

2023 Formulary

LIST OF COVERED DRUGS



 VIVA MEDICARE *Premier*
(HMO)

 |  VIVA MEDICARE
PREFERRED (HMO)

PLEASE READ. THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS COVERED IN THIS PLAN.

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact VIVA MEDICARE Member Services at 1-800-633-1542. For TTY users, call 711, Monday – Friday, from 8 a.m. – 8 p.m. (From October 1 – March 31, seven days a week, 8 a.m. – 8 p.m.), or visit www.VivaHealth.com/Medicare.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES:

Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR INSULIN:

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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Introduction

Note to existing members:

This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means VIVA MEDICARE. When it refers to "plan" or "our plan," it means VIVA MEDICARE Premier or VIVA MEDICARE Preferred.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the VIVA MEDICARE Formulary?

A formulary is a list of covered drugs selected by VIVA MEDICARE in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. VIVA MEDICARE will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a VIVA MEDICARE network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but VIVA MEDICARE may add or remove drugs on the

Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled "How do I request an exception to the VIVA MEDICARE Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the VIVA MEDICARE Formulary?"

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by VIVA MEDICARE, please contact us. Our contact information appears on the front and back cover pages.

VIVA MEDICARE will notify you in writing in the event of a mid-year change to the formulary if you have been identified as being treated for select drug therapies. VIVA MEDICARE maintains monthly updates to the formulary via the Member Resources page located at www.VivaHealth.com/Medicare.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

- **Medical Condition.** The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular." If you know what your drug is used for, look for the category name in the list that begins page 1. Then look under the category name for your drug.
- **Alphabetical Listing.** If you are not sure what category to look under, you should look for your drug in the **Index that begins on page 100**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

VIVA MEDICARE covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** VIVA MEDICARE requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from VIVA MEDICARE before you fill your prescriptions. If you don't get approval, VIVA MEDICARE may not cover the drug.
- **Quantity Limits:** For certain drugs, VIVA MEDICARE limits the amount of the drug that we will cover. For example, VIVA MEDICARE provides 60 tablets per prescription for MITIGARE. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, VIVA MEDICARE requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, VIVA MEDICARE may not cover Drug B unless you try Drug A first. If Drug A does not work for you, VIVA MEDICARE will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the

date we last updated the formulary, appears on the front and back cover pages.

You can ask VIVA MEDICARE to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the VIVA MEDICARE Formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. If you learn that VIVA MEDICARE does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by VIVA MEDICARE. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by VIVA MEDICARE.
- You can ask VIVA MEDICARE to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the VIVA MEDICARE Formulary?

You can ask VIVA MEDICARE to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Viva Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, VIVA MEDICARE will only approve your request for an exception if the alternative drugs included on the plan's formulary or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor

to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum of a 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you are a current member and have a level of care change (for example, you are going home from a long-term care facility, a hospital admission, etc.), notify your pharmacist of your level of care change. For each of your drugs that are not on our formulary or if your ability to get your drugs is limited, we may cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. Before your temporary 31-day supply runs out, you should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. After your temporary 31-day supply, we will not pay for drugs that are not on the formulary or have additional requirements or limits on coverage.

For more information:

For more detailed information about your VIVA MEDICARE prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about VIVA MEDICARE, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

VIVA MEDICARE's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by VIVA MEDICARE. **If you have trouble finding your drug in the list, turn to the Index that begins on page 100.**

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., omeprazole).

The information in the Requirements/Limits column tells you if VIVA MEDICARE has any special requirements for coverage of your drug.

"PA" means the drug requires Prior Authorization.

"QL" means there is a quantity limit on the drug.

"NM" means the drug is not available at mail order.

"ST" means the drug requires step therapy.

"LA" means the drug has limited access and can only be dispensed by designated pharmacies.

"B/D" means a determination must be made as to whether the drug is covered under the Medicare Part B benefit or Medicare Part D benefit.

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2023 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Premier Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Premier Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY		90-DAY RETAIL SUPPLY		90-DAY MAIL ORDER SUPPLY	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$8	\$12	\$24	\$24	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$4,660.

	30-DAY RETAIL SUPPLY		90-DAY RETAIL SUPPLY		90-DAY MAIL ORDER SUPPLY	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%	25%	25%
Tier 2 (Generics)		25%		25%		25%
Tiers 3 & 4 (Preferred Brands & Non-Preferred Drugs)		25%		25%		25%
Tier 5 (Specialty Drugs)		25%		Not Available		Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$7,400.

	30-DAY RETAIL SUPPLY (Preferred & Standard Cost Sharing)	90-DAY RETAIL SUPPLY (Preferred & Standard Cost Sharing)	90-DAY MAIL ORDER SUPPLY (Preferred & Standard Cost Sharing)
Tiers 1 & 2 (Preferred Generics & Generics)	Greater of \$4.15 or 5%	Greater of \$4.15 or 5%	Greater of \$4.15 or 5%
Tier 3 & 4 (Preferred Brands & Non-Preferred Drugs)	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%
Tier 5 (Specialty Drugs)	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%	Not Available	Not Available

2023 Copayments (the amount you pay) for Prescription Drugs

The amount you pay per prescription depends on what tier your drugs are on, where you purchase your drugs, and whether you get a 30-day, 60-day, or 90-day supply. If you receive extra help paying for your medications, please see your low income subsidy rider for your copayment amounts. If you do not receive extra help, please see the copayments chart below for the amounts you will pay.

Note: Please see Chapter 6 of your VIVA MEDICARE Preferred Evidence of Coverage for more information on getting prescription drugs at a long-term care pharmacy. Also, please reference the definition section of your Evidence of Coverage for the meaning of preferred and standard cost sharing.

VIVA MEDICARE Preferred Drug Benefits Summary

I. Deductible: \$0 The amount you pay before the coverage starts.

II. Copayments/Coinsurance: The amounts you pay before the Coverage Gap.

	30-DAY RETAIL SUPPLY		90-DAY RETAIL SUPPLY		90-DAY MAIL ORDER SUPPLY	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	\$0	\$4	\$0	\$12	\$0	\$12
Tier 2 (Generics)	\$8	\$12	\$24	\$24	\$16	\$24
Tier 3 (Preferred Brands)	\$47	\$47	\$141	\$141	\$94	\$141
Tier 4 (Non-Preferred Drugs)	\$100	\$100	\$300	\$300	\$200	\$300
Tier 5 (Specialty Drugs)	33%	33%	Not Available	Not Available	Not Available	Not Available

III. Coverage Gap: The amount you pay when your total yearly drug costs (paid by you and the plan) reach \$4,660.

	30-DAY RETAIL SUPPLY		90-DAY RETAIL SUPPLY		90-DAY MAIL ORDER SUPPLY	
	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing	Preferred Cost Sharing	Standard Cost Sharing
Tier 1 (Preferred Generics)	25%	25%	25%	25%	25%	25%
Tier 2 (Generics)		25%		25%		25%
Tiers 3 & 4 (Preferred Brands & Non-Preferred Drugs)		25%		25%		25%
Tier 5 (Specialty Drugs)		25%		Not Available		Not Available

IV. Catastrophic Coverage: The amounts you pay after your total yearly out-of-pocket drug costs reach \$7,400.

	30-DAY RETAIL SUPPLY (Preferred & Standard Cost Sharing)	90-DAY RETAIL SUPPLY (Preferred & Standard Cost Sharing)	90-DAY MAIL ORDER SUPPLY (Preferred & Standard Cost Sharing)
Tiers 1 & 2 (Preferred Generics & Generics)	Greater of \$4.15 or 5%	Greater of \$4.15 or 5%	Greater of \$4.15 or 5%
Tier 3 & 4 (Preferred Brands & Non-Preferred Drugs)	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%
Tier 5 (Specialty Drugs)	Greater of \$4.15 for generics (including brand drugs treated as generics) and \$10.35 for all other drugs, or 5%	Not Available	Not Available

2023 Formulary

LIST OF COVERED DRUGS

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
<i>MITIGARE</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>BELBUCA</i> FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	4	QL (60 buccal films / 30 days), PA
<i>BELBUCA</i> FILM 750mcg, 900mcg	5	QL (60 buccal films / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	2	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	2	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	2	QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	2	QL (30 caps / 30 days), PA
NUCYNTA ER TB12 50mg	4	QL (60 tabs / 30 days), PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg	5	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	5	QL (60 tabs / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	2	QL (30 tabs / 30 days), PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	4	QL (60 caps / 30 days), PA
XTAMPZA ER C12A 36mg	5	QL (60 caps / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	2	QL (300 caps / 30 days)
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	4	
<i>butorphanol tartrate SOLN 10mg/ml</i>	2	QL (10 mL / 30 days)
<i>CODEINE SULFATE TABS 15mg, 60mg</i>	4	QL (180 tabs / 30 days)
<i>codeine sulfate TABS 30mg</i>	2	QL (180 tabs / 30 days)
<i>endocet tab 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	2	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP 200mcg</i>	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	5	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD 1mg/ml</i>	2	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml</i>	4	B/D
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i>	2	QL (180 tabs / 30 days)
<i>HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml</i>	4	B/D
<i>LAZANDA SOLN 100mcg/act, 400mcg/act</i>	5	QL (30 bottles / 30 days), PA
<i>MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i>	2	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate</i> SOLN 20mg/ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
NUCYNTA TABS 50mg, 75mg	4	QL (180 tabs / 30 days)
NUCYNTA TABS 100mg	5	QL (180 tabs / 30 days)
OXAYDO TABS 5mg	4	QL (180 tabs / 30 days)
OXAYDO TABS 7.5mg	5	QL (360 tabs / 30 days)
<i>oxycodone hcl</i> CAPS 5mg	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>oxymorphone hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days)
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	5	QL (120 sprays / 30 days), PA
SUBSYS LIQD 1200mcg, 1600mcg	5	QL (240 sprays / 30 days), PA
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	2	QL (240 tabs / 30 days)
<i>trezix</i>	2	QL (300 caps / 30 days)

ANESTHETICS**LOCAL ANESTHETICS**

<i>lidocaine hcl (local anesth.)</i> SOLN 4%	2	
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

AEMCOLO TBEC 194mg	4	QL (12 tabs / 30 days)
<i>albendazole</i> TABS 200mg	5	
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NM, LA, PA
<i>atovaquone</i> SUSP 750mg/5ml	2	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
CAYSTON SOLR 75mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	2	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	
DALVANCE SOLR 500mg	5	
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTO MYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	
FIRVANQ SOLR 25mg/ml, 50mg/ml	4	QL (1800 mL / 180 days)
<i>gentamicin in saline inj</i> 0.8 mg/ml	2	
<i>gentamicin in saline inj</i> 1 mg/ml	2	
<i>gentamicin in saline inj</i> 1.2 mg/ml	2	
<i>gentamicin in saline inj</i> 1.6 mg/ml	2	
<i>gentamicin in saline inj</i> 2 mg/ml	2	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	2	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	2	
<i>ivermectin</i> TABS 3mg	2	QL (12 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	5	
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	
MEROP/NACL INJ 1GM/50ML	4	
MEROP/NACL INJ 500/50ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml	2	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
ORBACTIV SOLR 400mg	5	
<i>paromomycin sulfate</i> CAPS 250mg	2	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>polymyxin b sulfate</i> SOLR 500000unit	2	
<i>praziquantel</i> TABS 600mg	2	
RECARBRIOL INJ 1.25GM	5	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
SOLOSEC PACK 2gm	4	
<i>streptomycin sulfate</i> SOLR 1gm	2	
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NM, LA, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	5	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
<i>trimethoprim</i> TABS 100mg	2	
VABOMERE INJ 2GM(1-1)	5	
VANCOMYCIN SOLN 2000mg/400ml	4	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
<i>vancomycin hcl</i> SOLR 25mg/ml, 250mg/5ml	2	QL (1800 mL / 180 days)

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
VIBATIV SOLR 750mg	5	
XENLETA SOLN 150mg/15ml; TABS 600mg	5	NM
XIFAXAN TABS 200mg	5	QL (9 tabs / 30 days)
ZEMDRI SOLN 500mg/10ml	5	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
CRESEMBA CAPS 186mg; SOLR 372mg	5	PA
ERAXIS SOLR 50mg	4	
ERAXIS SOLR 100mg	5	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>itraconazole</i> SOLN 10mg/ml	5	
<i>ketoconazole</i> TABS 200mg	2	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	5	
NOXAFL PACK 300mg	5	QL (32 packets / 30 days), PA
NOXAFL SOLN 300mg/16.7ml	5	
NOXAFL SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SOLN 300mg/16.7ml	5	
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
REZZAYO SOLR 200mg	5	
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
TOLSURA CAPS 65mg	5	PA
VIVJOA CPPK 150mg	4	QL (18 caps / 84 days), PA
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	2	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM

Drug Name		Drug Tier	Requirements/Limits
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg		2	NM
LEXIVA SUSP 50mg/ml		4	NM
<i>maraviroc</i> TABS 150mg, 300mg		5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg		2	NM
NORVIR PACK 100mg		4	NM
PIFELTRO TABS 100mg		5	NM
PREZISTA SUSP 100mg/ml		5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg		4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg		5	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg		5	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg		5	QL (30 tabs / 30 days), NM
REYATAZ PACK 50mg		5	NM
<i>ritonavir</i> TABS 100mg		2	NM
RUKOBIA TB12 600mg		5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg		5	NM
SELZENTRY TABS 25mg		4	NM
SUNLENCA TBPK 300mg		5	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg		2	NM
TIVICAY TABS 10mg		3	NM
TIVICAY TABS 25mg, 50mg		5	NM
TIVICAY PD TBSO 5mg		5	NM
TROGARZO SOLN 200mg/1.33ml		5	NM, LA
TYBOST TABS 150mg		3	NM
VIRACEPT TABS 250mg, 625mg		5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg		5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg		2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine</i> tab 600-300 mg	2	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	2	
isoniazid TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECATOR TABS 250mg	4	

Drug Name		Drug Tier	Requirements/Limits
ANTIVIRALS			
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg		1	
<i>acyclovir</i> SUSP 200mg/5ml		2	
<i>acyclovir sodium</i> SOLN 50mg/ml		2	B/D
<i>adefovir dipivoxil</i> TABS 10mg		5	NM
BARACLUDE SOLN .05mg/ml		5	NM
<i>cidofovir</i> SOLN 75mg/ml		5	
<i>entecavir</i> TABS .5mg, 1mg		2	NM
EPCLUSA PAK 150-37.5		5	NM, PA
EPCLUSA PAK 200-50MG		5	NM, PA
EPCLUSA TAB 200-50MG		5	NM, PA
EPCLUSA TAB 400-100		5	NM, PA
EPIVIR HBV SOLN 5mg/ml		4	NM
<i>famciclovir</i> TABS 125mg, 250mg, 500mg		2	
<i>foscarnet sodium</i> SOLN 6000mg/250ml		5	B/D
GANCICLOVIR SOLN 500mg/10ml		4	B/D
<i>ganciclovir sodium</i> SOLR 500mg		2	B/D
HARVONI PAK 33.75-150MG		5	NM, PA
HARVONI PAK 45-200MG		5	NM, PA
HARVONI TAB 45-200MG		5	NM, PA
HARVONI TAB 90-400MG		5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg		2	NM
LIVTENCITY TABS 200mg		5	QL (112 tabs / 28 days), NM, LA, PA
MAVYRET PAK 50-20MG		5	NM, PA
MAVYRET TAB 100-40MG		5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg		2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg		2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml		2	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml		5	NM, PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml		5	
PREVYMIS TABS 240mg, 480mg		5	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister		3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg		2	NM
<i>rimantadine hydrochloride</i> TABS 100mg		2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg		2	
<i>valganciclovir hcl</i> SOLR 50mg/ml		5	
<i>valganciclovir hcl</i> TABS 450mg		2	
VEMLIDY TABS 25mg		5	NM
VOSEVI TAB		5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
XOFLUZA TBPK 40mg, 80mg	4	QL (1 tab / 180 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	5	
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACLOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	4	
cefepime hcl SOLR 1gm, 2gm	2	
CEFEPIME/DEX INJ 1GM	4	
CEFEPIME/DEX INJ 2GM	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
cefotetan disodium SOLR 1gm, 2gm	2	
CEFOXITIN INJ 1GM	4	
CEFOXITIN INJ 2GM	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftazidime SOLR 1gm, 2gm, 6gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin CAPS 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
FETROJA SOLR 1gm	5	
SUPRAX CHEW 100mg, 200mg; SUSR 500mg/5ml	4	
tazicef SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ZERBAXA INJ 1.5GM	5	

Drug Name	Drug Tier	Requirements/Limits
<i>ERYTHROMYCINS/MACROLIDES</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
<i>ERYTHROCIN LACTOBIONATE</i> SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml; TABS 400mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 400mg/5ml	5	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<i>FLUOROQUINOLONES</i>		
<i>BAXDELA</i> SOLR 300mg; TABS 450mg	5	
<i>CIPRO</i> SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
<i>MOXIFLOXACIN HYDROCHLORID</i> SOLN 400mg/250ml	4	
<i>PENICILLINS</i>		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>AUGMENTIN SUS 125/5ML</i>	4	
<i>BICILLIN C-R INJ 900/300</i>	4	
<i>BICILLIN C-R INJ 1200000</i>	4	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>NAFCILLIN INJ 1GM/50ML</i>	5	
<i>NAFCILLIN INJ 2GM/100</i>	5	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>OXACILLIN INJ 1GM</i>	4	
<i>OXACILLIN INJ 2GM</i>	4	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>PEN GK/DEXTR INJ 20000/ML</i>	4	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	2	
PENICILLIN G PROCAINE SUSP 600000unit/ml	4	
<i>penicillin g sodium</i> SOLR 5000000unit	2	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfiberpen</i> SOLR 5000000unit, 20000000unit	2	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	2	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	2	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	2	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	2	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	2	
ZOSYN SOL 2-0.25GM	4	
ZOSYN SOL 3-0.375G	4	
ZOSYN SOL 4-0.50GM	4	

TETRACYCLINES

<i>demeclacycline hcl</i> TABS 150mg, 300mg	2	
<i>doxy 100</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	5	
TIGECYCLINE SOLR 50mg	5	
VIBRAMYCIN SYRP 50mg/5ml	4	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

<i>bendamustine hcl</i> SOLR 25mg, 100mg	5	B/D, NM
BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	B/D
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
TREANDA SOLR 25mg, 100mg	5	B/D, NM, LA

ANTIBIOTICS

<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	2	B/D
<i>decitabine</i> SOLR 50mg	5	B/D, NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml	2	B/D
INQOVI TAB 35-100MG	5	NM, LA, PA
LONSURF TAB 15-6.14	5	NM, LA, PA
LONSURF TAB 20-8.19	5	NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NM, LA, PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	5	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	NM, PA
EMCYT CAPS 140mg	5	
ERLEADA TABS 60mg, 240mg	5	NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	B/D, NM
FIRMAGON SOLR 120mg/vial	5	B/D, NM
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>hydroxyprogesterone caproate</i> (antineoplastic) SOLN 1.25gm/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	4	NM, PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	5	NM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	NM, PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg, 345mg	5	NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NM, PA
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NM, LA, PA
YONSA TABS 125mg	5	NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NM, LA, PA
bexarotene CAPS 75mg	5	NM, PA
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
NIPENT SOLR 10mg	5	B/D
ONIVYDE INJ 43mg/10ml	5	B/D, NM, LA
SYNRIBO SOLR 3.5mg	5	NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	NM, LA, PA

MITOTIC INHIBITORS

docetaxel CONC 20mg/ml	2	B/D
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
ETOPOPHOS SOLR 100mg	4	B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
HALAVEN SOLN 1mg/2ml	5	B/D, NM
IXEMPRA KIT SOLR 15mg, 45mg	5	B/D, NM
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	B/D, NM
vincristine sulfate SOLN 1mg/ml	2	B/D

Drug Name		Drug Tier	Requirements/Limits
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml		2	B/D
MOLECULAR TARGET AGENTS			
ALECENSA CAPS 150mg		5	NM, LA, PA
ALIQOPA SOLR 60mg		5	NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg		5	NM, LA, PA
ALUNBRIG PAK		5	NM, LA, PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml		5	B/D, NM, LA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg		5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg		5	NM, LA, PA
BELEODAQ SOLR 500mg		5	NM, LA, PA
BESPONSA SOLR .9mg		5	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg		5	NM, PA
<i>bortezomib</i> SOLR 3.5mg		5	NM, PA
BOSULIF TABS 100mg, 400mg, 500mg		5	NM, PA
BRAFTOVI CAPS 75mg		5	NM, LA, PA
BRUKINSA CAPS 80mg		5	NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg		5	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg		5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg		5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg		5	NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg		5	NM, LA, PA
COMETRIQ KIT 100MG		5	NM, LA, PA
COMETRIQ KIT 140MG		5	NM, LA, PA
COPIKTRA CAPS 15mg, 25mg		5	NM, LA, PA
COTELLIC TABS 20mg		5	NM, LA, PA
DAURISMO TABS 25mg, 100mg		5	NM, LA, PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml		5	B/D, NM
ERIVEDGE CAPS 150mg		5	NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg		5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg		5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg		5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg		5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg		5	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
everolimus TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
FYARRO SUSR 100mg	5	NM, LA, PA
GAVRETO CAPS 100mg	5	NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUICA TABS 140mg, 280mg, 420mg, 560mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NM, LA, PA
IRESSA TABS 250mg	5	NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	5	NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LIBTAYO SOLN 350mg/7ml	5	NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPK 4mg	5	NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NM, LA, PA
MEKTOVI TABS 15mg	5	NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
NERLYNX TABS 40mg	5	NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NM, LA, PA
OGIVRI SOLR 150mg	5	NM, LA, PA
OGIVRI INJ 420MG	5	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PERJETA SOLN 420mg/14ml	5	NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NM, PA
PIQRAY 250MG TAB DOSE	5	NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NM, PA
POTELIGEO SOLN 20mg/5ml	5	NM, LA, PA
QINLOCK TABS 50mg	5	NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NM, LA, PA
REZLIDHIA CAPS 150mg	5	NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NM, PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	5	NM, LA, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NM, PA
STIVARGA TABS 40mg	5	NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NM, PA
TAZVERIK TABS 200mg	5	NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
<i>temsirolimus</i> SOLN 25mg/ml	5	B/D, NM
TEPMETKO TABS 225mg	5	NM, LA, PA
TIBSOVO TABS 250mg	5	NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRODELVY SOLR 180mg	5	NM, LA, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	LA, PA

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	LA, PA
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA
TUKYSA TABS 50mg, 150mg	5	NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NM, LA, PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	5	B/D, NM
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NM, LA, PA
XOSPATA TABS 40mg	5	NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	QL (8 tabs / 28 days), NM, LA, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	5	NM, LA, PA
ZEJULA CAPS 100mg	5	QL (90 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	NM, PA
ZYDELIG TABS 100mg, 150mg	5	NM, LA, PA
ZYKADIA TABS 150mg	5	NM, LA, PA

PROTECTIVE AGENTS

ELITEK SOLR 1.5mg, 7.5mg	5	B/D
KHAPZORY SOLR 175mg	5	B/D, NM, LA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml	2	B/D, NM
<i>levoleucovorin calcium</i> SOLR 50mg	5	B/D, NM
MESNEX TABS 400mg	5	

CARDIOVASCULAR**ACE INHIBITOR COMBINATIONS**

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate SOLN 1mg/ml</i>	2	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>QBRELIS SOLN 1mg/ml</i>	5	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
CAROSPIR SUSP 25mg/5ml	4	
<i>eplerenone</i> TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	2	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBYCLO TAB 40-12.5</i>	4	QL (30 tabs / 30 days)
<i>EDARBYCLO TAB 40-25MG</i>	4	QL (30 tabs / 30 days)
<i>ENTRESTO TAB 24-26MG</i>	3	
<i>ENTRESTO TAB 49-51MG</i>	3	
<i>ENTRESTO TAB 97-103MG</i>	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>EDARBI TABS 40mg, 80mg</i>	4	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
<i>MULTAQ</i> TABS 400mg	4	
<i>NORPACE CR</i> CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	2	
<i>SOTYLIZE</i> SOLN 5mg/ml	4	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>ALTOPREV</i> TB24 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>EZALLOR SPRINKLE</i> CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST

Drug Name		Drug Tier	Requirements/Limits
FLOLIPID SUSP 20mg/5ml, 40mg/5ml		4	QL (300 mL / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg		1	QL (60 caps / 30 days)
<i>fluvastatin sodium</i> TB24 80mg		1	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg		4	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg		1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg		1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg		1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg		1	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg		4	QL (30 tabs / 30 days), ST

ANTI-LIPEMICS, MISCELLANEOUS

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose		2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose		2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg		2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm		2	
<i>ezetimibe</i> TABS 10mg		2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)	
EZETIMIBE/ROSVASTATIN TAB 10-5MG	4	QL (30 tabs / 30 days)	
EZETIMIBE/ROUVASTATIN TAB 10-10MG	4	QL (30 tabs / 30 days)	
EZETIMIBE/ROUVASTATIN TAB 10-20MG	4	QL (30 tabs / 30 days)	
EZETIMIBE/ROUVASTATIN TAB 10-40MG	4	QL (30 tabs / 30 days)	
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NM, LA, PA	
NEXLETOL TABS 180mg	4	QL (30 tabs / 30 days), PA	
NEXLIZET TAB 180/10MG	4	QL (30 tabs / 30 days), PA	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)	
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA	
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA	
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2		
ROSZET TAB 5-10MG	4	QL (30 tabs / 30 days)	
ROSZET TAB 10-10MG	4	QL (30 tabs / 30 days)	

Drug Name	Drug Tier	Requirements/Limits
ROSZET TAB 20-10MG	4	QL (30 tabs / 30 days)
ROSZET TAB 40-10MG	4	QL (30 tabs / 30 days)
VASCEPA CAPS .5gm, 1gm	4	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1
<i>betaxolol hcl TABS 10mg, 20mg</i>	2
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1
<i>carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg</i>	2
<i>KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg</i>	4
<i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i>	2
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg</i>	2
<i>pindolol TABS 5mg, 10mg</i>	2
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>CARDIZEM LA</i> TB24 120mg	4	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	2	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
NICARDIPINE SOL 20/200ML	4	
NICARDIPINE SOL 40/200ML	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2	
NYMALIZE SOLN 6mg/ml	5	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>ALDACTAZIDE</i> TAB 50/50	4	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>dichlorphenamide</i> TABS 50mg	5	NM, PA
<i>DIURIL</i> SUSP 250mg/5ml	4	
<i>ethacrynic acid</i> TABS 25mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>KEVEYIS</i> TABS 50mg	5	NM, LA, PA
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>THALITONE</i> TABS 15mg	4	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> CAPS 50mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>ADRENALIN</i> SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	2	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg</i>	4	
<i>digoxin SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg</i>	2	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	2	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	2	
<i>LANOXIN PEDIATRIC SOLN .1mg/ml</i>	4	
<i>metyrosine CAPS 250mg</i>	5	PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>phenoxybenzamine hcl CAPS 10mg</i>	5	PA
<i>ranolazine TB12 500mg, 1000mg</i>	2	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	
<i>VYNDAMAX CAPS 61mg</i>	5	QL (30 caps / 30 days), NM, LA, PA
<i>VYNDAQEL CAPS 20mg</i>	5	QL (120 caps / 30 days), NM, LA, PA
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	3	
<i>NITRO-DUR PT24 .3mg/hr, .8mg/hr</i>	5	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NM, LA, PA
alyq TABS 20mg	5	NM, PA
ambrisentan TABS 5mg, 10mg	5	NM, LA, PA
bosentan TABS 62.5mg, 125mg	5	NM, LA, PA
LIQREV SUSP 10mg/ml	5	NM, PA
OPSUMIT TABS 10mg	5	NM, LA, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	NM, LA, PA
ORENITRAM TBCR .125mg	4	NM, LA, PA
ORENITRAM TAB MONTH 1	5	NM, LA, PA
ORENITRAM TAB MONTH 2	5	NM, LA, PA
ORENITRAM TAB MONTH 3	5	NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i>	5	NM, PA
SUSR 10mg/ml		
<i>sildenafil citrate (pulmonary hypertension)</i>	2	NM, PA
TABS 20mg		
<i>tadalafil (pulmonary hypertension)</i>	5	NM, PA
TABS 20mg		
TADLIQ SUSP 20mg/5ml	5	NM, PA
TRACLEER TBSO 32mg	5	NM, LA, PA
<i>treprostinil</i>	5	NM, LA, PA
SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml		
TYVASO SOLN .6mg/ml	5	NM, LA, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	5	NM, LA, PA
TYVASO DPI POW 16-32-48	5	NM, LA, PA
TYVASO DPI POW 16-32MCG	5	NM, LA, PA
TYVASO DPI POW 32-48MCG	5	NM, LA, PA
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NM, LA, PA
UPTRAVI PACK TAB 200/800	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

alprazolam TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	4	QL (300 mL / 30 days)
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	2	
fluvoxamine maleate CP24 100mg, 150mg	2	QL (60 caps / 30 days)
fluvoxamine maleate TABS 25mg, 50mg, 100mg	2	
lorazepam CONC 2mg/ml	2	QL (150 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
ANTICONVULSANTS		
APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
LAMICTAL ODT KIT BLUE	4	
LAMICTAL ODT KIT GREEN	4	
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	2	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	2	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	2	
<i>levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg</i>	2	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>methsuximide CAPS 300mg</i>	2	
<i>NAYZILAM SOLN 5mg/0.1ml</i>	4	
<i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	2	
<i>OXTELLAR XR TB24 150mg, 300mg</i>	4	
<i>OXTELLAR XR TB24 600mg</i>	5	
<i>phenobarbital ELIX 20mg/5ml</i>	4	PA; PA if 70 years and older
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	3	PA; PA if 70 years and older
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	4	PA; PA if 70 years and older
<i>phenytek CAPS 200mg, 300mg</i>	2	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	2	
<i>phenytoin sodium SOLN 50mg/ml</i>	2	
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	2	
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i>	2	QL (120 caps / 30 days)
<i>pregabalin CAPS 200mg</i>	2	QL (90 caps / 30 days)
<i>pregabalin CAPS 225mg, 300mg</i>	2	QL (60 caps / 30 days)
<i>pregabalin SOLN 20mg/ml</i>	2	QL (900 mL / 30 days)
<i>primidone TABS 50mg, 125mg, 250mg</i>	1	
<i>roweepra TABS 500mg</i>	2	
<i>rufinamide SUSP 40mg/ml</i>	5	QL (2400 mL / 30 days), PA
<i>rufinamide TABS 200mg</i>	2	QL (480 tabs / 30 days), PA
<i>rufinamide TABS 400mg</i>	5	QL (240 tabs / 30 days), PA
<i>SPRITAM TB3D 250mg</i>	4	QL (360 tabs / 30 days)
<i>SPRITAM TB3D 500mg</i>	4	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu KIT 25mg	2	
subvenite starter kit/gre	2	
subvenite starter kit/ora	2	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	2	
topiramate CPSP 15mg, 25mg	2	
topiramate TABS 25mg, 50mg, 100mg, 200mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	2	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
vigabatrin PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
vigadroner PAK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
vigadroner TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	QL (1200 mL / 30 days)
XCOPRI TABS 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day	4	QL (4 patches / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	
<i>donepezil hydrochloride</i> TABS 23mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg; SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	2	
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA if < 30 yrs
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG	4	PA
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	2	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	4	PA
FETZIMA CAP TITRATIO	4	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	4	
MARPLAN TABS 10mg	4	
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days)
PEXEVA TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
PEXEVA TABS 30mg	4	QL (60 tabs / 30 days)
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	4	
TRINTELLIX TABS 5mg, 10mg, 20mg	4	
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
APOKYN SOCT 30mg/3ml	5	QL (20 cartridges / 30 days), NM, LA, PA
<i>apomorphine hydrochloride</i> SOCT 30mg/3ml	5	QL (20 cartridges / 30 days), NM, PA
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa</i> TABS 25mg	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
DUOPA SUS 4.63-20	5	B/D, NM, LA
<i>entacapone</i> TABS 200mg	2	
GOCOVRI CP24 68.5mg	5	QL (30 caps / 30 days), NM, LA, PA
GOCOVRI CP24 137mg	5	QL (60 caps / 30 days), NM, LA, PA
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	

Drug Name	Drug Tier	Requirements/Limits
NOURIANZ TABS 20mg, 40mg	5	QL (30 tabs / 30 days), NM, LA
ONGENTYS CAPS 25mg, 50mg	4	QL (30 caps / 30 days), PA
OSMOLEX ER TB24 129mg, 193mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
RYTARY CAP 95MG	4	ST
RYTARY CAP 145MG	4	ST
RYTARY CAP 195MG	4	ST
RYTARY CAP 245MG	4	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
XADAGO TABS 50mg, 100mg	5	
ZELAPAR TBDP 1.25mg	5	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days), PA
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	QL (30 tabs / 30 days), PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	5	QL (30 tabs / 30 days), PA
<i>ariPIPRAZOLE</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg	5	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	5	QL (30 tabs / 30 days)
LATUDA TABS 80mg	5	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	5	QL (1 syringe / 30 days), PA
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	5	QL (1 syringe / 60 days), PA
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)

Drug Name		Drug Tier	Requirements/Limits
VRAYLAR CAP 1.5-3MG		4	
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg		2	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg		2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg		4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg		5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg		5	QL (1 vial / 28 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg		4	QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg		4	QL (30 tabs / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 5 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg		2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg		2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg		2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg		2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg		2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg		2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	4	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	4	QL (30 caps / 30 days), PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	4	QL (60 tabs / 30 days), PA
<i>dexamethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps / 30 days), PA
<i>dexamethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps / 30 days), PA
<i>dexamethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexamethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
DYANAVEL XR CHER 5mg	4	QL (60 tabs / 30 days), PA
DYANAVEL XR CHER 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days), PA
DYANAVEL XR SUER 2.5mg/ml	4	QL (240 mL / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
JORNAY PM CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	2	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	2	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>metadate er</i> TBCR 20mg	2	QL (90 tabs / 30 days), PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	2	QL (30 patches / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> CP24 10mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	2	QL (60 caps / 30 days), PA
<i>methylphenidate hcl</i> CPCR 40mg, 60mg; CPCR 40mg, 50mg, 60mg	2	QL (30 caps / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	2	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 54mg	2	QL (30 tabs / 30 days), PA
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg	4	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	4	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	4	QL (30 caps / 30 days), PA
QUELBREE CP24 100mg	4	QL (120 caps / 30 days), PA
QUELBREE CP24 150mg	4	QL (60 caps / 30 days), PA
QUELBREE CP24 200mg	4	QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	4	QL (60 tabs / 30 days), PA
QUILLICHEW ER CHER 40mg	4	QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	4	QL (360 mL / 30 days), PA
RELEXXII TBCR 45mg, 63mg, 72mg	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA

HYPNOTICS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
QUVIVIQ TABS 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	2	QL (12 tabs / 30 days)
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	2	QL (12 tabs / 30 days)
<i>ergotamine w/ caffeine tab</i> 1-100 mg	2	QL (40 tabs / 28 days), PA
<i>frovatriptan succinate</i> TABS 2.5mg	2	QL (18 tabs / 30 days)
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
ONZETRA XSAIL EXHP 11mg/nosepc	5	QL (16 nosepieces / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
TOSYMRA SOLN 10mg/act	4	QL (18 units / 30 days), ST
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	5	QL (24 pens / 30 days), ST
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	2	QL (12 units / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days)
ZOMIG SOLN 2.5mg	4	QL (12 inhalers / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
EQUETRO CP12 100mg, 200mg, 300mg	4	
EXSERVAN FILM 50mg	5	QL (60 films / 30 days), NM, LA, PA
GRALISE TABS 300mg	4	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg	4	QL (120 tabs / 30 days), PA
GRALISE TABS 600mg	4	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	4	QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	4	PA
INGREZZA CAPS 40mg, 60mg, 80mg	5	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 40-80MG	5	QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg	2	QL (90 tabs / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 330mg	2	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml	5	
<i>pyridostigmine bromide</i> TABS 60mg; TBCR 180mg	2	
<i>riluzole</i> TABS 50mg	2	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	4	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	4	PA
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
TIGLUTIK SUSP 50mg/10ml	5	QL (600 mL / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg, 10mg, 20mg	2	
BOTOX SOLR 100unit, 200unit	5	PA

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl TABS 5mg, 10mg	3	PA; PA if 70 years and older
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	2	
XEOMIN SOLR 50unit	4	NM, LA, PA
XEOMIN SOLR 100unit, 200unit	5	NM, LA, PA
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	2	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	2	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
SUNOSI TABS 75mg, 150mg	4	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	2	
buprenorphine hcl SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	
disulfiram TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
LUCEMYRA TABS .18mg	5	QL (228 tabs / 14 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
OPVEE SOLN 2.7mg/0.1ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate</i> tab 11 x 0.5 mg & 42 x 1 mg start pack	2	
VIVITROL SUSR 380mg	5	NM
ZIMHI SOSY 5mg/0.5ml	4	
ZUBSOLV SUB 0.7-0.18	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	4	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	4	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	4	QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM PT24 2mg/24hr, 4mg/24hr	4	QL (30 patches / 30 days), PA
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
JATENZO CAPS 158mg, 198mg	4	QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	5	QL (60 caps / 30 days), PA
NATESTO GEL 5.5mg/act	4	QL (21.96 gm / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm	2	QL (150 gm / 30 days), PA
<i>testosterone</i> GEL 10mg/act	2	QL (120 gm / 30 days), PA
<i>testosterone</i> SOLN 30mg/act	2	QL (180 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA
TLANDO CAPS 112.5mg	4	QL (120 caps / 30 days), PA

ANTIDIABETICS

acarbose TABS 25mg, 50mg, 100mg	2
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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	4	QL (60 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	4	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	4	QL (30 tabs / 30 days), ST
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	4	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	4	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	4	QL (60 tabs / 30 days)
INVOKANA TABS 100mg	4	QL (60 tabs / 30 days)
INVOKANA TABS 300mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
KOMBIGLYZ XR TAB 2.5-1000	4	QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-500MG	4	QL (30 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-1000MG	4	QL (30 tabs / 30 days), ST
<i>metformin hcl</i> SOLN 500mg/5ml	2	QL (765 mL / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>miglitol</i> TABS 25mg, 50mg, 100mg	2	
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
ONGLYZA TABS 2.5mg, 5mg	4	QL (30 tabs / 30 days), ST
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 2mg/3ml	3	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	3	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab</i> 30-2 mg	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab</i> 30-4 mg	2	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg	1	QL (90 tabs / 30 days)
QTERN TAB 5-5MG	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
QTERN TAB 10-5MG	4	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days)
<i>saxagliptin hcl</i> TABS 2.5mg, 5mg	2	QL (30 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	2	QL (60 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	2	QL (30 tabs / 30 days)
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	2	QL (30 tabs / 30 days)
SEGLUROMET TAB 2.5-500	4	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500	4	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000	4	QL (60 tabs / 30 days)
STEGLATRO TABS 5mg	4	QL (90 tabs / 30 days)
STEGLATRO TABS 15mg	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 5-100MG	4	QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	4	QL (30 tabs / 30 days)
SYMLINPEN 60 SOPN 1500mcg/1.5ml	5	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	5	PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days)
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier Requirements/Limits
ANTIDIABETICS, INSULINS	
ADMELOG SOLN 100unit/ml	4
ADMELOG SOLOSTAR SOPN 100unit/ml	4
AFREZZA POWD 4unit, 8unit	4
AFREZZA POWD 12unit	5
AFREZZA POW 4-8 UNIT	5
AFREZZA POW 4-8-12	5
AFREZZA POW 8-12UNIT	5
APIDRA SOLN 100unit/ml	4
APIDRA SOLOSTAR SOPN 100unit/ml	4
BASAGLAR KWIKPEN SOPN 100unit/ml	3
BD ALCOHOL SWABS	3
FIASP FLEX INJ TOUCH	3
FIASP INJ 100/ML	3
FIASP PENFIL INJ U-100	3
FIASP PMPCRT INJ U-100	3 B/D
GAUZE PADS 2X2	3
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4
HUMALOG MIX INJ 50/50	4
HUMALOG MIX INJ 50/50KWP	4
HUMALOG MIX INJ 75/25KWP	4
HUMALOG MIX SUS 75/25	4
HUMULIN INJ 70/30	4
HUMULIN INJ 70/30KWP	4
HUMULIN N SUSP 100unit/ml	4
HUMULIN N KWIKPEN SUPN 100unit/ml	4
HUMULIN R SOLN 100unit/ml	4
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5 B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5
INS ASP PROT INJ FLEXPEN	4
INSULIN ASPA INJ 70/30	4
INSULIN ASPART SOLN 100unit/ml	4
INSULIN ASPART FLEXPEN SOPN 100unit/ml	4
INSULIN ASPART PENFILL SOCT 100unit/ml	4
INSULIN LISP INJ PROTAMIN	4
INSULIN LISPRO SOLN 100unit/ml	4

Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	4	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	4	
INSULIN PEN NEEDLES: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN SOPN 100unit/ml	3	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	
LYUMJEV SOLN 100unit/ml	4	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
NOVOLIN70/30 INJ RELION	4	
NOVOLIN INJ 70/30	3	
NOVOLIN INJ 70/30 FP	3	
NOVOLIN INJ 70/30 FP RELION	4	
NOVOLIN N SUSP 100unit/ml	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	4	
NOVOLIN N RELION SUSP 100unit/ml	4	
NOVOLIN R SOLN 100unit/ml	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	4	
NOVOLIN R RELION SOLN 100unit/ml	4	
NOVOLOG SOLN 100unit/ml	3	
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	4	
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEX REL	4	
NOVOLOG MIX INJ FLEXPEN	3	
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELI INJ 70/30	4	
NOVOLOG RELION SOLN 100unit/ml	4	
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

CALCIUM REGULATORS

alendronate sodium SOLN 70mg/75ml	2	
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BINOSTO TBEF 70mg	4	ST
calcitonin (salmon) inj SOLN 200unit/ml	5	B/D
calcitonin (salmon) spray SOLN 200unit/act	2	B/D
EVENITY SOSY 105mg/1.17ml	5	NM, PA
FORTEO SOPN 600mcg/2.4ml	5	NM, PA
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
ibandronate sodium SOLN 3mg/3ml	2	B/D, QL (1 injection / 90 days)
ibandronate sodium TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D

Drug Name		Drug Tier	Requirements/Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml		2	B/D
PROLIA SOSY 60mg/ml		4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg		2	
TERIPARATIDE SOPN 620mcg/2.48ml		5	NM, PA
TYMLOS SOPN 3120mcg/1.56ml		5	NM, PA
XGEVA SOLN 120mg/1.7ml		5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml		2	B/D, NM
ZOLEDRONIC ACID SOLN 4mg/100ml		4	B/D, NM
CHELATING AGENTS			
CHEMET CAPS 100mg		4	
deferasirox PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 125mg, 250mg, 500mg		5	NM, PA
deferasirox TABS 90mg		2	NM, PA
deferiprone TABS 500mg, 1000mg		5	NM, LA, PA
FERRIPROX SOLN 100mg/ml		5	NM, LA, PA
FERRIPROX TWICE-A-DAY TABS 1000mg		5	NM, LA, PA
LOKELMA PACK 5gm, 10gm		3	
penicillamine TABS 250mg		5	NM
sodium polystyrene sulfonate powder		2	
sps SUSP 15gm/60ml		2	
trientine hcl CAPS 250mg		5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm		3	
CONTRACEPTIVES			
afirmelle		2	
altavera		2	
alyacen 1/35		2	
alyacen 7/7/7		2	
amethia		2	
amethyst		2	
ANNOVERA MIS		4	
apri		2	
aranelle		2	
ashlyna		2	
aubra eq		2	
aurovela 1/20		2	
aurovela 24 fe		2	
aurovela fe 1.5/30		2	
aurovela fe 1/20		2	
aviane		2	

Drug Name	Drug Tier	Requirements/Limits
<i>ayuna</i>	2	
<i>azurette</i>	2	
BALCOLTRA TAB 0.1-20	4	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarrylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	

Drug Name	Drug Tier	Requirements/Limits
femynor	2	
finzala	2	
gemmafly	2	
hailey 1.5/30	2	
hailey 24 fe	2	
haloette	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel	2	
jolessa	2	
joyeaux	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
layolis fe	2	
leena	2	
lessina	2	
levonest	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethynodiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethynodiol tab 0.1 mg-20 mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>LO LOESTRIN TAB 1-10-10</i>	4	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lulera</i>	2	
<i>lyeq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>NATAZIA TAB</i>	4	
<i>necon 0.5/35-28</i>	2	
<i>NEXTSTELLIS TAB 3-14.2MG</i>	4	PA
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>PHEXXI GEL</i>	4	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivilsa</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>SLYND TABS 4mg</i>	4	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
TYBLUME CHW 0.1-0.02	4	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienna</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	2	
ORILISSA TABS 150mg, 200mg	5	PA
SYNAREL SOLN 2mg/ml	5	
ESTROGENS		
<i>amabelz</i>	3	
DELESTROGEN OIL 10mg/ml	4	
DEPO-ESTRADIOL OIL 5mg/ml	4	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-</i> <i>0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5</i> <i>mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
<i>ESTRING RING 7.5mcg/24hr</i>	4	
<i>FEMRING RING .05mg/24hr, .1mg/24hr</i>	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg</i>	4	PA
<i>IMVEXXY STARTER PACK INST 4mcg, 10mcg</i>	4	PA
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>MENOSTAR PTWK 14mcg/24hr</i>	4	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>PREMARIN CREA .625mg/gm; SOLR 25mg</i>	4	
<i>yuvafem TABS 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	2	
<i>DEPO-MEDROL SUSP 20mg/ml</i>	4	B/D
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	2	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	2	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	2	
<i>MEDROL TABS 2mg</i>	4	B/D
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	2	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	2	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 1000mg</i>	2	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
SOLU-MEDROL SOLR 2gm	4	B/D
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
CHORIONIC GONADOTROPIN SOLR 10000unit	4	NM, PA
<i>cinacalcet hcl</i> TABS 30mg	2	B/D, NM
<i>cinacalcet hcl</i> TABS 60mg, 90mg	5	B/D, NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
DOJOLVI LIQD 100%	5	NM, LA, PA
EGRIFTA SV SOLR 2mg	5	NM, LA, PA
ELAPRASE SOLN 6mg/3ml	5	NM, LA, PA
ELELYSO SOLR 200unit	5	NM, LA, PA
ELFABRIO SOLN 20mg/10ml	5	NM, LA, PA
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
FENSOLVI KIT 45mg	5	NM, LA, PA
GALAFOLD CAPS 123mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .2mg,.4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
HUMATROPE CART 6mg, 12mg, 24mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	5	NM, LA, PA
JYNARQUE PAK 30-15MG	5	NM, LA, PA
JYNARQUE PAK 45-15MG	5	NM, LA, PA
JYNARQUE PAK 60-30MG	5	NM, LA, PA
JYNARQUE PAK 90-30MG	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA
<i>methergine</i> TABS .2mg	5	PA
<i>methylergonovine maleate</i> TABS .2mg	5	PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
MYCAPSSA CPDR 20mg	5	QL (112 caps / 28 days), NM, LA, PA
MYFEMBREE TAB	5	PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	NM, PA
NOVAREL SOLR 5000unit, 10000unit	4	NM, PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	5	NM, LA, PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	5	NM, LA, PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	5	NM, LA, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	5	NM, LA, PA
ORIAHNN CAP	5	PA
OSPHENA TABS 60mg	4	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NM, LA, PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	4	NM, PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	5	NM, LA, PA
<i>raloxifene hcl</i> TABS 60mg	2	
RAVICTI LIQD 1.1gm/ml	5	NM, LA, PA
SAIZEN SOLR 5mg, 8.8mg	5	NM, LA, PA
SAMSCA TABS 15mg, 30mg	5	NM, LA, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SEROSTIM SOLR 4mg, 5mg, 6mg	5	NM, LA, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NM, LA, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	5	NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	5	NM, LA, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NM, PA
VIMIZIM SOLN 5mg/5ml	5	NM, LA, PA
VPRIV SOLR 400unit	5	NM, LA, PA
ZOMACTON SOLR 5mg	4	NM, PA
ZOMACTON SOLR 10mg	5	NM, PA
ZORBTIVE SOLR 8.8mg	5	NM, PA

PHOSPHATE BINDER AGENTS

calcium acetate (<i>phosphate binder</i>) CAPS 667mg; TABS 667mg	2
sevelamer carbonate PACK .8gm, 2.4gm	5
sevelamer carbonate TABS 800mg	2
sevelamer hcl TABS 400mg, 800mg	2

Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHEW 500mg	5	
PROGESTINS		
CRINONE GEL 4%, 8%	4	PA
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
ERMEZA SOLN 150mcg/5ml	4	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	ST
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
THYQUIDITY SOLN 100mcg/5ml	4	
TIROSINT CAPS 37.5mcg, 44mcg, 62.5mcg	4	ST

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	2	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	

GASTROINTESTINAL**ANTIEMETICS**

AKYNZEO CAP 300-0.5	4	B/D
AKYNZEO INJ 235-0.25	4	NM
AKYNZEO INJ 235-0.25MG/20ML	4	NM
APONVIE EMUL 32mg/4.4ml	4	
aprepitant CAPS 40mg, 80mg, 125mg	2	B/D
aprepitant capsule therapy pack 80 & 125 mg	2	B/D
CINVANTI EMUL 130mg/18ml	4	
compro SUPP 25mg	2	
dronabinol CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
EMEND SUSR 125mg/5ml	5	B/D
fosaprepitant dimeglumine SOLR 150mg	2	
GIMOTI SOLN 15mg/act	5	PA
gransetron hcl SOLN 1mg/ml, 4mg/4ml	2	
gransetron hcl TABS 1mg	2	B/D
meclizine hcl TABS 12.5mg, 25mg	2	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	2	
metoclopramide hcl TABS 5mg, 10mg	1	
METOCLOPRAMIDE ODT TBDP 10mg	4	
ondansetron TBDP 4mg, 8mg	2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	2	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	4	
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	4	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	4	PA; PA if 70 years and older
SANCUSO PTCH 3.1mg/24hr	5	QL (4 patches / 28 days)
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
SUSTOL PRSY 10mg/0.4ml	4	
SYNDROS SOLN 5mg/ml	5	B/D, QL (120 mL / 30 days)
VARUBI TBPK 90mg	4	B/D, NM
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	4	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	4	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	4	
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml; TABS 1mg, 2mg	2	
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	2	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	4	PA; PA if 70 years and older
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	2	
<i>cimetidine hcl</i> SOLN 300mg/5ml	2	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	

Drug Name	Drug Tier	Requirements/Limits
famotidine SUSR 40mg/5ml	2	QL (300 mL / 30 days)
famotidine TABS 20mg	1	QL (120 tabs / 30 days)
famotidine TABS 40mg	1	QL (60 tabs / 30 days)
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
nizatidine CAPS 150mg, 300mg	2	

INFLAMMATORY BOWEL DISEASE

balsalazide disodium CAPS 750mg	2	
budesonide CPEP 3mg	2	QL (90 caps / 30 days), PA
budesonide TB24 9mg	5	QL (30 tabs / 30 days), PA
budesonide (intrarectal) FOAM 2mg	2	
DIPENTUM CAPS 250mg	5	
hydrocortisone (intrarectal) ENEM 100mg/60ml	2	
mesalamine CP24 .375gm	2	QL (120 caps / 30 days)
mesalamine CPCR 500mg	2	QL (240 caps / 30 days)
mesalamine CPDR 400mg	2	QL (180 caps / 30 days)
mesalamine ENEM 4gm; SUPP 1000mg	2	
mesalamine TBEC 1.2gm	2	QL (120 tabs / 30 days)
mesalamine TBEC 800mg	2	QL (180 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	2	
PENTASA CPCR 250mg	4	QL (480 caps / 30 days)
PENTASA CPCR 500mg	5	QL (240 caps / 30 days)
SFROWASA ENEM 4gm/60ml	5	
sulfasalazine TABS 500mg; TBEC 500mg	2	
UCERIS FOAM 2mg/act	4	

LAXATIVES

CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	4	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	4	
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	1	
gavilyte-g	1	
generlac SOLN 10gm/15ml	2	
GOLYTELY SOL	3	
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
OSMOPREP TAB 1.5GM	4	
peg 3350-kcl-na bicarb-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	

Drug Name	Drug Tier	Requirements/Limits
PLENUV SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
SUFLAVE SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	2	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM, LA, PA
IBSRELA TABS 50mg	5	QL (60 tabs / 30 days), PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	2	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	2	
MOTEGRITY TABS 1mg, 2mg	4	
MOVANTIK TABS 12.5mg, 25mg	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	5	PA
SUCRAID SOLN 8500unit/ml	5	NM, LA, PA
sucralfate TABS 1gm	2	
SYMPROIC TABS .2mg	4	
TALICIA CAP	4	
TRULANCE TABS 3mg	4	QL (30 tabs / 30 days)
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
VIBERZI TABS 75mg, 100mg	5	PA
XERMELO TABS 250mg	5	QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	
VIOKACE TAB 10440	4	
VIOKACE TAB 20880	5	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	

PROTON PUMP INHIBITORS

esomeprazole magnesium CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
esomeprazole magnesium PACK 10mg, 20mg, 40mg	2	QL (30 packets / 30 days)
esomeprazole sodium SOLR 40mg	2	
lansoprazole CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	2	QL (60 tabs / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	4	
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium PACK 40mg	2	QL (30 packets / 30 days), ST
pantoprazole sodium SOLR 40mg	2	
pantoprazole sodium TBEC 20mg, 40mg	1	
PRILOSEC PACK 2.5mg, 10mg	4	PA
rabeprazole sodium TBEC 20mg	2	QL (30 tabs / 30 days)

GENITOURINARY**BENIGN PROSTATIC HYPERPLASIA**

alfuzosin hcl TB24 10mg	1	
CARDURA XL TB24 4mg, 8mg	4	ST
dutasteride CAPS .5mg	2	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	
finasteride TABS 5mg	1	
silodosin CAPS 4mg, 8mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tamsulosin hcl CAPS .4mg</i>	1	
MISCELLANEOUS		
<i>acetic acid SOLN .25%</i>	2	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	2	
<i>ELMIRON CAPS 100mg</i>	5	QL (90 caps / 30 days)
<i>INTRAROSA INST 6.5mg</i>	4	PA
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	2	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide TB24 7.5mg, 15mg</i>	2	ST
<i>fesoterodine fumarate TB24 4mg, 8mg</i>	2	
<i>GELNIQUE GEL 10%</i>	4	ST
<i>GEMTESA TABS 75mg</i>	4	
<i>MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg</i>	4	
<i>oxybutynin chloride SOLN 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg</i>	2	
<i>OXYTROL PTTW 3.9mg/24hr</i>	4	ST
<i>solifenacin succinate TABS 5mg, 10mg</i>	2	
<i>tolterodine tartrate CP24 2mg, 4mg</i>	2	ST
<i>tolterodine tartrate TABS 1mg, 2mg</i>	2	
<i>trospium chloride CP24 60mg; TABS 20mg</i>	2	
VAGINAL ANTI-INFECTIVES		
<i>CLEOCIN SUPP 100mg</i>	4	
<i>clindamycin phosphate vaginal CREA 2%</i>	2	
<i>CLINDESSE CREA 2%</i>	4	
<i>metronidazole vaginal GEL .75%</i>	2	
<i>miconazole 3 SUPP 200mg</i>	2	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	2	
<i>VANDAZOLE GEL .75%</i>	4	
<i>XACIATO GEL 2%</i>	4	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	2	QL (60 caps / 30 days)
<i>ELIQUIS TABS 2.5mg</i>	3	QL (60 tabs / 30 days)
<i>ELIQUIS TABS 5mg</i>	3	QL (74 tabs / 30 days)
<i>ELIQUIS STARTER PACK TBPK 5mg</i>	3	QL (74 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	4	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	5	
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	4	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	NM, PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM, PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM, PA
EPOGEN SOLN 20000unit/ml	5	NM, PA
LEUKINE SOLR 250mcg	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL SOLN 24mg/1.2ml	5	NM, LA, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	5	NM, PA
PROCIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	4	NM, PA
RETACRIT SOLN 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	NM, PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	5	NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	5	QL (20 vials / 30 days), NM, LA, PA
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
MULPLETA TABS 3mg	5	NM, PA
ORLADEYO CAPS 110mg, 150mg	5	QL (28 caps / 28 days), NM, LA, PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	5	NM, LA, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
RUCONEST SOLR 2100unit	5	QL (12 vials / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
sajazir SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAKHZYRO SOLN 300mg/2ml	5	QL (2 vials / 28 days), NM, LA, PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	5	QL (2 syringes / 28 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	2	
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	2	
ZONTIVITY TABS 2.08mg	4	

IMMUNOLOGIC AGENTS**AUTOIMMUNE AGENTS**

DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
ENTYVIO SOLR 300mg	5	NM, LA, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)		
hydroxychloroquine sulfate TABS 200mg	2	
leflunomide TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	2	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
GRASTEK SUBL 2800bau	4	PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	B/D, NM, LA
ODACTRA SUB	4	PA
ORALAIR SUB 300 IR	4	NM, LA, PA
RAGWITEK SUBL 12amba1-u	4	PA
RYSTIGGO SOLN 280mg/2ml	5	NM, LA, PA
VYVGART SOLN 400mg/20ml	5	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VYVGART INJ HYTRULO	5	NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
ATGAM INJ 50mg/ml	5	B/D
<i>azasan</i> TABS 75mg, 100mg	2	B/D
<i>azathioprine</i> TABS 50mg, 75mg, 100mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
ENVARSUS XR TB24 4mg	5	B/D, NM
ENVARSUS XR TB24 .75mg, 1mg	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
LUPKYNIS CAPS 7.9mg	5	NM, LA, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSSR 200mg/ml	5	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAXIA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIOSUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTAVERSE SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	4	
D5W/LYTES INJ #48	4	
D10W/NACL INJ 0.2%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/LACT INJ 20MEQ/L	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX E INJ 8/10	4	B/D
CLINIMIX E INJ 8/14	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	2	
<i>dextrose SOLN 50%, 70%</i>	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	B/D
PROSOL INJ 20%	4	B/D
SMOFLIPID EMU	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2
<i>neo-polycin hc ophth oint 1%</i>	2
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2
<i>neomycin-polymyxin-hc ophth susp</i>	2
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2
TOBRADEX OIN 0.3-0.1%	3
TOBRADEX ST SUS 0.3-0.05	3
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2
ZYLET SUS 0.5-0.3%	3

ANTI-INFECTIVES

AZASITE SOLN 1%	4
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2
<i>bacitracin-polymyxin b ophth oint</i>	1
BESIVANCE SUSP .6%	3
CILOXAN OINT .3%	3
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentak OINT .3%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
<i>NATACYN SUSP 5%</i>	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>TOBREX OINT .3%</i>	4	
<i>trifluridine SOLN 1%</i>	2	
<i>XDEMVY SOLN .25%</i>	5	NM, LA, PA
<i>ZIRGAN GEL .15%</i>	4	

ANTI-INFLAMMATORIES

<i>ACUVAIL SOLN .45%</i>	4	
<i>ALREX SUSP .2%</i>	3	
<i>bromfenac sodium (ophth) SOLN .09%</i>	2	
<i>BROMSITE SOLN .075%</i>	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>diluprednate EMUL .05%</i>	2	
<i>EYSUVIS SUSP .25%</i>	4	
<i>FLAREX SUSP .1%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
<i>FML FORTE SUSP .25%</i>	4	
<i>ILEVRO SUSP .3%</i>	3	
<i>INVELTYS SUSP 1%</i>	4	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	2	
<i>LOTEMAX OINT .5%</i>	3	
<i>LOTEMAX SM GEL .38%</i>	3	

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate GEL .5%; SUSP .5%</i>	2	
<i>MAXIDEX SUSP .1%</i>	4	
<i>PRED MILD SUSP .12%</i>	4	
<i>prednisolone acetate (ophth) SUSP 1%</i>	2	
<i>PREDNISOLONE SODIUM PHOSPHATE SOLN 1%</i>	3	
<i>PROLENSA SOLN .07%</i>	3	
ANTIALLERGICS		
<i>ALOCRIL SOLN 2%</i>	4	
<i>ALOMIDE SOLN .1%</i>	4	
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>bepotastine besilate SOLN 1.5%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
<i>epinastine hcl (ophth) SOLN .05%</i>	2	
<i>olopatadine hcl SOLN .1%, .2%</i>	2	
<i>ZERVIA SOLN .24%</i>	4	
ANTIGLAUCOMA		
<i>ALPHAGAN P SOLN .1%</i>	3	
<i>betaxolol hcl (ophth) SOLN .5%</i>	2	
<i>BETIMOL SOLN .25%, .5%</i>	4	
<i>BETOPTIC-S SUSP .25%</i>	3	
<i>brimonidine tartrate SOLN .1%, .15%</i>	2	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brinzolamide SUSP 1%</i>	2	
<i>carteolol hcl (ophth) SOLN 1%</i>	2	
<i>COMBIGAN SOL 0.2/0.5%</i>	3	
<i>dorzolamide hcl SOLN 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	2	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	2	
<i>LUMIGAN SOLN .01%</i>	3	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	2	
<i>RHOPRESSA SOLN .02%</i>	3	
<i>ROCKLATAN DRO</i>	3	
<i>SIMBRINZA SUS 1-0.2%</i>	3	
<i>tafluprost SOLN .015mg/ml</i>	2	
<i>timolol maleate (ophth) SOLG .25%, .5%</i>	2	
<i>timolol maleate (ophth) SOLN .25%, .5%</i>	1	
<i>timolol maleate (ophth) once-daily SOLN .5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth) pf SOLN .25%, .5%</i>	2	
TIMOPTIC OCUDOSE SOLN .25%	4	
<i>travoprost SOLN .004%</i>	2	
YZULTA SOLN .024%	4	
XELPROS EMUL .005%	4	ST
ZIOPTAN SOLN .015mg/ml	4	ST

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic) SOLN 1%</i>	2	
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
LACRISERT INST 5mg	4	
<i>proparacaine hcl SOLN .5%</i>	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
TYRVAYA SOLN .03mg/act	4	
IIDRA SOLN 5%	3	

OTIC**OTIC AGENTS**

<i>acetic acid (otic) SOLN 2%</i>	2	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin hcl (otic) SOLN .2%</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	2	
CORTISPORIN SUS -TC OTIC	4	
<i>flac OIL .01%</i>	2	
<i>fluocinolone acetonide (otic) OIL .01%</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic) SOLN .3%</i>	2	

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
STIOLTO AER 2.5-2.5	4	QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	
SPIRIVA HANDIHALER CAPS 18mcg	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	4	QL (1 inhaler / 30 days)
<i>tiotropium bromide monohydrate CAPS 18mcg</i>	2	QL (30 caps / 30 days)
TUDORZA PRESSAIR AEPB 400mcg/act	4	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	4	QL (2 inhalers / 30 days)
YUPELRI SOLN 175mcg/3ml	5	PA

ANTIHISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	2	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	4	
RYALTRIS SPR 665-25	4	QL (29 gm / 30 days)

ANTIHISTAMINES

<i>azelastine hcl SOLN .1%, .15%</i>	2	
<i>cetirizine hcl SOLN 1mg/ml</i>	1	
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>desloratadine TABS 5mg; TBDP 2.5mg, 5mg</i>	2	
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg, 100mg</i>	3	PA; PA if 70 years and older

Drug Name		Drug Tier	Requirements/Limits
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg		2	
<i>olopatadine hcl (nasal)</i> SOLN .6%		2	
BETA AGONISTS			
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)	
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)	
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)	
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D	
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2		
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D	
<i>formoterol fumarate</i> NEBU 20mcg/2ml	5	B/D	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST	
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)	
STRIVERDI RESPIMAT AERS 2.5mcg/act	4	QL (1 inhaler / 30 days)	
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	2		
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)	
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)	
LEUKOTRIENE MODULATORS			
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2		
<i>montelukast sodium</i> TABS 10mg	1		
<i>zafirlukast</i> TABS 10mg, 20mg	2		
MISCELLANEOUS			
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D	
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA	
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA	
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D	
<i>elixophyllin</i> ELIX 80mg/15ml	5		

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
GLASSIA SOLN 1000mg/50ml	5	NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg, 500mcg	2	
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NM, LA, PA

NASAL STEROIDS

BECONASE AQ SUSP 42mcg/spray	4	QL (2 inhalers / 30 days), ST
<i>flunisolide (nasal) SOLN .025%</i>	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal) SUSP 50mcg/act</i>	2	QL (2 inhalers / 30 days), ST
OMNARIS SUSP 50mcg/act	4	QL (1 inhaler / 30 days), ST
QNASL AERS 80mcg/act	4	QL (1 inhaler / 30 days), ST
QNASL CHILDRENS AERS 40mcg/act	4	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
ZETONNA AERS 37mcg/act	4	QL (1 inhaler / 30 days), ST

STEROID INHALANTS

ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUTITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	4	QL (1 inhaler / 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	4	QL (8 inhalers / 28 days)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	4	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	4	QL (4 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	4	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	4	QL (1 inhaler / 30 days)

Drug Name		Drug Tier	Requirements/Limits
<i>budesonide (inhalation)</i>	SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	2	B/D
FLOVENT DISKUS	AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS	AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA	AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER	AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
QVAR REDIHALER	AERB 40mcg/act, 80mcg/act	4	QL (2 inhalers / 30 days)

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days)

TOPICAL***DERMATOLOGY, ACNE***

<i>accutane</i>	CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>adapalene</i>	GEL .3%	2	QL (45 gm / 30 days), PA
ADAPALENE SOLN .1%		4	QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>		2	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>		2	
AKLIEF CREA .005%		4	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ALTRENO LOTN .05%	4	QL (45 gm / 30 days), PA
amnesteem CAPS 10mg, 20mg, 40mg	2	PA
ARAZLO LOTN .045%	4	QL (45 gm / 30 days), PA
AZELEX CREA 20%	4	QL (50 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindacin FOAM 1%</i>	2	
<i>clindacin etz pledges SWAB 1%</i>	2	QL (69 pledges / 30 days)
<i>clindacin-p SWAB 1%</i>	2	QL (69 pledges / 30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) FOAM 1%</i>	2	
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clindamycin phosphate (topical) SWAB 1%</i>	2	QL (69 pledges / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	2	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	2	QL (60 gm / 30 days)
<i>dapsone (topical) GEL 5%, 7.5%</i>	2	QL (90 gm / 30 days)
DIFFERIN LOTN .1%	4	QL (118 mL / 30 days), PA
ery PADS 2%	2	QL (60 pledges / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	2	QL (60 mL / 30 days)
FABIOR FOAM .1%	4	QL (100 gm / 30 days), PA
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>neuac gel 1.2-5%</i>	2	QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	4	QL (50 gm / 30 days)
RETIN-A MICRO GEL .06%	5	QL (50 gm / 30 days), PA
RETIN-A MICRO PUMP GEL .08%	5	QL (50 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) LOTN 10%	2	QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	4	QL (100 gm / 30 days), PA
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	2	QL (45 gm / 30 days), PA
tretinoin microsphere GEL .04%, .08%, .1%	2	QL (50 gm / 30 days), PA
TWYNÉO CRE 0.1-3%	4	QL (30 gm / 30 days), PA
WINLEVI CREA 1%	4	QL (60 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	2	PA

DERMATOLOGY, ANTIBIOTICS

gentamicin sulfate (topical) CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
mupirocin OINT 2%	1	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLYON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

ciclopirox olamine CREA .77%	2	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	2	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	2	QL (30 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (45 gm / 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	2	QL (30 mL / 30 days)
ketoconazole (topical) CREA 2%	2	QL (60 gm / 30 days)
naftifine hcl CREA 1%; GEL 1%	2	QL (90 gm / 30 days)
naftifine hcl CREA 2%; GEL 2%	2	QL (60 gm / 30 days)
NAFTIN GEL 2%	4	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	2	QL (60 gm / 30 days)
OXISTAT LOTN 1%	4	QL (60 mL / 30 days), PA

DERMATOLOGY, ANTIPSORIATICS

acitretin CAPS 10mg, 17.5mg, 25mg	2	PA
calcipotriene OINT .005%	2	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	2	QL (120 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
<i>tazarotene</i> GEL .05%, .1%	2	QL (100 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	4	QL (100 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
<i>desonide</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>desonide</i> LOTN .05%	2	QL (118 mL / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
PANDEL CREA .1%	5	QL (80 gm / 30 days)
<i>prednicarbate</i> OINT .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	QL (30 gm / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i> OINT 5%	2	QL (30 gm / 30 days)
<i>azelaic acid</i> GEL 15%	2	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>CONDYLOX</i> GEL .5%	4	QL (7 gm / 28 days)
<i>CORTIFOAM</i> FOAM 10%	4	
<i>DENAVIR</i> CREA 1%	5	QL (5 gm / 30 days)
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days), PA
<i>diclofenac sodium (topical)</i> SOLN 2%	5	QL (224 gm / 28 days), PA
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>FINACEA</i> FOAM 15%	4	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	2	
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
KLISYRI OINT 1%	5	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
NORITATE CREA 1%	5	QL (60 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>penciclovir</i> CREA 1%	2	QL (5 gm / 30 days)
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>protozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days)
TOLAK CREA 4%	4	QL (40 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
XERESE CRE 5-1%	5	QL (5 gm / 30 days)
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 gm / 28 days)

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan</i> LOTN 10%	2	QL (454 gm / 30 days)
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
<i>spinosad</i> SUSP .9%	2	

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	5	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	2	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	2	
<i>periogard SOLN .12%</i>	1	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	2	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	2	

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DOCETAXEL.....	18
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<i>enoxaparin sodium</i>	76
<i>enpresse-28</i>	60
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<i>ethambutol hcl</i>	10
<i>ethosuximide</i>	36
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	60
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	60
<i>etodolac</i>	1
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<i>ezetimibe-simvastatin tab 10-40 mg</i>	29
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<i>femynor</i>	61
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<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	7
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<i>fludrocortisone acetate</i>	65
<i>flunisolide (nasal)</i>	92
<i>fluocinolone acetonide</i>	96
<i>fluocinolone acetonide (otic)</i>	88
<i>fluocinonide</i>	96, 97
<i>fluocinonide emulsified base</i>	97
<i>fluorometholone (ophth)</i>	86
<i>fluorouracil</i>	16
<i>fluorouracil (topical)</i>	98
<i>fluoxetine hcl</i>	40
<i>fluphenazine decanoate</i>	43
<i>fluphenazine hcl</i>	43
<i>flurbiprofen</i>	1
<i>flurbiprofen sodium</i>	86
<i>fluticasone propionate</i>	97
<i>fluticasone propionate (nasal)</i>	92
<i>fluvastatin sodium</i>	29
<i>fluvoxamine maleate</i>	34
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<i>fosamprenavir calcium</i>	8
<i>fosaprepitant dimeglumine</i>	70
<i>foscarnet sodium</i>	11
<i>fosinopril sodium</i>	25
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<i>frovatriptan succinate</i>	48
<i>fulvestrant</i>	17
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<i>furosemide inj</i>	32
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<i>sodium phenylbutyrate</i>	68
<i>sodium polystyrene sulfonate powder</i>	59
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<i>solifenacin succinate</i>	75
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<i>sorine</i>	28
<i>sotalol hcl</i>	28
<i>sotalol hcl (afib/afl)</i>	28
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<i>spinosad</i>	98
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SPIRIVA RESPIMAT	89
<i>spironolactone</i>	26
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	32
<i>sprintec</i> 28	63
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<i>ssd</i>	95
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STEGLUJAN TAB 5-100MG	55
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<i>streptomycin sulfate</i>	6
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STRIVERDI RESPIMAT	90
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<i>subvenite</i>	38
<i>subvenite starter kit/blu</i>	38
<i>subvenite starter kit/gre</i>	38
<i>subvenite starter kit/ora</i>	38
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<i>sucralfate</i>	73
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<i>sulfacetamide sodium (acne)</i>	95
<i>sulfacetamide sodium (ophth)</i>	86
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	85
<i>sulfadiazine</i>	6
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	6
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	6
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	6
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	6
SULFAMYLYON	95
<i>sulfasalazine</i>	72
<i>sulindac</i>	1
<i>sumatriptan</i>	49
<i>sumatriptan succinate</i>	49
<i>sunitinib malate</i>	22
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<i>telmisartanamlodipine tab 40-10 mg</i>	27
<i>telmisartanamlodipine tab 40-5 mg</i> ..	27
<i>telmisartanamlodipine tab 80-10 mg</i>	27
<i>telmisartanamlodipine tab 80-5 mg</i> ..	27
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg</i>	27
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg</i>	27
<i>telmisartanhydrochlorothiazide tab 80-25 mg</i>	27
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<i>terazosin hcl</i>	26
<i>terbinafine hcl</i>	8
<i>terbutaline sulfate</i>	90
<i>terconazole vaginal</i>	75
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<i>testosterone cypionate</i>	52
<i>testosterone enanthate</i>	52
<i>tetrabenazine</i>	50
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<i>timolol maleate (ophth)</i>	87
<i>timolol maleate (ophth) once-daily</i>	87
<i>timolol maleate (ophth) pf</i>	88
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TOBRADEX ST SUS 0.3-0.05	85
<i>tobramycin</i>	6
<i>tobramycin (ophth)</i>	86
<i>tobramycin sulfate</i>	6
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	85
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<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	25
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	25
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	25
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	25
<i>tranexamic acid</i>	78
<i>tranylcypromine sulfate</i>	40
TRAVASOL INJ 10%	85
<i>travoprost</i>	88
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<i>trazodone hcl</i>	40
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TRELEGY AER ELLIPTA 200-62.5-25 MCG	89
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<i>triamcinolone acetonide (topical)</i>	97
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<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	32
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	32
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	32
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<i>tri-lo-mili</i>	64
<i>tri-lo-sprintec</i>	64
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<i>valproic acid</i>	38
<i>valsartan</i>	28
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	27
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Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-633-1542 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-633-1542 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-633-1542 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-633-1542 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-633-1542 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-633-1542 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương trình chăm sóc và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-633-1542 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-633-1542 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-633-1542 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-633-1542 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-633-1542 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देनेके लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-633-1542 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-633-1542 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-633-1542 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

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Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-633-1542 (TTY: 711). Ta usługa jest bezpłatna.

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