine Synthesis Inhibitors**		
ARAVA	4	
<i>leflunomide</i>	1	
*Pyruvate Kinase Activators**		
AQVESME	4	Specialty; PA
PYRUKYND	2	Specialty; PA
PYRUKYND TAPER PACK	2	Specialty; PA
*Quinolinone Derivatives**		
ABILIFY	4	PA
<i>aripiprazole</i>	1	
OPIPZA	4	PA
REXULTI	2	PA
*Rectal Combinations**		
ANALPRAM HC CREAM TOPICAL 1-1 %	3	PA
ANALPRAM HC CREAM TOPICAL 2.5-1 %	4	PA
ANALPRAM HC LOTION	3	PA
<i>hydrocortisone ace-pramoxine</i>	1	
PROCTOFOAM HC	3	
*Rectal Steroids**		
ANUCORT-HC	1	
HEMMOREX-HC	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate suppository</i>	1	
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
*Respiratory Agents - Misc.**		
BRINSUPRI	3	Specialty; PA
*Respiratory Therapy Supplies**		
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER MINI CHAMBER	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER Z-STAT PLUS	2	
AEROCHAMBER Z-STAT PLUS CHAMBR	2	
AEROCHAMBER Z-STAT PLUS/LARGE	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM	2	
AEROCHAMBER Z-STAT PLUS/SMALL	2	
AEROVENT PLUS	2	
BREATHE EASE LARGE	2	
BREATHE EASE MEDIUM	2	
BREATHE EASE SMALL	2	
BREATHERITE VALVED MDI CHAMBER	2	
CLEVER CHOICE HOLDING CHAMBER	2	
COMP A-I-R NEBULIZER	4	

Label Name	Tier	Requirements/Limits
COMPACT SPACE CHAMBER	2	
COMPACT SPACE CHAMBER/LG MASK	2	
COMPACT SPACE CHAMBER/MED MASK	2	
COMPACT SPACE CHAMBER/SM MASK	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FLEXICHAMBER	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
INSPIREASE	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
POCKET CHAMBER	2	
POCKET SPACER	2	
PROCHAMBER VHC	2	
RITEFLO	2	
VORTEX VALVED HOLDING CHAMBER	2	
*Restless Leg Syndrome (RLS) Agents**		
HORIZANT	3	
*Rett Syndrome Agents**		
DAYBUE	3	Specialty; PA
DAYBUE STIX	3	Specialty; PA
*Rosacea Agents**		
<i>brimonidine tartrate</i>	1	
<i>doxycycline</i>	1	
EMROSI	3	PA
FINACEA	4	PA
<i>ivermectin cream</i>	1	
METROCREAM	4	
METROGEL	4	
<i>metronidazole</i>	1	
MIRVASO	4	PA
NORITATE	4	PA
ORACEA	2	PA
RHOFADE	4	PA
SOOLANTRA	2	
ZILXI	2	PA
*Salicylates**		
<i>diflunisal</i>	1	
DOLOBID	3	PA
<i>salsalate</i>	1	
*Scabicides & Pediculicides**		
CROTAN	1	
<i>malathion</i>	1	
NATROBA	3	PA
OVIDE	4	PA
<i>permethrin</i>	1	

Label Name	Tier	Requirements/Limits
<i>spinosad</i>	1	
*Selective Aldosterone Receptor Antagonists (SARAs)**		
<i>eplerenone</i>	1	
*Selective Costimulation Modulators**		
ORENCIA	3	Specialty; PA
ORENCIA CLICKJECT	3	Specialty; PA
*Selective Melatonin Receptor Agonists**		
HETLIOZ	4	Specialty; PA
HETLIOZ LQ	3	Specialty; PA
<i>ramelteon</i>	1	
ROZEREM	4	PA
<i>tasimelteon</i>	1	Specialty; PA
*Selective Phosphodiesterase 4 (PDE4) Inhibitors**		
DALIRESP	4	
<i>roflumilast</i>	1	
*Selective Serotonin Reuptake Inhibitors (SSRIs)**		
CELEXA	4	
<i>citalopram hydrobromide</i>	1	
<i>escitalopram oxalate</i>	1	
<i>fluoxetine hcl</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	1	
LEXAPRO	4	
<i>paroxetine hcl</i>	1	
<i>paroxetine hcl er</i>	1	
PAXIL	4	
PAXIL CR	4	
<i>sertraline hcl</i>	1	
ZOLOFT	4	
*Serotonin Agonists**		
<i>almotriptan malate</i>	1	
<i>eletriptan hydrobromide</i>	1	
<i>frovatriptan succinate</i>	1	
IMITREX	4	
IMITREX STATDOSE REFILL	3	PA
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR SUBCUTANEOUS 4 MG/0.5ML	3	PA
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR SUBCUTANEOUS 6 MG/0.5ML	4	PA
MAXALT	4	
MAXALT-MLT	4	
<i>naratriptan hcl</i>	1	
ONZETRA XSAIL	3	PA
RELPAX	4	PA
REYVOW	2	PA
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan</i>	1	
<i>sumatriptan succinate</i>	1	
TOSYMRA	3	PA
ZEMBRACE SYMTOUCH	3	PA
<i>zolmitriptan</i>	1	
ZOMIG SOLUTION NASAL 2.5 MG	3	

Label Name	Tier	Requirements/Limits
ZOMIG SOLUTION NASAL 5 MG	4	
ZOMIG TABLET	1	
<i>zomig tablet</i>	1	
*Serotonin Modulators**		
EXXUA	3	
EXXUA TITRATION PACK	3	
RALDESY	4	PA
<i>trazodone hcl</i>	1	
TRINTELLIX	3	
VIIBRYD	4	
<i>vilazodone hcl</i>	1	
*Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**		
<i>desvenlafaxine er</i>	1	
<i>desvenlafaxine succinate er</i>	1	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl</i>	1	
EFFEXOR XR	4	
FETZIMA	3	
FETZIMA TITRATION	3	
PRISTIQ	4	
<i>venlafaxine besylate er</i>	1	
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
*Short Bowel Syndrome (SBS) Agents**		
GATTEX	3	Specialty; PA
Sinus Node Inhibitors		
CORLANOR	2	
<i>ivabradine hcl</i>	1	
*Smoking Deterrents**		
<i>bupropion hcl er (smoking det)</i>	1	
CHANTIX	4	
CHANTIX CONTINUING MONTH PAK	4	
CHANTIX STARTING MONTH PAK	4	
NICOTROL NS	2	PA
<i>varenicline tartrate</i>	1	
<i>varenicline tartrate (starter)</i>	1	
<i>varenicline tartrate(continue)</i>	1	
*Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors**		
<i>bexagliflozin</i>	1	
BRENZAVVY	4	
<i>dapagliflozin</i>	1	
FARXIGA	2	
INVOKANA	4	
JARDIANCE	2	
STEGLATRO	4	
*Soluble Tumor Necrosis Factor Receptor Agents**		
ENBREL MINI	2	Specialty; PA
ENBREL SOLUTION	2	Specialty
ENBREL SOLUTION PREFILLED SYRINGE	2	Specialty; PA
ENBREL SURECLICK	2	Specialty; PA
*Somatostatic Agents**		
BYNFEZIA PEN	4	Specialty
MYCAPSSA	3	Specialty; PA
<i>octreotide acetate kit</i>	1	Specialty; PA

Label Name	Tier	Requirements/Limits
<i>octreotide acetate solution</i>	1	Specialty; PA
<i>octreotide acetate solution prefilled syringe</i>	1	Specialty
PALSONIFY	4	Specialty
SANDOSTATIN	4	Specialty; PA
SIGNIFOR	3	Specialty; PA
*Spinal Muscular Atrophy Agents (SMA)**		
EVRYSDI	3	Specialty; PA
*Stem Cell Mobilizers**		
APHEXDA	4	Specialty; PA
<i>plerixafor</i>	1	Specialty
XOLREMDI	3	Specialty; PA
*Steroid Inhalants**		
ALVESCO	4	
ARNUITY ELLIPTA	2	
ASMANEX (120 METERED DOSES)	2	
ASMANEX (30 METERED DOSES)	2	
ASMANEX (60 METERED DOSES)	2	
ASMANEX HFA	2	
<i>beclomethasone diprop hfa</i>	1	
<i>budesonide</i>	1	
<i>fluticasone furoate ellipta</i>	1	
<i>fluticasone propionate diskus</i>	1	
<i>fluticasone propionate hfa</i>	1	
PULMICORT	4	
PULMICORT FLEXHALER	4	
QVAR REDIHALER	2	
*Stimulants - Misc.**		
<i>armodafinil</i>	1	
AZSTARYS	2	PA
CONCERTA TABLET EXTENDED RELEASE ORAL 18 MG, 27 MG	4	PA
CONCERTA TABLET EXTENDED RELEASE ORAL 36 MG, 54 MG	3	PA
COTEMPLA XR-ODT	4	PA
DAYTRANA	4	PA
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	
FOCALIN	4	PA
FOCALIN XR	4	PA
JORNAY PM	2	PA
METADATE CD	4	PA
METHYLIN	4	PA
<i>methylphenidate</i>	1	
<i>methylphenidate hcl</i>	1	
<i>methylphenidate hcl er</i>	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la)</i>	1	
<i>methylphenidate hcl er (osm)</i>	1	
<i>methylphenidate hcl er (xr)</i>	1	
<i>methylphenidate hcl er(diffus)</i>	1	
<i>modafinil</i>	1	
NUVIGIL	4	PA
PROVIGIL	4	PA

Label Name	Tier	Requirements/Limits
QUILLICHEW ER	2	PA
QUILLIVANT XR	2	PA
RELEXXII	4	PA
RITALIN	4	PA
RITALIN LA	4	PA
*Substance P/Neurokinin 1 (NK1) Receptor Antagonists**		
<i>aprepitant</i>	1	
EMEND	2	
EMEND BIPACK	4	
EMEND TRIPACK	4	
NEREUS	4	PA
VARUBI (180 MG DOSE)	2	PA
*Succinimides**		
CELONTIN	4	
<i>ethosuximide</i>	1	
<i>methsuximide</i>	1	
ZARONTIN	3	
*Sulfonamides**		
<i>sulfadiazine</i>	1	
*Sulfonylureas**		
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide er</i>	1	
GLUCOTROL XL	4	
<i>glyburide</i>	1	
*Sympathomimetic Decongestants**		
ADRENALIN	4	
*Sympathomimetics**		
ADVAIR DISKUS	4	
ADVAIR HFA	2	
AIRSUPRA	2	PA
<i>albuterol sulfate</i>	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	
BEVESPI AEROSPHERE	4	
BREO ELLIPTA	2	
<i>breyna</i>	1	
BREZTRI AEROSPHERE	2	
<i>budesonide-formoterol fumarate</i>	1	
COMBIVENT RESPIMAT	2	
DUAKLIR PRESSAIR	4	
DULERA	2	
<i>fluticasone furoate-vilanterol</i>	1	
<i>fluticasone-salmeterol</i>	1	
<i>formoterol fumarate</i>	1	
<i>ipratropium-albuterol</i>	1	
<i>levalbuterol hcl</i>	1	
<i>levalbuterol tartrate</i>	1	
PERFOROMIST	4	
PROAIR RESPICLICK	4	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	

Label Name	Tier	Requirements/Limits
SYMBICORT	4	
<i>terbutaline sulfate</i>	1	
TRELEGY ELLIPTA	2	
<i>umeclidinium-vilanterol</i>	1	
VENTOLIN HFA	2	
<i>wixela inhub</i>	1	
XOPENEX HFA	4	
*Systemic Lupus Erythematosus Agents**		
BENLYSTA	3	Specialty; PA
SAPHNELO	4	Specialty; PA
SAPHNELO PEN	4	Specialty; PA
*Tetracyclines**		
AVIDOXY	1	
<i>demeclocycline hcl</i>	1	
DORYX MPC	3	PA
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er</i>	1	
<i>mondoxyne nl</i>	1	
SEYSARA	4	PA
<i>targadox</i>	1	
<i>tetracycline hcl</i>	1	
*Thiazides and Thiazide-Like Diuretics**		
<i>chlorthalidone</i>	1	
HEMICLOR	3	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INZIRQO	3	PA
<i>metolazone</i>	1	
THALITONE	3	
*Thioxanthenes**		
<i>thiothixene</i>	1	
*Thrombin Inhibitors**		
<i>dabigatran etexilate mesylate</i>	1	
PRADAXA CAPSULE	4	
PRADAXA PACKET	3	
*Thyroid Hormones**		
ARMOUR THYROID	2	
CYTOMEL	4	
EVEXITHROID	3	
<i>levo-t</i>	1	
<i>levothyroxine sodium</i>	1	
<i>levoxyl</i>	1	
<i>liomny</i>	1	
<i>liothyronine sodium</i>	1	
NIVA THYROID	3	
NP THYROID	1	
RENTHYROID	3	
SYNTHROID	2	
THYQUIDITY	3	
<i>thyroid</i>	1	
TIROSINT	3	
TIROSINT-SOL	3	

Label Name	Tier	Requirements/Limits
<i>unithroid</i>	1	
*Topoisomerase I Inhibitors**		
HYCANTIN	2	Specialty; PA
*Trace Minerals**		
ZYCUBO	4	Specialty; PA
*Transthyretin Amyloidosis Agents**		
WAINUA SOLUTION AUTO-INJECTOR	3	Specialty; PA
WAINUA SOLUTION PREFILLED SYRINGE	4	Specialty; PA
*Transthyretin Stabilizers**		
ATTRUBY	2	Specialty; PA
VYNDAMAX	2	Specialty; PA
*Tricyclic Agents**		
<i>amitriptyline hcl</i>	1	
ANAFRANIL	4	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
NORPRAMIN	4	
<i>nortriptyline hcl</i>	1	
PAMELOR	4	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
*Tryptophan Hydroxylase Inhibitors**		
XERMELO	3	Specialty; PA
*Ulcer Drugs - Prostaglandins**		
CYTOTEC	4	
<i>misoprostol</i>	1	
*Ulcer Therapy Combinations**		
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>bis subcit-metronid-tetracyc</i>	1	
<i>bismuth/metronidaz/tetracyclin</i>	1	
KONVOMEF	3	PA
<i>omeprazole-sodium bicarbonate</i>	1	
PYLERA	4	
TALICIA	2	PA
VOQUEZNA DUAL PAK	4	
VOQUEZNA TRIPLE PAK	4	
*Uricosurics**		
<i>probenecid</i>	1	
*Urinary Analgesics**		
<i>phenazopyridine hcl</i>	1	
PYRIDIUM	4	
*Urinary Anti-infectives**		
BLUJEP	3	
<i>fosfomycin tromethamine</i>	1	
HIPREX	4	
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	

Label Name	Tier	Requirements/Limits
<i>nitrofurantoin monohyd macro</i>	1	
*Urinary Antispasmodic - Antimuscarinics (Anticholinergic)**		
<i>darifenacin hydrobromide er</i>	1	
<i>fesoterodine fumarate er</i>	1	
<i>oxybutynin chloride</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	3	
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	
TOVIAZ	4	
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	
VESICARE	4	
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists**		
GEMTESA	3	
<i>mirabegron er</i>	1	
MYRBETRIQ	2	
*Urinary Antispasmodics - Cholinergic Agonists**		
<i>bethanechol chloride</i>	1	
*Urinary Stone Agents**		
LITHOSTAT	3	
THIOLA	4	Specialty; PA
THIOLA EC	3	Specialty
<i>tiopronin tablet</i>	1	Specialty; PA
<i>tiopronin tablet delayed release</i>	1	Specialty
venxxiva	1	Specialty
*Vaginal Anti-infectives**		
CLEOCIN	4	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
GYNAZOLE-1	3	
<i>metronidazole</i>	1	
NUVESSA	3	PA
<i>terconazole</i>	1	
VANDAZOLE	3	
XACIATO	4	
*Vaginal Contraceptive - pH Modulators**		
PHEXX	3	
*Vaginal Estrogens**		
ESTRACE	4	
<i>estradiol</i>	1	
ESTRING	2	
FEMRING	4	
IMVEXXY MAINTENANCE PACK	4	
IMVEXXY STARTER PACK	4	
PREMARIN	2	
VAGIFEM	2	
<i>yuvaferm</i>	1	
*Vaginal Progestins**		
CRINONE	4	PA
ENDOMETRIN	2	PA
<i>progesterone</i>	1	
*Valproic Acid**		

Label Name	Tier	Requirements/Limits
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLES	4	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid</i>	1	
*Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)**		
VERQUVO	2	PA
*Vasodilating Agents**		
<i>nitroglycerin</i>	1	
RECTIV	3	
*Vasodilators**		
<i>hydralazine hcl</i>	1	
<i>minoxidil</i>	1	
*Vasomotor Symptom Agents**		
<i>paroxetine mesylate</i>	1	
*Vasopressin Receptor Antagonists**		
JYNARQUE	2	Specialty; PA
SAMSCA	4	Specialty; PA
<i>tolvaptan</i>	1	Specialty; PA
<i>tolvaptan (hyponatremia)</i>	1	Specialty; PA
*Vasopressors**		
<i>epinephrine</i>	1	
<i>midodrine hcl</i>	1	
*Viral Vaccines**		
FLUMIST	2	
ROTARIX	2	
ROTATEQ	2	
*Viscosupplements**		
EUFLEXXA	3	PA
HYRONAN	4	
SYNVISC	3	PA
SYNVISC ONE	3	PA
*Xanthines**		
<i>elixophyllin</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
<i>theophylline er tablet extended release 12 hour oral 100 mg, 200 mg</i>	3	
<i>theophylline er tablet extended release 12 hour oral 300 mg, 450 mg</i>	1	
<i>theophylline er tablet extended release 24 hour</i>	1	
*Zinc**		
GALZIN	3	