Samaritan Health Plans

2023 Formulary
List of CoveredDrugs

Samaritan Advantage Premier Plan (HMO)
Samaritan Advantage Premier Plan Plus (HMO)

Please read: This document contains information about the drugs we cover in this plan.

HPMS Approved Formulary File Submission ID23513, V17

This formulary was updated on 11/01/2023. For more recent information or other questions, please contact Samaritan Advantage Health Plans (HMO) Customer Service at **541-768-4550** or toll free at **800- 832-4580** (TTY users should call **800-735-2900)**.

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m.

You can also visit **samhealthplans.org/Find-a-Drug**.

Important message about what you pay for vaccines: Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service 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, even if you haven't paid your deductible.

Samaritan Advantage Premier Plan Plus provides additional coverage of generic tier prescription drugs in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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 Samaritan Advantage Health Plans (HMO). When it refers to "plan" or "our plan," it means Samaritan Advantage Premier Plan Plus and Samaritan Advantage Premier Plan.

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, 2023, and from time to time during the year.

What are the Samaritan Advantage Premier Plan and Samaritan Advantage Premier Plan Plus Formulary?

A formulary is a list of covered drugs selected by our plan 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. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 we 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 the 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 anexception 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 find information in the section below titled "How do I request an exception to the Samaritan Advantage Premier Plan (HMO) and Samaritan Advantage Premier Plan Plus (HMO) 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, [or] 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 receivea 34-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 Samaritan Advantage Premier Plan (HMO) and Samaritan Advantage Premier Plan Plus (HMO) 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 our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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 Agents. If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 167. 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?

Our plan 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:** Our plan requires you [or your physician] to get prior authorizationfor certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 capsules per 30-days per prescription for

omeprazole oral capsule delayed-release. This may be in addition to a standard one- month or three-month supply.

- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover DrugB.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. 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 our plan 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 Samaritan Advantage Premier Plan and Samaritan Advantage Premier Plan Plus formulary?" on page 5 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 Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.

- You can ask our plan to make an exception and cover your drug. See below forinformation about how to request an exception.

How do I request an exception to the Samaritan Advantage Premier Plan (HMO) and Samaritan Advantage Premier Plan Plus (HMO) Formulary?

You can ask our plan 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. 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, our plan limits the amount of the drug that we will cover. If your drug hasa quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug 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 120 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 34-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 34-day supply of medication. After your first 34-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 120 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.

For long-term care residents, the pharmacy benefits manager adjudication automatically processes and pays Level of Care Transition Fills when identified by a change in patient residence code based on the most recent claim. If a Level of Care change is identified, the system will automatically override the following edits on Part D covered drugs and allow the claim to pay:

a) Refill too soon.
b) Duplicate prescription.
c) Duplicate therapy.
d) Non-formulary.
e) Prior authorization (excluding Part B vs. Part D or Part D vs. Part D-excluded drugs).

If the member experienced a level of care change that was not identified by a change in residence code, in order to ensure that the member does not have a gap in therapy the pharmacy should call our plan's Pharmacy Help Desk to obtain an override. They can contact Samaritan Advantage Health Plans (HMO) Customer Service at **541-768-4550** or toll free at **800-832-4580** (TTY users should call **800-735-2900**),

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m. You

can also visit **samhealthplans.org/Find-a-Drug**.

For more information

For more detailed information about your Samaritan Advantage Premier Plan and Samaritan Advantage Premier Plan Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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 **800-MEDICARE** (**800-633-4227**) 24 hours a day/7 days a week. (TTY users should call **877-486-2048)** or, visit **http://www.medicare.gov**.

[11/01/2023]

Samaritan Advantage Premier Plan and
Samaritan Advantage Premier Plan Plus Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 167.

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

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

You can find information on what the symbols and abbreviations on this table mean below.

List of Abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances.
Information may need to be submitted describing the use and setting of the drug to make the determination.

EA: Each.

PA: Prior Authorization. Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 capsules per 30 days per prescription for omeprazole oral capsule delayed release. This may be in addition to a standard one-month or three-month supply.

ST: Step Therapy. In some cases, our plan 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg	2	QL(60 EA per 30 days)
celecoxib caps 200mg	2	QL(60 EA per 30 days)
celecoxib caps 400mg	2	QL(60 EA per 30 days)
celecoxib caps 50mg	2	QL(60 EA per 30 days)
diclofenac potassium tabs 50mg	2	
diclofenac sodium dr tbec 25mg	2	
diclofenac sodium dr tbec 50mg	2	
diclofenac sodium dr tbec 75mg	2	
diclofenac sodium er tb24 100mg	2	
diclofenac sodium gel 1%	2	QL(1000 GM per 30 days)
DICLOFENAC SODIUM SOLN 1.5%	4	PA
diclofenac sodium soln 2%	5	PA
diflunisal tabs 500mg	2	
etodolac er tb24 400mg	4	
etodolac er tb24 500mg	4	
etodolac er tb24 600mg	4	
etodolac caps 200mg	2	
etodolac caps 300mg	2	
etodolac tabs 400mg	2	
etodolac tabs 500mg	2	
flurbiprofen tabs 100mg	2	
flurbiprofen tabs 50mg	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg	1	
ibuprofen tabs 600mg	1	
ibuprofen tabs 800mg	1	
ibu tabs 400mg	1	
ibu tabs 600mg	1	
ibu tabs 800mg	1	
INDOMETHACIN INJ 1MG	4	
KETOROLAC TROMETHAMINE INJ 15MG/ML	4	
KETOROLAC TROMETHAMINE INJ 30MG/ML	4	
KETOROLAC TROMETHAMINE INJ 30MG/ML	4	
meloxicam tabs 15mg	1	

Drug Name	Drug Tier	Requirements/Limits
meloxicam tabs 7.5mg	1	
nabumetone tabs 500mg	2	
nabumetone tabs 750mg	2	
naproxen sodium tabs 275mg	2	
naproxen sodium tabs 550mg	2	
naproxen tabs 250mg	2	
naproxen tabs 375mg	2	
naproxen tabs 500mg	2	
naproxen tbec 375mg	2	
naproxen tbec 500mg	2	
piroxicam caps 10mg	2	
piroxicam caps 20mg	2	
sulindac tabs 150mg	2	
sulindac tabs 200mg	2	
tolmetin sodium caps 400mg	2	
TOLMETIN SODIUM TABS 600MG	4	
Opioid Analgesics, Long-acting		
FENTANYL PT72 100MCG/HR	4	
FENTANYL PT72 12MCG/HR	4	
FENTANYL PT72 25MCG/HR	4	
FENTANYL PT72 50MCG/HR	4	
FENTANYL PT72 75MCG/HR	4	
HYDROMORPHONE HCL ER TB24 12MG	4	
hydromorphone hcl er tb24 16mg	4	
HYDROMORPHONE HCL ER TB24 8MG	4	
hydromorphone hydrochloride er tb24 32mg	4	
INFUMORPH 200 INJ 10MG/ML	4	
INFUMORPH 500 INJ 25MG/ML	4	
methadone hcl inj 10mg/ml	2	
methadone hcl soln 10mg/5ml	2	
methadone hcl soln 5mg/5ml	2	
methadone hcl tabs 10mg	2	
methadone hcl tabs 5mg	2	
methadone hydrochloride intensol conc 10mg/ml	2	
methadone hydrochloride conc 10mg/ml	2	
methadose sugar-free conc 10mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
methadose conc 10mg/ml	2	
mitigo inj 10mg/ml	2	
mitigo inj 25mg/ml	2	
morphine sulfate er tbcr 100mg	2	
morphine sulfate er tbcr 15mg	2	
morphine sulfate er tbcr 200mg	2	
morphine sulfate er tbcr 30mg	2	
morphine sulfate er tbcr 60mg	2	
TRAMADOL HCL ER TB24 100MG	4	
TRAMADOL HCL ER TB24 200MG	4	
TRAMADOL HCL ER TB24 300MG	3	
tramadol hydrochloride er tb24 100mg	4	
tramadol hydrochloride er tb24 200mg	4	
tramadol hydrochloride er tb24 300mg	4	
XTAMPZA ER C12A 13.5MG	4	
XTAMPZA ER C12A 18MG	4	
XTAMPZA ER C12A 27MG	4	
XTAMPZA ER C12A 36MG	4	
XTAMPZA ER C12A 9MG	4	
Opioid Analgesics, Short-acting		
ABSTRAL SUBL 400MCG	5	PA
ABSTRAL SUBL 600MCG	5	PA
ABSTRAL SUBL 800MCG	5	PA
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	2	
acetaminophen/codeine tabs 300mg; 15mg	2	
acetaminophen/codeine tabs 300mg; 30mg	2	
acetaminophen/codeine tabs 300mg; 60mg	2	
ASCOMP/CODEINE CAPS 325MG; 50MG; 40MG; 30MG	4	
BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE CAPS 325MG; 50MG; 40MG; 30MG	4	
BUTORPHANOL TARTRATE INJ 1MG/ML	4	
BUTORPHANOL TARTRATE INJ 2MG/ML	4	
codeine sulfate tabs 15mg	3	
codeine sulfate tabs 30mg	3	
codeine sulfate tabs 60mg	3	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
duramorph inj 0.5mg/ml	4	
duramorph inj 1mg/ml	4	
endocet tabs 325mg; 10mg	2	
endocet tabs 325mg; 2.5mg	2	
endocet tabs 325mg; 5mg	2	
endocet tabs 325mg; 7.5mg	2	
fentanyl citrate oral transmucosal lpop 1200mcg	5	PA
fentanyl citrate oral transmucosal lpop 1600mcg	5	PA
fentanyl citrate oral transmucosal lpop 200mcg	4	PA
fentanyl citrate oral transmucosal lpop 400mcg	5	PA
fentanyl citrate oral transmucosal lpop 600mcg	5	PA
fentanyl citrate oral transmucosal lpop 800mcg	5	PA
FENTANYL CITRATE INJ 1000MCG/20ML	4	B/D
FENTANYL CITRATE INJ 1000MCG/20ML	4	B/D
FENTANYL CITRATE INJ 100MCG/2ML	4	B/D
FENTANYL CITRATE INJ 100MCG/2ML	4	B/D
FENTANYL CITRATE INJ 2500MCG/50ML	4	B/D
FENTANYL CITRATE INJ 250MCG/5ML	4	B/D
FENTANYL CITRATE INJ 250MCG/5ML	4	B/D
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	4	
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg	4	
hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg	4	
hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg	4	
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg	2	
hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg	2	
hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml	2	
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	
hydrocodone/ibuprofen tabs 10mg; 200mg	4	
hydrocodone/ibuprofen tabs 5mg; 200mg	4	

Drug Name	Drug Tier	Requirements/Limits
hydrocodone/ibuprofen tabs 7.5mg; 200mg	2	
hydromorphone hcl inj 10mg/ml	4	
hydromorphone hcl inj 1mg/ml	4	
hydromorphone hcl inj 2mg/ml	4	
hydromorphone hcl inj 4mg/ml	4	
hydromorphone hcl liqd 1mg/ml	4	
hydromorphone hcl tabs 2mg	2	
hydromorphone hcl tabs 4mg	2	
hydromorphone hcl tabs 8mg	2	
hydromorphone hydrochloride inj 1mg/ml	4	
hydromorphone hydrochloride inj 4mg/ml	4	
hydromorphone hydrochloride inj 50mg/5ml	4	
LAZANDA SOLN 100MCG/ACT	5	PA
LAZANDA SOLN 300MCG/ACT	5	PA
LAZANDA SOLN 400MCG/ACT	5	PA
lorcet hd tabs 325mg; 10mg	2	
lorcet plus tabs 325mg; 7.5mg	2	
lorcet tabs 325mg; 5mg	2	
morphine sulfate inj 0.5mg/ml	4	
morphine sulfate inj 10mg/ml	2	
morphine sulfate inj 1mg/ml	4	
morphine sulfate inj 1mg/ml	2	B/D
morphine sulfate inj 2mg/ml	2	
morphine sulfate inj 2mg/ml	2	
morphine sulfate inj 4mg/ml	2	
morphine sulfate inj 4mg/ml	2	
morphine sulfate inj 4mg/ml	4	
morphine sulfate inj 5mg/ml	2	B/D
morphine sulfate inj 8mg/ml	2	
morphine sulfate inj 8mg/ml	2	
morphine sulfate soln 10mg/5ml	2	
morphine sulfate soln 20mg/5ml	2	
morphine sulfate soln 20mg/ml	2	
morphine sulfate tabs 15mg	2	
morphine sulfate tabs 30mg	2	
NALBUPHINE HCL INJ 10MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
NALBUPHINE HCL INJ 20MG/ML	4	
oxycodone hcl caps 5mg	2	
oxycodone hydrochloride caps 5mg	2	
OXYCODONE HYDROCHLORIDE CONC 100MG/5ML	4	
oxycodone hydrochloride soln 5mg/5ml	2	
oxycodone hydrochloride tabs 10mg	2	
oxycodone hydrochloride tabs 15mg	2	
oxycodone hydrochloride tabs 20mg	2	
oxycodone hydrochloride tabs 30mg	2	
oxycodone hydrochloride tabs 5mg	2	
oxycodone/acetaminophen tabs 325mg; 10mg	2	
oxycodone/acetaminophen tabs 325mg; 2.5mg	2	
oxycodone/acetaminophen tabs 325mg; 5mg	2	
oxycodone/acetaminophen tabs 325mg; 7.5mg	2	
oxycodone/aspirin tabs 325mg; 4.835mg	2	
oxycodone/ibuprofen tabs 400mg; 5mg	2	
tramadol hcl tabs 50mg	2	
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	
Anesthetics		
Local Anesthetics		
glydo prsy 2%	2	QL(30 ML per 30 days); PA
lidocaine hcl jelly gel 2%	2	QL(30 ML per 30 days); PA
lidocaine hcl jelly prsy 2%	2	QL(30 ML per 30 days); PA
LIDOCAINE HCL/DEXTROSE SOLN 7.5%; 5%	4	
lidocaine hcl gel 2%	2	QL(30 ML per 30 days); PA
lidocaine hcl inj 0.5%	2	
lidocaine hcl inj 0.5%	2	
lidocaine hcl inj 1%	2	
lidocaine hcl inj 1.5%	2	
lidocaine hcl inj 2%	2	
lidocaine hcl inj 4%	2	
lidocaine hcl prsy 2%	2	QL(30 ML per 30 days); PA
lidocaine hcl soln 4%	2	QL(250 ML per 30 days); PA
lidocaine hydrochloride inj 1%	2	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hydrochloride inj 1%	2	
lidocaine hydrochloride inj 1%	2	
lidocaine hydrochloride inj 2%	2	
lidocaine hydrochloride inj 2%	2	
lidocaine/epinephrine inj 1:100000; 1%	2	
lidocaine/epinephrine inj 1:100000; 2%	2	
lidocaine/epinephrine inj 1:200000; 0.5%	2	
lidocaine/epinephrine inj 1:200000; 1.5%	2	
lidocaine/epinephrine inj 1:200000; 2%	2	
lidocaine/epinephrine inj 1:50000; 2%	2	
lidocaine/prilocaine crea 2.5%; 2.5%	4	QL(30 GM per 30 days); PA
LIDOCAINE OINT 5%	4	QL(150 GM per 30 days); PA
LIDOCAINE PTCH 5%	4	PA
xylocaine dental inj 1:100000; 2%	2	
xylocaine dental inj 1:50000; 2%	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
ACAMPROSATE CALCIUM DR TBEC 333MG	4	
disulfiram tabs 250mg	2	
disulfiram tabs 500mg	2	
naltrexone hcl tabs 50mg	2	
VIVITROL INJ 380MG	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	2	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	2	QL(90 EA per 30 days)
buprenorphine hcl inj 0.3mg/ml	4	
buprenorphine hcl subl 2mg	2	
buprenorphine hcl subl 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	2	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	2	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg	2	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine hydrochloride inj 0.3mg/ml	4	
Opioid Reversal Agents		
naloxone hcl inj 2mg/2ml	1	
naloxone hydrochloride inj 0.4mg/ml	1	
naloxone hydrochloride inj 0.4mg/ml	1	
naloxone hydrochloride liqd 4mg/0.1ml	2	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	QL(60 EA per 30 days)
NICOTROL INHALER INHA 10MG	4	QL(2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL(360 ML per 365 days)
varenicline starting month box tbpk 0	2	QL(504 EA per 365 days)
varenicline tartrate tabs 0.5mg	2	QL(504 EA per 365 days)
varenicline tartrate tabs 1mg	2	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml	2	
amikacin sulfate inj 500mg/2ml	2	
gentamicin sulfate pediatric inj 10mg/ml	2	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	2	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ 1MG/ML; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%	2	
gentamicin sulfate crea 0.1%	2	
gentamicin sulfate inj 40mg/ml	4	
gentamicin sulfate oint 0.1%	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	2	
neomycin sulfate tabs 500mg	2	
neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml	2	
PAROMOMYCIN SULFATE CAPS 250MG	4	
STREPTOMYCIN SULFATE INJ 1GM	4	
tobramycin sulfate inj 1.2gm/30ml	2	

Drug Name	Drug Tier	Requirements/Limits
tobramycin sulfate inj 1.2gm	4	
tobramycin sulfate inj 10mg/ml	4	
tobramycin sulfate inj 80mg/2ml	4	
tobramycin nebu 300mg/4ml	5	B/D
Antibacterials, Other		
AZTREONAM INJ 1GM	4	
aztreonam inj 2gm	4	
bacitracin inj 50000unit	2	
CHLORAMPHENICOL SODIUM SUCCINATE INJ 1GM	4	
clindacin etz pledgets swab 1%	4	
clindacin-p swab 1%	4	
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg	2	
clindamycin hydrochloride caps 75mg	2	
clindamycin palmitate hcl solr 75mg/5ml	4	
clindamycin phosphate/dextrose inj 300mg/50ml; 5%	4	
clindamycin phosphate/dextrose inj 600mg/50ml; 5%	4	
clindamycin phosphate/dextrose inj 900mg/50ml; 5%	4	
clindamycin phosphate crea 2%	4	
clindamycin phosphate inj 300mg/2ml	4	
clindamycin phosphate inj 600mg/4ml	4	
clindamycin phosphate inj 9000mg/60ml	4	
clindamycin phosphate inj 900mg/6ml	4	
clindamycin phosphate inj 9gm/60ml	4	
clindamycin phosphate swab 1%	4	
COLISTIMETHATE SODIUM INJ 150MG	4	
DALVANCE INJ 500MG	5	
daptomycin inj 500mg	5	
fosfomycin tromethamine pack 3gm	4	
IMPAVIDO CAPS 50MG	5	
lincomycin hcl inj 300mg/ml	2	
linezolid inj 600mg/300ml	4	
linezolid inj 600mg/300ml; 0.9%	5	
linezolid susr 100mg/5ml	5	QL(1800 ML per 28 days)
linezolid tabs 600mg	4	QL(56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
methenamine hippurate tabs 1gm	4	
metronidazole vaginal gel 0.75%	2	
metronidazole caps 375mg	4	
metronidazole inj 500mg/100ml	3	
metronidazole tabs 250mg	2	
metronidazole tabs 500mg	2	
NITROFURANTOIN MACROCRYSTALS CAPS 100MG	4	
NITROFURANTOIN MACROCRYSTALS CAPS 25MG	4	
NITROFURANTOIN MACROCRYSTALS CAPS 50MG	4	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
nitrofurantoin monohydrate caps 100mg	2	
NITROFURANTOIN SUSP 25MG/5ML	5	
ORBACTIV INJ 400MG	4	
PRIMSOL SOLN 50MG/5ML	4	
SIVEXTRO INJ 200MG	5	QL(6 EA per 30 days)
SYNERCID INJ 350MG; 150MG	5	
tigecycline inj 50mg	4	
trimethoprim tabs 100mg	2	
VANCOMYCIN HCL INJ 10GM	4	
vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml	2	
vancomycin hydrochloride/dextrose inj 5%; 500mg/100ml	2	
vancomycin hydrochloride/dextrose inj 5%; 750mg/150ml	2	
VANCOMYCIN HYDROCHLORIDE CAPS 125MG	4	QL(120 EA per 30 days)
vancomycin hydrochloride caps 250mg	4	QL(240 EA per 30 days)
vancomycin hydrochloride inj 1gm	4	
vancomycin hydrochloride inj 250mg	4	
vancomycin hydrochloride inj 500mg	4	
vancomycin hydrochloride inj 5gm	2	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hydrochloride inj 750mg	4	
vancomycin hydrochloride solr 250mg/5ml	4	
vandazole gel 0.75%	2	
Beta-lactam, Cephalosporins		
CEFACLOR CAPS 250MG	4	
CEFACLOR CAPS 500MG	4	
CEFACLOR SUSR 125MG/5ML	4	
CEFACLOR SUSR 250MG/5ML	4	
CEFACLOR SUSR 375MG/5ML	4	
cefadroxil caps 500mg	2	
cefadroxil susr 250mg/5ml	2	
cefadroxil susr 500mg/5ml	2	
cefadroxil tabs 1gm	2	
cefazolin sodium/dextrose inj 1gm; 4%	4	
cefazolin sodium/dextrose inj 2gm; 3%	4	
cefazolin sodium inj 100gm	4	
cefazolin sodium inj 10gm	4	
cefazolin sodium inj 1gm/50ml; 4%	4	
cefazolin sodium inj 1gm	4	
cefazolin sodium inj 1gm	4	
cefazolin sodium inj 300gm	4	
cefazolin sodium inj 500mg	4	
cefazolin inj 2gm/100ml; 4%	4	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml	2	
cefdinir susr 250mg/5ml	2	
cefepime hydrochloride inj 1gm	4	
cefepime hydrochloride inj 2gm	4	
cefepime/dextrose inj 1gm/50ml; 5%	4	
cefepime/dextrose inj 2gm/50ml; 5%	4	
cefepime inj 1gm/50ml	4	
cefepime inj 1gm	4	
cefepime inj 2gm/100ml	4	
cefepime inj 2gm	4	
cefixime caps 400mg	2	
CEFIXIME SUSR 100MG/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
CEFIXIME SUSR 200MG/5ML	4	
cefotaxime sodium inj 1gm	2	
cefotaxime sodium inj 2gm	2	
cefotetan/dextrose inj 1gm; 3.58%	2	
cefotetan/dextrose inj 2gm; 2.08%	2	
cefoxitin sodium inj 10gm	4	
cefoxitin sodium inj 1gm	4	
cefoxitin sodium inj 1gm; 4%	4	
cefoxitin sodium inj 2gm	4	
cefoxitin sodium inj 2gm; 2.2%	4	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	4	
cefpodoxime proxetil susr 50mg/5ml	4	
CEFPODOXIME PROXETIL TABS 100MG	4	
CEFPODOXIME PROXETIL TABS 200MG	4	
cefprozil susr 125mg/5ml	2	
cefprozil susr 250mg/5ml	2	
cefprozil tabs 250mg	2	
cefprozil tabs 500mg	2	
ceftazidime/dextrose inj 2gm/50ml; 5%	4	
CEFTAZIDIME INJ 1GM	4	
CEFTAZIDIME INJ 2GM	4	
CEFTAZIDIME INJ 6GM	4	
ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0	4	
ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0	4	
ceftriaxone sodium inj 10gm	4	
ceftriaxone sodium inj 1gm	4	
ceftriaxone sodium inj 1gm	4	
ceftriaxone sodium inj 250mg	4	
ceftriaxone sodium inj 2gm	4	
ceftriaxone sodium inj 2gm	4	
ceftriaxone sodium inj 500mg	4	
ceftriaxone/dextrose inj 1gm; 3.74%	4	
ceftriaxone/dextrose inj 2gm; 2.22%	4	
cefuroxime axetil tabs 250mg	2	
cefuroxime axetil tabs 500mg	2	
cefuroxime sodium inj 1.5gm	3	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium inj 750mg	4	
cephalexin caps 250mg	2	
cephalexin caps 500mg	2	
cephalexin caps 750mg	2	
cephalexin susr 125mg/5ml	2	
cephalexin susr 250mg/5ml	2	
cephalexin tabs 250mg	2	
cephalexin tabs 500mg	2	
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	
TAZICEF INJ 1GM	4	
tazicef inj 1gm	4	
TAZICEF INJ 2GM	4	
TAZICEF INJ 6GM	4	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg	2	
amoxicillin/clavulanate potassium chew 200mg; 28.5mg	2	
amoxicillin/clavulanate potassium chew 400mg; 57mg	2	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml	2	
amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 500mg; 125mg	2	

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin/clavulanate potassium tabs 875mg; 125mg	2	
amoxicillin caps 250mg	1	
amoxicillin caps 500mg	1	
amoxicillin chew 125mg	1	
amoxicillin chew 250mg	1	
amoxicillin susr 125mg/5ml	1	
amoxicillin susr 200mg/5ml	1	
amoxicillin susr 250mg/5ml	1	
amoxicillin susr 400mg/5ml	1	
amoxicillin tabs 500mg	1	
amoxicillin tabs 875mg	1	
ampicillin sodium inj 10gm	4	
ampicillin sodium inj 125mg	4	
ampicillin sodium inj 1gm	4	
ampicillin sodium inj 1gm	4	
ampicillin sodium inj 250mg	4	
ampicillin sodium inj 2gm	4	
ampicillin sodium inj 2gm	4	
ampicillin sodium inj 500mg	4	
AMPICILLIN-SULBACTAM INJ 10GM; 5GM	4	
ampicillin-sulbactam inj 1gm; 0.5gm	4	
ampicillin-sulbactam inj 1gm; 0.5gm	4	
ampicillin-sulbactam inj 2gm; 1gm	4	
ampicillin/sulbactam inj 2gm; 1gm	4	
ampicillin caps 500mg	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
dicloxacillin sodium caps 250mg	2	
dicloxacillin sodium caps 500mg	2	

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Drug Name	Drug Tier	Requirements/Limits
nafcillin sodium inj 10gm	4	
NAFCILLIN SODIUM INJ 1GM	4	
NAFCILLIN SODIUM INJ 1GM	4	
nafcillin sodium inj 2gm	4	
NAFCILLIN SODIUM INJ 2GM	4	
NAFCILLIN INJ 5%; 1GM/50ML	5	
NAFCILLIN INJ 5%; 2GM/100ML	5	
OXACILLIN SODIUM INJ 1.5GM/50ML; 1GM/50ML	4	
oxacillin sodium inj 10gm	4	
OXACILLIN SODIUM INJ 1GM	4	
OXACILLIN SODIUM INJ 2GM	4	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	4	
penicillin g potassium inj 20000000unit	4	
penicillin g potassium inj 5000000unit	4	
PENICILLIN G PROCAINE INJ 600000UNIT/ML	4	
penicillin g sodium inj 5000000unit	5	
penicillin v potassium solr 125mg/5ml	2	
penicillin v potassium solr 250mg/5ml	2	
penicillin v potassium tabs 250mg	2	
penicillin v potassium tabs 500mg	2	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 2GM; 0.25GM	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 36GM; 4.5GM	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 3GM; 0.375GM	4	
PIPERACILLIN SODIUM/TAZOBACTAM SODIUM INJ 4GM; 0.5GM	4	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	4	
Carbapenems		
ertapenem inj 1gm	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	4	
IMIPENEM/CILASTATIN INJ 500MG; 500MG	4	
meropenem/sodium chloride inj 1gm/50ml; 0.9%	4	

Drug Name	Drug Tier	Requirements/Limits
meropenem/sodium chloride inj 500mg; 0.9%	4	
meropenem inj 1gm	4	
meropenem inj 500mg	4	
Macrolides		
azithromycin inj 500mg	2	
azithromycin pack 1gm	2	
azithromycin susr 100mg/5ml	2	
azithromycin susr 200mg/5ml	2	
azithromycin tabs 250mg	1	
azithromycin tabs 250mg	1	
azithromycin tabs 500mg	1	
azithromycin tabs 500mg	1	
azithromycin tabs 600mg	1	
clarithromycin er tb24 500mg	4	
clarithromycin susr 125mg/5ml	4	
clarithromycin susr 250mg/5ml	4	
clarithromycin tabs 250mg	2	
clarithromycin tabs 500mg	2	
DIFICID SUSR 40MG/ML	5	
DIFICID TABS 200MG	5	
ERYTHROCIN STEARATE TABS 250MG	4	
ERYTHROMYCIN BASE TABS 250MG	4	
ERYTHROMYCIN BASE TABS 500MG	4	
erythromycin dr tbec 250mg	4	
erythromycin dr tbec 333mg	4	
erythromycin dr tbec 500mg	4	
erythromycin ethylsuccinate susr 200mg/5ml	2	
erythromycin ethylsuccinate susr 400mg/5ml	4	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400MG	4	
erythromycin lactobionate inj 500mg	4	
ERYTHROMYCIN CPEP 250MG	4	
Quinolones		
ciprofloxacin hcl tabs 100mg	2	
ciprofloxacin hcl tabs 750mg	2	
ciprofloxacin hydrochloride tabs 250mg	2	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hydrochloride tabs 500mg	2	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	4	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	4	
levofloxacin in d5w inj 5%; 250mg/50ml	4	
levofloxacin in d5w inj 5%; 250mg/50ml	4	
levofloxacin in d5w inj 5%; 250mg/50ml	4	
levofloxacin in d5w inj 5%; 500mg/100ml	4	
levofloxacin in d5w inj 5%; 750mg/150ml	4	
LEVOFLOXACIN INJ 25MG/ML	4	
LEVOFLOXACIN SOLN 25MG/ML	4	
levofloxacin tabs 250mg	1	
levofloxacin tabs 500mg	1	
levofloxacin tabs 750mg	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJ 400MG/250ML; 0.8%	4	
MOXIFLOXACIN HYDROCHLORIDE INJ 400MG/250ML	4	
moxifloxacin hydrochloride tabs 400mg	2	
ofloxacin tabs 300mg	2	
ofloxacin tabs 400mg	2	
Sulfonamides		
SULFADIAZINE TABS 500MG	4	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	
SULFAMETHOXAZOLE/TRIMETHOPRIM INJ 400MG/5ML; 80MG/5ML	4	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	2	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	1	
sulfatrim pediatric susp 200mg/5ml; 40mg/5ml	2	
Tetracyclines		
avidoxy tabs 100mg	2	
DEMECLOCYCLINE HCL TABS 150MG	4	
DEMECLOCYCLINE HCL TABS 300MG	4	
DOXY 100 INJ 100MG	4	
doxycycline hyclate caps 100mg	2	

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doxycycline hyclate caps 50mg	2	
doxycycline hyclate inj 100mg	4	
doxycycline hyclate tabs 100mg	2	
doxycycline monohydrate caps 100mg	2	
doxycycline monohydrate caps 50mg	2	
doxycycline monohydrate tabs 100mg	2	
doxycycline monohydrate tabs 150mg	2	
doxycycline monohydrate tabs 50mg	2	
doxycycline monohydrate tabs 75mg	2	
DOXYCYCLINE CPDR 40MG	4	
doxycycline susr 25mg/5ml	2	
minocycline hcl caps 75mg	2	
minocycline hcl tabs 100mg	4	
minocycline hcl tabs 50mg	4	
minocycline hcl tabs 75mg	4	
minocycline hydrochloride caps 100mg	2	
minocycline hydrochloride caps 50mg	2	
morgidox 1x100mg caps 100mg	2	
morgidox 2x100mg caps 100mg	2	
TETRACYCLINE HYDROCHLORIDE CAPS 250MG	4	
TETRACYCLINE HYDROCHLORIDE CAPS 500MG	4	
VIBRAMYCIN SYRP 50MG/5ML	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INJ 50MG/5ML	5	PA
BRIVIACT SOLN 10MG/ML	5	PA
BRIVIACT TABS 100MG	5	PA
BRIVIACT TABS 10MG	5	PA
BRIVIACT TABS 25MG	5	PA
BRIVIACT TABS 50MG	5	PA
BRIVIACT TABS 75MG	5	PA
EPIDIOLEX SOLN 100MG/ML	5	PA
EPRONTIA SOLN 25MG/ML	4	
felbamate susp 600mg/5ml	5	

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FELBAMATE TABS 400MG	4	
FELBAMATE TABS 600MG	4	
FINTEPLA SOLN 2.2MG/ML	5	PA
FYCOMPA SUSP 0.5MG/ML	5	
FYCOMPA TABS 10MG	5	
FYCOMPA TABS 12MG	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 4MG	5	
FYCOMPA TABS 6MG	5	
FYCOMPA TABS 8MG	5	
LAMOTRIGINE ER TB24 100MG	4	
LAMOTRIGINE ER TB24 200MG	4	
LAMOTRIGINE ER TB24 250MG	4	
LAMOTRIGINE ER TB24 25MG	4	
LAMOTRIGINE ER TB24 300MG	4	
LAMOTRIGINE ER TB24 50MG	4	
LAMOTRIGINE ODT TBDP 100MG	4	
LAMOTRIGINE ODT TBDP 200MG	4	
LAMOTRIGINE ODT TBDP 25MG	4	
LAMOTRIGINE ODT TBDP 50MG	4	
lamotrigine starter kit/blue kit 25mg	4	
lamotrigine starter kit/green kit 0	4	
lamotrigine starter kit/orange kit 0	4	
lamotrigine titration kit 0	4	
lamotrigine titration kit 0	4	
lamotrigine chew 25mg	2	
lamotrigine chew 5mg	2	
lamotrigine tabs 100mg	2	
lamotrigine tabs 150mg	2	
lamotrigine tabs 200mg	2	
lamotrigine tabs 25mg	2	
levetiracetam er tb24 500mg	2	
levetiracetam er tb24 750mg	2	
LEVETIRACETAM/SODIUM CHLORIDE INJ 1000MG/100ML; 750MG/100ML	4	

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Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM/SODIUM CHLORIDE INJ 1500MG/100ML; 540MG/100ML	4	
LEVETIRACETAM/SODIUM CHLORIDE INJ 500MG/100ML; 820MG/100ML	4	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML	4	
LEVETIRACETAM INJ 1500MG/100ML; 540MG/100ML	4	
LEVETIRACETAM INJ 500MG/100ML; 820MG/100ML	4	
LEVETIRACETAM INJ 500MG/5ML	4	
levetiracetam soln 100mg/ml	2	
levetiracetam tabs 1000mg	2	
levetiracetam tabs 250mg	2	
levetiracetam tabs 500mg	2	
levetiracetam tabs 750mg	2	
NAYZILAM SOLN 5MG/0.1ML	4	QL(10 EA per 30 days)
roweepra xr tb24 500mg	2	
roweepra xr tb24 750mg	2	
roweepra tabs 1000mg	2	
roweepra tabs 500mg	2	
roweepra tabs 750mg	2	
SPRITAM TB3D 1000MG	4	
SPRITAM TB3D 250MG	4	
SPRITAM TB3D 500MG	4	
SPRITAM TB3D 750MG	4	
subvenite starter kit/blue kit 25mg	4	
subvenite starter kit/green kit 0	4	
subvenite starter kit/orange kit 0	4	
subvenite tabs 100mg	2	
subvenite tabs 150mg	2	
subvenite tabs 200mg	2	
subvenite tabs 25mg	2	
TOPIRAMATE ER CS24 100MG	4	
TOPIRAMATE ER CS24 150MG	4	
TOPIRAMATE ER CS24 200MG	4	

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Drug Name	Drug Tier	Requirements/Limits
TOPIRAMATE ER CS24 25MG	3	
TOPIRAMATE ER CS24 50MG	3	
topiramate cpsp 15mg	2	
topiramate cpsp 25mg	2	
topiramate tabs 100mg	2	
topiramate tabs 200mg	2	
topiramate tabs 25mg	2	
topiramate tabs 50mg	2	
VALPROATE SODIUM INJ 100MG/ML	4	
valproic acid caps 250mg	2	
XCOPRI TABS 100MG	4	PA
XCOPRI TABS 150MG	4	PA
XCOPRI TABS 200MG	5	PA
XCOPRI TABS 50MG	4	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	4	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	4	PA
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
ethosuximide caps 250mg	2	
ethosuximide soln 250mg/5ml	2	
methsuximide caps 300mg	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam susp 2.5mg/ml	4	
CLOBAZAM TABS 10MG	4	
clobazam tabs 20mg	4	
clonazepam odt tbdp 0.125mg	4	QL(90 EA per 30 days)
clonazepam odt tbdp 0.25mg	4	QL(90 EA per 30 days)
clonazepam odt tbdp 0.5mg	4	QL(90 EA per 30 days)
clonazepam odt tbdp 1mg	4	QL(90 EA per 30 days)
clonazepam odt tbdp 2mg	4	QL(300 EA per 30 days)
clonazepam tabs 0.5mg	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam tabs 1mg	2	QL(90 EA per 30 days)
clonazepam tabs 2mg	2	QL(300 EA per 30 days)
DIACOMIT CAPS 250MG	5	PA
DIACOMIT CAPS 500MG	5	PA
DIACOMIT PACK 250MG	5	PA
DIACOMIT PACK 500MG	5	PA
DIAZEPAM RECTAL GEL GEL 10MG	4	
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
DIAZEPAM RECTAL GEL GEL 20MG	4	
divalproex sodium dr tbec 125mg	2	
divalproex sodium dr tbec 250mg	2	
divalproex sodium dr tbec 500mg	2	
divalproex sodium er tb24 250mg	2	
divalproex sodium er tb24 500mg	2	
divalproex sodium csdr 125mg	2	
gabapentin caps 100mg	2	QL(360 EA per 30 days)
gabapentin caps 300mg	2	QL(360 EA per 30 days)
gabapentin caps 400mg	2	QL(270 EA per 30 days)
gabapentin soln 250mg/5ml	2	QL(2160 ML per 30 days)
gabapentin tabs 600mg	2	QL(180 EA per 30 days)
gabapentin tabs 800mg	2	QL(150 EA per 30 days)
phenobarbital sodium inj 130mg/ml	2	
phenobarbital sodium inj 65mg/ml	2	
phenobarbital elix 20mg/5ml	2	
phenobarbital tabs 100mg	2	PA
phenobarbital tabs 15mg	2	PA
phenobarbital tabs 16.2mg	2	PA
phenobarbital tabs 30mg	2	PA
phenobarbital tabs 32.4mg	2	PA
phenobarbital tabs 60mg	2	PA
phenobarbital tabs 64.8mg	2	PA
phenobarbital tabs 97.2mg	2	PA
primidone tabs 125mg	2	
primidone tabs 250mg	2	
primidone tabs 50mg	2	
SYMPAZAN FILM 10MG	5	

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	5	
TIAGABINE HYDROCHLORIDE TABS 12MG	4	
TIAGABINE HYDROCHLORIDE TABS 16MG	4	
TIAGABINE HYDROCHLORIDE TABS 2MG	4	
TIAGABINE HYDROCHLORIDE TABS 4MG	4	
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	4	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	4	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	4	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	4	QL(10 EA per 30 days)
vigabatrin pack 500mg	5	PA
vigabatrin tabs 500mg	5	PA
vigadrone pack 500mg	5	PA
vigadrone tabs 500mg	5	PA
Sodium Channel Agents		
APTIOM TABS 200MG	5	
APTIOM TABS 400MG	5	
APTIOM TABS 600MG	5	
APTIOM TABS 800MG	5	
carbamazepine er cp12 100mg	2	
carbamazepine er cp12 200mg	2	
carbamazepine er cp12 300mg	2	
carbamazepine er tb12 100mg	4	
carbamazepine er tb12 200mg	3	
carbamazepine er tb12 400mg	4	
carbamazepine chew 100mg	2	
carbamazepine susp 100mg/5ml	2	
carbamazepine tabs 200mg	2	
DILANTIN INFATABS CHEW 50MG	4	
DILANTIN CAPS 100MG	4	
DILANTIN CAPS 30MG	4	
EPITOL TABS 200MG	3	
fosphenytoin sodium inj 100mg pe/2ml	2	
fosphenytoin sodium inj 500mg pe/10ml	2	
lacosamide inj 200mg/20ml	2	
lacosamide soln 10mg/ml	4	

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lacosamide tabs 100mg	4	
lacosamide tabs 150mg	4	
lacosamide tabs 200mg	4	
lacosamide tabs 50mg	4	
OXCARBAZEPINE SUSP 300MG/5ML	4	
oxcarbazepine tabs 150mg	2	
oxcarbazepine tabs 300mg	2	
oxcarbazepine tabs 600mg	2	
PEGANONE TABS 250MG	4	
PHENYTEK CAPS 200MG	4	
PHENYTEK CAPS 300MG	4	
phenytoin infatabs chew 50mg	2	
phenytoin sodium extended caps 100mg	2	
phenytoin sodium extended caps 200mg	2	
phenytoin sodium extended caps 300mg	2	
phenytoin sodium inj 50mg/ml	2	
phenytoin chew 50mg	2	
phenytoin susp 125mg/5ml	2	
rufinamide susp 40mg/ml	5	
rufinamide tabs 200mg	4	
rufinamide tabs 400mg	5	
ZONISADE SUSP 100MG/5ML	4	ST
zonisamide caps 100mg	2	
zonisamide caps 25mg	2	
zonisamide caps 50mg	2	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates tabs 1mg	4	
NAMZARIC C4PK 10MG; 0	3	QL(56 EA per 365 days); ST
NAMZARIC CP24 10MG; 14MG	3	QL(30 EA per 30 days); ST
NAMZARIC CP24 10MG; 21MG	3	QL(30 EA per 30 days); ST
NAMZARIC CP24 10MG; 28MG	3	QL(30 EA per 30 days); ST
NAMZARIC CP24 10MG; 7MG	3	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	1	

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Drug Name	Drug Tier	Requirements/Limits
donepezil hcl tbdp 10mg	2	
donepezil hcl tbdp 5mg	2	
donepezil hydrochloride tabs 5mg	1	
galantamine hydrobromide er cp24 16mg	2	
galantamine hydrobromide er cp24 24mg	2	
galantamine hydrobromide er cp24 8mg	2	
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	3	
galantamine hydrobromide tabs 12mg	2	
galantamine hydrobromide tabs 4mg	2	
galantamine hydrobromide tabs 8mg	2	
rivastigmine tartrate caps 1.5mg	2	
rivastigmine tartrate caps 3mg	2	
rivastigmine tartrate caps 4.5mg	2	
rivastigmine tartrate caps 6mg	2	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 13.3MG/24HR	4	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 4.6MG/24HR	4	
RIVASTIGMINE TRANSDERMAL SYSTEM PT24 9.5MG/24HR	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hydrochloride er cp24 14mg	4	QL(30 EA per 30 days)
memantine hydrochloride er cp24 21mg	4	QL(30 EA per 30 days)
memantine hydrochloride er cp24 28mg	4	QL(30 EA per 30 days)
memantine hydrochloride er cp24 7mg	4	QL(30 EA per 30 days)
memantine hydrochloride soln 2mg/ml	4	
memantine hydrochloride tabs 10mg	2	
memantine hydrochloride tabs 5mg	2	
NAMENDA XR TITRATION PACK CP24 0	3	QL(56 EA per 365 days)
Antidepressants		
Antidepressants, Other		
AUVELITY TBCR 105MG; 45MG	4	QL(60 EA per 30 days); ST
bupropion hcl tabs 100mg	2	
bupropion hydrochloride er (sr) tb12 100mg	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
bupropion hydrochloride er (sr) tb12 150mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride tabs 75mg	2	
maprotiline hcl tabs 25mg	4	
maprotiline hcl tabs 50mg	4	
maprotiline hcl tabs 75mg	4	
mirtazapine odt tbdp 15mg	2	
mirtazapine odt tbdp 30mg	2	
mirtazapine odt tbdp 45mg	2	
mirtazapine tabs 15mg	2	
mirtazapine tabs 30mg	2	
mirtazapine tabs 45mg	2	
mirtazapine tabs 7.5mg	2	
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR	5	QL(30 EA per 30 days); ST
EMSAM PT24 6MG/24HR	5	QL(30 EA per 30 days); ST
EMSAM PT24 9MG/24HR	5	QL(30 EA per 30 days); ST
MARPLAN TABS 10MG	4	
phenelzine sulfate tabs 15mg	2	
tranylcypromine sulfate tabs 10mg	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln 10mg/5ml	4	
citalopram hydrobromide tabs 10mg	1	
citalopram hydrobromide tabs 20mg	1	
citalopram hydrobromide tabs 40mg	1	
desvenlafaxine er tb24 100mg	2	QL(120 EA per 30 days)
desvenlafaxine er tb24 25mg	2	QL(30 EA per 30 days)
desvenlafaxine er tb24 50mg	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 40MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 60MG	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl cpep 40mg	2	QL(90 EA per 30 days)
duloxetine hydrochloride cpep 20mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride cpep 30mg	2	QL(90 EA per 30 days)
duloxetine hydrochloride cpep 60mg	2	QL(60 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	2	
escitalopram oxalate tabs 10mg	1	
escitalopram oxalate tabs 20mg	1	
escitalopram oxalate tabs 5mg	1	
FETZIMA TITRATION PACK C4PK 0	4	QL(56 EA per 365 days); ST
FETZIMA CP24 120MG	4	QL(30 EA per 30 days); ST
FETZIMA CP24 20MG	4	QL(30 EA per 30 days); ST
FETZIMA CP24 40MG	4	QL(30 EA per 30 days); ST
FETZIMA CP24 80MG	4	QL(30 EA per 30 days); ST
fluoxetine dr cpdr 90mg	4	QL(4 EA per 28 days)
fluoxetine hcl caps 20mg	1	
fluoxetine hcl soln 20mg/5ml	2	
fluoxetine hydrochloride caps 10mg	1	
fluoxetine hydrochloride caps 40mg	1	
fluoxetine hydrochloride soln 20mg/5ml	2	
fluoxetine hydrochloride tabs 10mg	2	
fluoxetine hydrochloride tabs 20mg	2	
fluoxetine hydrochloride tabs 60mg	2	
FLUVOXAMINE MALEATE ER CP24 100MG	4	QL(60 EA per 30 days)
FLUVOXAMINE MALEATE ER CP24 150MG	4	QL(60 EA per 30 days)
fluvoxamine maleate tabs 100mg	2	
fluvoxamine maleate tabs 25mg	2	
fluvoxamine maleate tabs 50mg	2	
NEFAZODONE HYDROCHLORIDE TABS 100MG	4	
NEFAZODONE HYDROCHLORIDE TABS 150MG	4	
NEFAZODONE HYDROCHLORIDE TABS 200MG	4	
NEFAZODONE HYDROCHLORIDE TABS 250MG	4	
NEFAZODONE HYDROCHLORIDE TABS 50MG	4	

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Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl er tb24 12.5mg	4	
paroxetine hcl er tb24 25mg	4	
paroxetine hcl er tb24 37.5mg	4	
paroxetine hcl tabs 30mg	2	
paroxetine hcl tabs 40mg	2	
paroxetine hydrochloride susp 10mg/5ml	2	
paroxetine hydrochloride tabs 10mg	2	
paroxetine hydrochloride tabs 20mg	2	
sertraline hcl conc 20mg/ml	2	
sertraline hcl tabs 25mg	1	
sertraline hcl tabs 50mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150MG	4	ST
SERTRALINE HYDROCHLORIDE CAPS 200MG	4	ST
sertraline hydrochloride tabs 100mg	1	
trazodone hydrochloride tabs 100mg	1	
trazodone hydrochloride tabs 150mg	1	
trazodone hydrochloride tabs 300mg	2	
trazodone hydrochloride tabs 50mg	1	
TRINTELLIX TABS 10MG	4	QL(30 EA per 30 days)
TRINTELLIX TABS 20MG	4	QL(30 EA per 30 days)
TRINTELLIX TABS 5MG	4	QL(30 EA per 30 days)
VENLAFAXINE BESYLATE ER TB24 112.5MG	4	ST
venlafaxine hcl er cp24 150mg	2	
venlafaxine hcl er cp24 37.5mg	2	
venlafaxine hcl er tb24 37.5mg	2	
venlafaxine hydrochloride er cp24 75mg	2	
venlafaxine hydrochloride er tb24 150mg	2	
venlafaxine hydrochloride er tb24 225mg	2	
venlafaxine hydrochloride er tb24 37.5mg	2	
venlafaxine hydrochloride er tb24 75mg	2	
venlafaxine hydrochloride tabs 100mg	2	
venlafaxine hydrochloride tabs 25mg	2	
venlafaxine hydrochloride tabs 37.5mg	2	
venlafaxine hydrochloride tabs 50mg	2	
venlafaxine hydrochloride tabs 75mg	2	
VIIBRYD STARTER PACK KIT 0	4	QL(60 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
vilazodone hydrochloride tabs 10mg	2	QL(30 EA per 30 days)
vilazodone hydrochloride tabs 20mg	2	QL(30 EA per 30 days)
vilazodone hydrochloride tabs 40mg	2	QL(30 EA per 30 days)
Tricyclics		
amitriptyline hcl tabs 100mg	2	
amitriptyline hcl tabs 150mg	2	
amitriptyline hcl tabs 25mg	2	
amitriptyline hcl tabs 75mg	2	
amitriptyline hydrochloride tabs 100mg	2	
amitriptyline hydrochloride tabs 10mg	2	
amitriptyline hydrochloride tabs 50mg	2	
amoxapine tabs 100mg	2	
amoxapine tabs 150mg	2	
amoxapine tabs 25mg	2	
amoxapine tabs 50mg	2	
CLOMIPRAMINE HYDROCHLORIDE CAPS 25MG	4	
CLOMIPRAMINE HYDROCHLORIDE CAPS 50MG	4	
CLOMIPRAMINE HYDROCHLORIDE CAPS 75MG	4	
desipramine hydrochloride tabs 100mg	4	
desipramine hydrochloride tabs 10mg	4	
desipramine hydrochloride tabs 150mg	4	
desipramine hydrochloride tabs 25mg	4	
desipramine hydrochloride tabs 50mg	4	
desipramine hydrochloride tabs 75mg	4	
DOXEPIN HCL CAPS 75MG	4	
DOXEPIN HCL CONC 10MG/ML	4	
DOXEPIN HYDROCHLORIDE CAPS 100MG	4	
DOXEPIN HYDROCHLORIDE CAPS 10MG	4	
DOXEPIN HYDROCHLORIDE CAPS 150MG	4	
DOXEPIN HYDROCHLORIDE CAPS 25MG	4	
DOXEPIN HYDROCHLORIDE CAPS 50MG	4	
imipramine hcl tabs 25mg	2	
imipramine hcl tabs 50mg	2	

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Drug Name	Drug Tier	Requirements/Limits
imipramine hydrochloride tabs 10mg	2	
IMIPRAMINE PAMOATE CAPS 100MG	4	
IMIPRAMINE PAMOATE CAPS 125MG	4	
IMIPRAMINE PAMOATE CAPS 150MG	4	
IMIPRAMINE PAMOATE CAPS 75MG	4	
nortriptyline hcl caps 25mg	2	
nortriptyline hcl caps 75mg	2	
nortriptyline hcl soln 10mg/5ml	2	
nortriptyline hydrochloride caps 10mg	2	
nortriptyline hydrochloride caps 50mg	2	
protriptyline hcl tabs 10mg	4	
protriptyline hcl tabs 5mg	4	
TRIMIPRAMINE MALEATE CAPS 100MG	4	
TRIMIPRAMINE MALEATE CAPS 25MG	4	
TRIMIPRAMINE MALEATE CAPS 50MG	4	
Antiemetics		
Antiemetics, Other		
COMPRO SUPP 25MG	4	
droperidol inj 2.5mg/ml	2	
meclizine hcl tabs 12.5mg	2	
meclizine hcl tabs 25mg	2	
PHENADOZ SUPP 12.5MG	4	
PHENADOZ SUPP 25MG	4	
PROCHLORPERAZINE EDISYLATE INJ 10MG/2ML	4	
prochlorperazine maleate tabs 10mg	2	
prochlorperazine maleate tabs 5mg	2	
PROCHLORPERAZINE SUPP 25MG	4	
PROMETHAZINE HCL PLAIN SYRP 6.25MG/5ML	4	
PROMETHAZINE HCL INJ 25MG/ML	4	
PROMETHAZINE HCL INJ 50MG/ML	4	
PROMETHAZINE HCL SUPP 12.5MG	4	
PROMETHAZINE HCL SUPP 25MG	4	
PROMETHAZINE HCL TABS 12.5MG	4	

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Drug Name	Drug Tier	Requirements/Limits
PROMETHAZINE HYDROCHLORIDE INJ 25MG/ML	4	
PROMETHAZINE HYDROCHLORIDE TABS 25MG	4	
PROMETHAZINE HYDROCHLORIDE TABS 50MG	4	
PROMETHEGAN SUPP 12.5MG	4	
PROMETHEGAN SUPP 25MG	4	
scopolamine pt72 1mg/3days	4	
Emetogenic Therapy Adjuncts		
AKYNZEO CAPS 300MG; 0.5MG	4	QL(2 EA per 30 days); B/D
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	4	
ANZEMET TABS 100MG	4	QL(5 EA per 30 days); B/D
ANZEMET TABS 50MG	4	QL(5 EA per 30 days); B/D
aprepitant caps 0	4	QL(6 EA per 30 days); B/D
aprepitant caps 125mg	4	QL(2 EA per 30 days); B/D
aprepitant caps 40mg	4	QL(1 EA per 30 days); B/D
aprepitant caps 80mg	4	QL(8 EA per 30 days); B/D
CINVANTI INJ 130MG/18ML	4	
dronabinol caps 10mg	4	QL(60 EA per 30 days); PA
DRONABINOL CAPS 2.5MG	4	QL(60 EA per 30 days); PA
DRONABINOL CAPS 5MG	4	QL(60 EA per 30 days); PA
granisetron hcl inj 1mg/ml	2	
granisetron hcl inj 1mg/ml	2	
granisetron hydrochloride inj 1mg/ml	2	
granisetron hydrochloride inj 1mg/ml	2	
granisetron hydrochloride tabs 1mg	4	QL(30 EA per 30 days); B/D
ONDANSETRON HCL SOLN 4MG/5ML	4	QL(450 ML per 30 days); B/D
ondansetron hcl tabs 24mg	2	QL(14 EA per 28 days); B/D
ondansetron hydrochloride inj 40mg/20ml	2	
ondansetron hydrochloride inj 4mg/2ml	2	
ondansetron hydrochloride tabs 4mg	2	B/D
ondansetron hydrochloride tabs 8mg	2	B/D
ondansetron odt tbdp 4mg	2	B/D
ondansetron odt tbdp 8mg	2	B/D

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PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	4	
palonosetron hydrochloride inj 0.25mg/5ml	4	
SANCUSO PTCH 3.1MG/24HR	5	QL(2 EA per 30 days)
Antifungals		
Antifungals		
ABELCET INJ 5MG/ML	4	B/D
amphotericin b liposome inj 50mg	5	B/D
AMPHOTERICIN B INJ 50MG	4	B/D
clotrimazole crea 1%	2	
clotrimazole soln 1%	2	
clotrimazole troc 10mg	2	
CRESEMBA INJ 372MG	5	PA
ERAXIS INJ 100MG	5	
ERAXIS INJ 50MG	5	
fluconazole in sodium chloride inj 200mg/100ml; 0.9%	4	
fluconazole in sodium chloride inj 400mg/200ml; 0.9%	4	
fluconazole susr 10mg/ml	2	
fluconazole susr 40mg/ml	2	
fluconazole tabs 100mg	2	
fluconazole tabs 150mg	2	
fluconazole tabs 200mg	2	
fluconazole tabs 50mg	2	
flucytosine caps 250mg	5	
flucytosine caps 500mg	5	
griseofulvin microsize susp 125mg/5ml	2	
GRISEOFULVIN MICROSIZE TABS 500MG	4	
GRISEOFULVIN ULTRAMICROSIZE TABS 125MG	4	
GRISEOFULVIN ULTRAMICROSIZE TABS 250MG	4	
ITRACONAZOLE CAPS 100MG	4	PA
itraconazole soln 10mg/ml	4	PA
ketoconazole crea 2%	2	QL(90 GM per 30 days)

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ketoconazole sham 2%	2	
ketoconazole tabs 200mg	2	
micafungin inj 100mg	4	
micafungin inj 50mg	5	
miconazole 3 supp 200mg	2	
naftifine hydrochloride gel 1%	2	
naftifine hydrochloride gel 2%	4	
nyamyc powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin susp 100000unit/ml	2	
nystatin tabs 500000unit	2	
nystop powd 100000unit/gm	2	QL(120 GM per 30 days)
posaconazole dr tbec 100mg	5	PA
posaconazole inj 300mg/16.7ml	5	
posaconazole susp 40mg/ml	5	PA
terbinafine hcl tabs 250mg	2	QL(84 EA per 180 days)
terconazole crea 0.4%	2	
terconazole crea 0.8%	2	
terconazole supp 80mg	2	
voriconazole inj 200mg	5	PA
voriconazole susr 40mg/ml	5	
voriconazole tabs 200mg	4	
voriconazole tabs 50mg	4	
Antigout Agents		
Antigout Agents		
allopurinol tabs 100mg	1	
allopurinol tabs 300mg	1	
colchicine tabs 0.6mg	2	
febuxostat tabs 40mg	2	
febuxostat tabs 80mg	2	
probenecid/colchicine tabs 0.5mg; 500mg	2	
probenecid tabs 500mg	2	
Antimigraine Agents		
Ergot Alkaloids		

Drug Name	Drug Tier	Requirements/Limits
dihydroergotamine mesylate inj 1mg/ml	5	QL(24 ML per 28 days); PA
dihydroergotamine mesylate soln 4mg/ml	5	QL(8 ML per 30 days); PA
ERGOMAR SUBL 2MG	3	
MIGERGOT SUPP 100MG; 2MG	5	QL(20 EA per 28 days)
Prophylactic		
AIMOVIG INJ 140MG/ML	3	QL(1 ML per 28 days); PA
AIMOVIG INJ 70MG/ML	3	QL(2 ML per 28 days); PA
timolol maleate tabs 10mg	2	
timolol maleate tabs 20mg	2	
timolol maleate tabs 5mg	2	
UBRELVY TABS 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABS 50MG	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
naratriptan hcl tabs 1mg	2	QL(9 EA per 30 days)
naratriptan hcl tabs 2.5mg	2	QL(9 EA per 30 days)
rizatriptan benzoate odt tbdp 10mg	2	QL(18 EA per 30 days)
rizatriptan benzoate odt tbdp 5mg	2	QL(18 EA per 30 days)
rizatriptan benzoate tabs 10mg	2	QL(18 EA per 30 days)
rizatriptan benzoate tabs 5mg	2	QL(18 EA per 30 days)
sumatriptan succinate refill inj 4mg/0.5ml	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 4MG/0.5ML	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL(5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL(5 ML per 30 days)
sumatriptan succinate tabs 100mg	2	QL(9 EA per 30 days)
sumatriptan succinate tabs 25mg	2	QL(9 EA per 30 days)
sumatriptan succinate tabs 50mg	2	QL(9 EA per 30 days)
SUMATRIPTAN SOLN 20MG/ACT	4	QL(12 EA per 30 days)
SUMATRIPTAN SOLN 5MG/ACT	4	QL(12 EA per 30 days)
zolmitriptan odt tbdp 2.5mg	2	QL(12 EA per 30 days)
zolmitriptan odt tbdp 5mg	2	QL(9 EA per 30 days)
zolmitriptan soln 2.5mg	4	QL(18 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
zolmitriptan tabs 2.5mg	2	QL(12 EA per 30 days)
zolmitriptan tabs 5mg	2	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL TABS 125MG	4	
PYRIDOSTIGMINE BROMIDE ER TBCR 180MG	4	
pyridostigmine bromide soln 60mg/5ml	5	
pyridostigmine bromide tabs 60mg	2	
REGONOL INJ 10MG/2ML	4	
Antimycobacterials		
Antimycobacterials, Other		
DAPSONE TABS 100MG	3	
DAPSONE TABS 25MG	3	
rifabutin caps 150mg	4	
Antituberculars		
CAPASTAT SULFATE INJ 1GM	4	
CYCLOSERINE CAPS 250MG	4	
ethambutol hydrochloride tabs 100mg	2	
ethambutol hydrochloride tabs 400mg	2	
ISONIAZID INJ 100MG/ML	4	
ISONIAZID SYRP 50MG/5ML	4	
isoniazid tabs 100mg	2	
isoniazid tabs 300mg	2	
PASER PACK 4GM	4	
PRIFTIN TABS 150MG	4	
pyrazinamide tabs 500mg	4	
rifampin caps 150mg	2	
rifampin caps 300mg	2	
RIFAMPIN INJ 600MG	4	
RIFATER TABS 50MG; 300MG; 120MG	4	
SIRTURO TABS 100MG	5	
SIRTURO TABS 20MG	5	
TRECATOR TABS 250MG	4	
Antineoplastics		
Alkylating Agents		
BELRAPZO INJ 100MG/4ML	5	

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Drug Name	Drug Tier	Requirements/Limits
bendamustine hydrochloride inj 100mg/4ml	5	
bendamustine hydrochloride inj 100mg	5	
bendamustine hydrochloride inj 25mg	5	
BENDEKA INJ 100MG/4ML	5	
BICNU INJ 100MG	5	
busulfan inj 6mg/ml	5	
carboplatin inj 150mg/15ml	2	
carboplatin inj 450mg/45ml	2	
carboplatin inj 50mg/5ml	2	
carboplatin inj 600mg/60ml	2	
carmustine inj 100mg	5	
cisplatin inj 100mg/100ml	2	
cisplatin inj 200mg/200ml	2	
cisplatin inj 50mg/50ml	2	
cyclophosphamide caps 25mg	2	B/D
cyclophosphamide caps 50mg	2	B/D
cyclophosphamide inj 1gm	5	
cyclophosphamide inj 2gm	5	
cyclophosphamide inj 500mg	4	
dacarbazine inj 100mg	2	
dacarbazine inj 200mg	2	
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 40MG	4	
IFOSFAMIDE INJ 1GM/20ML	4	
IFOSFAMIDE INJ 1GM	4	
IFOSFAMIDE INJ 3GM/60ML	4	
IFOSFAMIDE INJ 3GM	4	
LEUKERAN TABS 2MG	5	
MATULANE CAPS 50MG	5	
melphalan hydrochloride inj 50mg	4	
oxaliplatin inj 100mg/20ml	4	
oxaliplatin inj 100mg	5	
oxaliplatin inj 50mg/10ml	4	
oxaliplatin inj 50mg	5	
paraplatin inj 450mg/45ml	2	

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Drug Name	Drug Tier	Requirements/Limits
paraplatin inj 50mg/5ml	2	
paraplatin inj 50mg/5ml	2	
paraplatin inj 50mg/5ml	2	
TEMODAR INJ 100MG	5	
thiotepa inj 15mg	5	
VALCHLOR GEL 0.016%	5	PA
VIVIMUSTA INJ 100MG/4ML	5	
YONDELIS INJ 1MG	5	
ZANOSAR INJ 1GM	5	
Antiandrogens		
abiraterone acetate tabs 250mg	5	PA
abiraterone acetate tabs 500mg	5	PA
bicalutamide tabs 50mg	2	
ERLEADA TABS 240MG	5	PA
ERLEADA TABS 60MG	5	PA
flutamide caps 125mg	2	
nilutamide tabs 150mg	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
XTANDI TABS 40MG	5	PA
XTANDI TABS 80MG	5	PA
Antiangiogenic Agents		
FOTIVDA CAPS 0.89MG	5	PA
FOTIVDA CAPS 1.34MG	5	PA
lenalidomide caps 10mg	5	PA
lenalidomide caps 15mg	5	PA
lenalidomide caps 2.5mg	5	PA
lenalidomide caps 20mg	5	PA
lenalidomide caps 25mg	5	PA
lenalidomide caps 5mg	5	PA
POMALYST CAPS 1MG	5	PA
POMALYST CAPS 2MG	5	PA
POMALYST CAPS 3MG	5	PA
POMALYST CAPS 4MG	5	PA
QINLOCK TABS 50MG	5	PA
REVLIMID CAPS 10MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAPS 15MG	5	PA
REVLIMID CAPS 2.5MG	5	PA
REVLIMID CAPS 20MG	5	PA
REVLIMID CAPS 25MG	5	PA
REVLIMID CAPS 5MG	5	PA
TABRECTA TABS 150MG	5	QL(120 EA per 30 days); PA
TABRECTA TABS 200MG	5	QL(120 EA per 30 days); PA
THALOMID CAPS 100MG	5	PA
THALOMID CAPS 150MG	5	PA
THALOMID CAPS 200MG	5	PA
THALOMID CAPS 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	5	
FASLODEX INJ 250MG/5ML	5	
fulvestrant inj 250mg/5ml	5	
SOLTAMOX SOLN 10MG/5ML	5	
tamoxifen citrate tabs 10mg	2	
tamoxifen citrate tabs 20mg	2	
toremifene citrate tabs 60mg	5	
Antimetabolites		
adrucil inj 2.5gm/50ml	2	B/D
adrucil inj 500mg/10ml	2	B/D
ARRANON INJ 5MG/ML	5	
cladribine inj 10mg/10ml	5	B/D
clofarabine inj 1mg/ml	5	
cytarabine aqueous inj 20mg/ml	2	B/D
cytarabine aqueous inj 20mg/ml	2	B/D
cytarabine inj 100mg/ml	2	B/D
cytarabine inj 100mg/ml	2	B/D
cytarabine inj 20mg/ml	2	B/D
cytarabine inj 20mg/ml	2	B/D
DROXIA CAPS 200MG	3	
DROXIA CAPS 300MG	3	
DROXIA CAPS 400MG	3	
floxuridine inj 0.5gm	4	B/D
fluorouracil inj 1gm/20ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
fluorouracil inj 2.5gm/50ml	2	B/D
fluorouracil inj 500mg/10ml	2	B/D
fluorouracil inj 5gm/100ml	2	B/D
FOLOTYN INJ 20MG/ML	5	PA
FOLOTYN INJ 40MG/2ML	5	PA
gemcitabine hcl inj 1gm	4	
gemcitabine hcl inj 200mg	4	
gemcitabine hcl inj 2gm	4	
gemcitabine hydrochloride inj 1gm/26.3ml	4	
gemcitabine hydrochloride inj 1gm/26.3ml	4	
gemcitabine hydrochloride inj 1gm	4	
gemcitabine hydrochloride inj 200mg/5.26ml	4	
gemcitabine hydrochloride inj 200mg/5.26ml	4	
gemcitabine hydrochloride inj 200mg	4	
gemcitabine hydrochloride inj 2gm/52.6ml	4	
gemcitabine hydrochloride inj 2gm/52.6ml	4	
hydroxyurea caps 500mg	2	
MERCAPTOPURINE TABS 50MG	4	
nelarabine inj 5mg/ml	5	
NIPENT INJ 10MG	5	
pemetrexed disodium inj 100mg	5	
pemetrexed disodium inj 500mg	5	
pemetrexed inj 100mg	5	
pemetrexed inj 500mg	5	
pralatrexate inj 20mg/ml	5	PA
pralatrexate inj 40mg/2ml	5	PA
PURIXAN SUSP 2000MG/100ML	5	
TABLOID TABS 40MG	4	
VYXEOS INJ 100MG; 44MG	5	PA
Antineoplastics, Other		
adriamycin inj 10mg	2	B/D
adriamycin inj 2mg/ml	2	B/D
adriamycin inj 50mg	2	
arsenic trioxide inj 10mg/10ml	2	
arsenic trioxide inj 12mg/6ml	5	
azacitidine inj 100mg	5	

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BESREMI INJ 500MCG/ML	5	PA
bleomycin sulfate inj 15unit	2	B/D
bleomycin sulfate inj 15unit	2	B/D
bleomycin sulfate inj 30unit	2	B/D
bleomycin sulfate inj 30unit	2	B/D
bortezomib inj 3.5mg	5	PA
BORTEZOMIB INJ 3.5MG	5	PA
dactinomycin inj 0.5mg	5	
DAUNORUBICIN HYDROCHLORIDE INJ 20MG/4ML	4	
DAUNORUBICIN HYDROCHLORIDE INJ 20MG/4ML	4	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
decitabine inj 50mg	5	PA
docetaxel inj 160mg/16ml	4	
docetaxel inj 160mg/8ml	4	
docetaxel inj 20mg/2ml	4	
docetaxel inj 20mg/ml	4	
docetaxel inj 80mg/4ml	4	
docetaxel inj 80mg/8ml	4	
doxorubicin hcl inj 2mg/ml	2	B/D
doxorubicin hcl inj 50mg	2	
doxorubicin hydrochloride liposomal inj 2mg/ml	5	
doxorubicin hydrochloride liposomal inj 2mg/ml	5	
doxorubicin hydrochloride liposomal inj 2mg/ml	5	
doxorubicin hydrochloride inj 10mg	2	B/D
doxorubicin hydrochloride inj 2mg/ml	2	B/D
EPIRUBICIN HCL INJ 200MG/100ML	4	
epirubicin hcl inj 50mg/25ml	2	
ERWINASE INJ 10000UNIT	5	
ERWINAZE INJ 10000UNIT	5	
FLUDARABINE PHOSPHATE INJ 50MG	4	
GAVRETO CAPS 100MG	5	PA
HALAVEN INJ 1MG/2ML	5	PA
IBRANCE TABS 100MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS 125MG	5	PA
IBRANCE TABS 75MG	5	PA
idarubicin hcl inj 10mg/10ml	4	
idarubicin hcl inj 20mg/20ml	4	
idarubicin hcl inj 5mg/5ml	4	
idarubicin hydrochloride inj 10mg/10ml	4	
idarubicin hydrochloride inj 20mg/20ml	4	
idarubicin hydrochloride inj 5mg/5ml	4	
IDHIFA TABS 100MG	5	QL(30 EA per 30 days); PA
IDHIFA TABS 50MG	5	QL(30 EA per 30 days); PA
INREBIC CAPS 100MG	5	PA
ISTODAX INJ 10MG	5	PA
IXEMPRA KIT INJ 15MG	5	
IXEMPRA KIT INJ 45MG	5	
JEVTANA INJ 60MG/1.5ML	5	PA
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	PA
KRAZATI TABS 200MG	5	PA
LEUCOVORIN CALCIUM INJ 100MG	4	
LEUCOVORIN CALCIUM INJ 200MG	4	
LEUCOVORIN CALCIUM INJ 350MG	4	
LEUCOVORIN CALCIUM INJ 500MG	4	
LEUCOVORIN CALCIUM INJ 50MG	4	
leucovorin calcium tabs 10mg	2	
leucovorin calcium tabs 15mg	2	
leucovorin calcium tabs 25mg	2	
leucovorin calcium tabs 5mg	2	
levoleucovorin calcium inj 175mg/17.5ml	4	
levoleucovorin calcium inj 250mg/25ml	4	
levoleucovorin inj 50mg	5	
LONSURF TABS 6.14MG; 15MG	5	PA
LONSURF TABS 8.19MG; 20MG	5	PA

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LUMAKRAS TABS 120MG	5	PA
LUMAKRAS TABS 320MG	5	PA
LYTGOBI TBPK 4MG	5	PA
LYTGOBI TBPK 4MG	5	PA
LYTGOBI TBPK 4MG	5	PA
mitomycin inj 20mg	5	
mitomycin inj 40mg	5	
mitomycin inj 5mg	5	
mutamycin inj 20mg	5	
mutamycin inj 40mg	5	
mutamycin inj 5mg	5	
NINLARO CAPS 2.3MG	5	PA
NINLARO CAPS 3MG	5	PA
NINLARO CAPS 4MG	5	PA
ONUREG TABS 200MG	5	PA
ONUREG TABS 300MG	5	PA
paclitaxel inj 100mg/16.7ml	2	
paclitaxel inj 150mg/25ml	2	
paclitaxel inj 300mg/50ml	2	
paclitaxel inj 30mg/5ml	2	
PEMAZYRE TABS 13.5MG	5	QL(30 EA per 30 days); PA
PEMAZYRE TABS 4.5MG	5	QL(30 EA per 30 days); PA
PEMAZYRE TABS 9MG	5	QL(30 EA per 30 days); PA
PROLEUKIN INJ 22000000UNIT	5	
RETEVMO CAPS 40MG	5	PA
RETEVMO CAPS 80MG	5	PA
ROMIDEPSIN INJ 10MG	5	PA
RYLAZE INJ 10MG/0.5ML	5	
SCEMBLIX TABS 20MG	5	QL(60 EA per 30 days); PA
SCEMBLIX TABS 40MG	5	PA
SYNRIBO INJ 3.5MG	5	PA
TAZVERIK TABS 200MG	5	PA
TICE BCG INJ 50MG	4	
TRISENOX INJ 12MG/6ML	5	
TRUSELTIQ CPPK 0	5	PA
TRUSELTIQ CPPK 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ CPPK 25MG	5	PA
TRUSELTIQ CPPK 25MG	5	PA
TUKYSA TABS 150MG	5	PA
TUKYSA TABS 50MG	5	PA
valrubicin inj 40mg/ml	5	
vinblastine sulfate inj 1mg/ml	2	B/D
vincristine sulfate inj 1mg/ml	2	B/D
vinorelbine tartrate inj 10mg/ml	2	
vinorelbine tartrate inj 50mg/5ml	2	
VONJO CAPS 100MG	5	PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO TBPK 40MG	5	PA
XPOVIO TBPK 40MG	5	PA
XPOVIO TBPK 40MG	5	PA
XPOVIO TBPK 50MG	5	PA
XPOVIO TBPK 60MG	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA
ZOLINZA CAPS 100MG	5	PA
Antineoplastics		
ORSERDU TABS 345MG	5	PA
ORSERDU TABS 86MG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs 1mg	2	
EXEMESTANE TABS 25MG	4	
letrozole tabs 2.5mg	2	
Enzyme Inhibitors		
ETOPOPHOS INJ 100MG	5	
etoposide inj 100mg/5ml	2	
etoposide inj 1gm/50ml	2	

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etoposide inj 1gm/50ml	2	
etoposide inj 500mg/25ml	2	
irinotecan hydrochloride inj 100mg/5ml	2	
irinotecan hydrochloride inj 100mg/5ml	2	
irinotecan hydrochloride inj 100mg/5ml	2	
irinotecan hydrochloride inj 40mg/2ml	2	
irinotecan hydrochloride inj 40mg/2ml	2	
irinotecan inj 500mg/25ml	2	
KYPROLIS INJ 30MG	5	PA
KYPROLIS INJ 60MG	5	PA
toposar inj 100mg/5ml	2	
toposar inj 1gm/50ml	2	
toposar inj 500mg/25ml	2	
topotecan hcl inj 4mg/4ml	4	
topotecan hcl inj 4mg	5	
topotecan hydrochloride inj 4mg/4ml	4	
Molecular Target Inhibitors		
ALECENSA CAPS 150MG	5	PA
ALIQOPA INJ 60MG	5	PA
ALUNBRIG TABS 180MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TABS 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABS 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TBPK 0	5	QL(60 EA per 365 days); PA
AYVAKIT TABS 100MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABS 200MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABS 25MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABS 300MG	5	QL(30 EA per 30 days); PA
AYVAKIT TABS 50MG	5	QL(30 EA per 30 days); PA
BALVERSA TABS 3MG	5	PA
BALVERSA TABS 4MG	5	PA
BALVERSA TABS 5MG	5	PA
BELEODAQ INJ 500MG	5	PA
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 400MG	5	PA
BOSULIF TABS 500MG	5	PA
BRAFTOVI CAPS 75MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA CAPS 80MG	5	PA
CABOMETYX TABS 20MG	5	PA
CABOMETYX TABS 40MG	5	PA
CABOMETYX TABS 60MG	5	PA
CALQUENCE CAPS 100MG	5	PA
CALQUENCE TABS 100MG	5	PA
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA
CAPRELSA TABS 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
COPIKTRA CAPS 15MG	5	PA
COPIKTRA CAPS 25MG	5	PA
COTELLIC TABS 20MG	5	PA
DAURISMO TABS 100MG	5	PA
DAURISMO TABS 25MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
erlotinib hydrochloride tabs 100mg	5	PA
erlotinib hydrochloride tabs 150mg	5	PA
erlotinib hydrochloride tabs 25mg	5	PA
everolimus tabs 10mg	5	QL(30 EA per 30 days); PA
EVEROLIMUS TABS 2.5MG	5	QL(30 EA per 30 days); PA
EVEROLIMUS TABS 5MG	5	QL(30 EA per 30 days); PA
EVEROLIMUS TABS 7.5MG	5	QL(30 EA per 30 days); PA
everolimus tbso 2mg	5	PA
everolimus tbso 3mg	5	PA
everolimus tbso 5mg	5	PA
EXKIVITY CAPS 40MG	5	PA
FARYDAK CAPS 10MG	5	
FARYDAK CAPS 15MG	5	
FARYDAK CAPS 20MG	5	
gefitinib tabs 250mg	5	PA
GILOTRIF TABS 20MG	5	QL(30 EA per 30 days); PA
GILOTRIF TABS 30MG	5	QL(30 EA per 30 days); PA
GILOTRIF TABS 40MG	5	QL(30 EA per 30 days); PA
IBRANCE CAPS 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 125MG	5	PA
IBRANCE CAPS 75MG	5	PA
ICLUSIG TABS 10MG	5	QL(30 EA per 30 days); PA
ICLUSIG TABS 15MG	5	QL(30 EA per 30 days); PA
ICLUSIG TABS 30MG	5	PA
ICLUSIG TABS 45MG	5	PA
imatinib mesylate tabs 100mg	5	PA
imatinib mesylate tabs 400mg	5	PA
IMBRUVICA CAPS 140MG	5	PA
IMBRUVICA CAPS 70MG	5	PA
IMBRUVICA SUSP 70MG/ML	5	PA
IMBRUVICA TABS 140MG	5	PA
IMBRUVICA TABS 280MG	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 560MG	5	PA
INLYTA TABS 1MG	5	PA
INLYTA TABS 5MG	5	PA
INQOVI TABS 100MG; 35MG	5	PA
IRESSA TABS 250MG	5	PA
JAKAFI TABS 10MG	5	QL(60 EA per 30 days); PA
JAKAFI TABS 15MG	5	PA
JAKAFI TABS 20MG	5	PA
JAKAFI TABS 25MG	5	PA
JAKAFI TABS 5MG	5	PA
JAYPIRCA TABS 100MG	5	PA
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
KOSELUGO CAPS 10MG	5	PA
KOSELUGO CAPS 25MG	5	PA
lapatinib ditosylate tabs 250mg	5	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA

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LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
LORBRENA TABS 100MG	5	PA
LORBRENA TABS 25MG	5	PA
LYNPARZA TABS 100MG	5	PA
LYNPARZA TABS 150MG	5	PA
MEKINIST SOLR 0.05MG/ML	5	PA
MEKINIST TABS 0.5MG	5	PA
MEKINIST TABS 2MG	5	PA
MEKTOVI TABS 15MG	5	PA
NERLYNX TABS 40MG	5	QL(180 EA per 30 days); PA
ODOMZO CAPS 200MG	5	PA
OJJAARA TABS 100MG	5	PA
OJJAARA TABS 150MG	5	PA
OJJAARA TABS 200MG	5	PA
pazopanib hydrochloride tabs 200mg	5	PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA
REZLIDHIA CAPS 150MG	5	PA
ROZLYTREK CAPS 100MG	5	PA
ROZLYTREK CAPS 200MG	5	PA
RUBRACA TABS 200MG	5	PA
RUBRACA TABS 250MG	5	PA
RUBRACA TABS 300MG	5	PA
RYDAPT CAPS 25MG	5	PA
sorafenib tosylate tabs 200mg	5	PA
sorafenib tabs 200mg	5	PA
SPRYCEL TABS 100MG	5	PA
SPRYCEL TABS 140MG	5	PA
SPRYCEL TABS 20MG	5	PA
SPRYCEL TABS 50MG	5	PA
SPRYCEL TABS 70MG	5	PA
SPRYCEL TABS 80MG	5	PA

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STIVARGA TABS 40MG	5	PA
sunitinib malate caps 12.5mg	5	PA
sunitinib malate caps 25mg	5	PA
sunitinib malate caps 37.5mg	5	PA
sunitinib malate caps 50mg	5	PA
TAFINLAR CAPS 50MG	5	PA
TAFINLAR CAPS 75MG	5	PA
TAFINLAR TBSO 10MG	5	PA
TAGRISSO TABS 40MG	5	QL(30 EA per 30 days); PA
TAGRISSO TABS 80MG	5	PA
TALZENNA CAPS 0.1MG	5	PA
TALZENNA CAPS 0.25MG	5	PA
TALZENNA CAPS 0.35MG	5	PA
TALZENNA CAPS 0.5MG	5	PA
TALZENNA CAPS 0.75MG	5	PA
TALZENNA CAPS 1MG	5	PA
TASIGNA CAPS 150MG	5	PA
TASIGNA CAPS 200MG	5	PA
TASIGNA CAPS 50MG	5	PA
temsirolimus inj 25mg/ml	5	
TEPMETKO TABS 225MG	5	PA
TIBSOVO TABS 250MG	5	PA
TORISEL INJ 25MG/ML	5	
TURALIO CAPS 125MG	5	PA
TURALIO CAPS 200MG	5	PA
UKONIQ TABS 200MG	5	PA
VANFLYTA TABS 17.7MG	5	PA
VANFLYTA TABS 26.5MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 100MG	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 50MG	3	PA
VERZENIO TABS 100MG	5	PA
VERZENIO TABS 150MG	5	PA
VERZENIO TABS 200MG	5	PA
VERZENIO TABS 50MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 100MG	5	PA
VITRAKVI CAPS 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
VIZIMPRO TABS 15MG	5	PA
VIZIMPRO TABS 30MG	5	PA
VIZIMPRO TABS 45MG	5	PA
VOTRIENT TABS 200MG	5	PA
WELIREG TABS 40MG	5	PA
XALKORI CAPS 200MG	5	PA
XALKORI CAPS 250MG	5	PA
XOSPATA TABS 40MG	5	PA
ZEJULA CAPS 100MG	5	PA
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA
ZEJULA TABS 200MG	5	PA
ZEJULA TABS 300MG	5	PA
ZELBORAF TABS 240MG	5	PA
ZYDELIG TABS 100MG	5	PA
ZYDELIG TABS 150MG	5	PA
ZYKADIA TABS 150MG	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ARZERRA INJ 1000MG/50ML	5	PA
ARZERRA INJ 100MG/5ML	5	PA
AVASTIN INJ 100MG/4ML	5	PA
AVASTIN INJ 400MG/16ML	5	PA
BAVENCIO INJ 200MG/10ML	5	PA
BLINCYTO INJ 35MCG	5	PA
CYRAMZA INJ 100MG/10ML	5	PA
CYRAMZA INJ 500MG/50ML	5	PA
DANYELZA INJ 40MG/10ML	5	PA
DARZALEX INJ 100MG/5ML	5	PA
DARZALEX INJ 400MG/20ML	5	PA
EMPLICITI INJ 300MG	5	PA
EMPLICITI INJ 400MG	5	PA
ERBITUX INJ 100MG/50ML	5	PA
ERBITUX INJ 200MG/100ML	5	PA
GAZYVA INJ 1000MG/40ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INJ 150MG	5	PA
IMFINZI INJ 120MG/2.4ML	5	PA
IMFINZI INJ 500MG/10ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
LARTRUVO INJ 190MG/19ML	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
MYLOTARG INJ 4.5MG	5	PA
OPDIVO INJ 100MG/10ML	5	PA
OPDIVO INJ 40MG/4ML	5	PA
PERJETA INJ 420MG/14ML	5	PA
PORTRAZZA INJ 800MG/50ML	5	PA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA
UNITUXIN INJ 17.5MG/5ML	5	
VECTIBIX INJ 100MG/5ML	5	
VECTIBIX INJ 400MG/20ML	5	
YERVOY INJ 200MG/40ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
ZEVALIN Y-90 INJ 3.2MG/2ML	5	
Retinoids		
bexarotene caps 75mg	5	PA
bexarotene gel 1%	5	PA
PANRETIN GEL 0.1%	5	
tretinoin caps 10mg	5	
Treatment Adjuncts		
dexrazoxane inj 250mg	5	
dexrazoxane inj 500mg	5	
ELITEK INJ 1.5MG	5	
ELITEK INJ 7.5MG	5	
mesna inj 100mg/ml	2	
MESNEX TABS 400MG	5	
Antiparasitics		
Anthelmintics		

Drug Name	Drug Tier	Requirements/Limits
albendazole tabs 200mg	5	
IVERMECTIN TABS 3MG	3	
praziquantel tabs 600mg	2	
Antiprotozoals		
alinia susr 100mg/5ml	4	
atovaquone/proguanil hcl tabs 250mg; 100mg	2	
atovaquone/proguanil hcl tabs 62.5mg; 25mg	2	
atovaquone susp 750mg/5ml	4	
BENZNIDAZOLE TABS 12.5MG	4	
chloroquine phosphate tabs 250mg	4	
chloroquine phosphate tabs 500mg	4	
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 100mg	2	
hydroxychloroquine sulfate tabs 200mg	2	
hydroxychloroquine sulfate tabs 300mg	2	
hydroxychloroquine sulfate tabs 400mg	2	
mefloquine hcl tabs 250mg	2	
nitazoxanide tabs 500mg	5	
pentamidine isethionate inj 300mg	4	
pentamidine isethionate solr 300mg	4	B/D
primaquine phosphate tabs 26.3mg	2	
pyrimethamine tabs 25mg	5	PA
QUININE SULFATE CAPS 324MG	4	PA
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate inj 1mg/ml	2	
benztropine mesylate tabs 0.5mg	2	
benztropine mesylate tabs 1mg	2	
benztropine mesylate tabs 2mg	2	
trihexyphenidyl hcl soln 0.4mg/ml	2	
trihexyphenidyl hydrochloride tabs 2mg	2	
trihexyphenidyl hydrochloride tabs 5mg	2	
Antiparkinson Agents, Other		
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 12.5MG; 200MG; 50MG	3	

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Drug Name	Drug Tier	Requirements/Limits
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 18.75MG; 200MG; 75MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 25MG; 200MG; 100MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 31.25MG; 200MG; 125MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 37.5MG; 200MG; 150MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 50MG; 200MG; 200MG	4	
entacapone tabs 200mg	4	
Dopamine Agonists		
apomorphine hydrochloride inj 30mg/3ml	5	QL(90 ML per 30 days); PA
BROMOCRIPTINE MESYLATE CAPS 5MG	3	
BROMOCRIPTINE MESYLATE TABS 2.5MG	4	
NEUPRO PT24 1MG/24HR	4	
NEUPRO PT24 2MG/24HR	4	
NEUPRO PT24 3MG/24HR	4	
NEUPRO PT24 4MG/24HR	4	
NEUPRO PT24 6MG/24HR	4	
NEUPRO PT24 8MG/24HR	4	
pramipexole dihydrochloride tabs 0.125mg	2	
pramipexole dihydrochloride tabs 0.25mg	2	
pramipexole dihydrochloride tabs 0.5mg	2	
pramipexole dihydrochloride tabs 0.75mg	2	
pramipexole dihydrochloride tabs 1.5mg	2	
pramipexole dihydrochloride tabs 1mg	2	
ropinirole er tb24 12mg	2	
ropinirole er tb24 2mg	2	
ropinirole er tb24 4mg	2	
ropinirole er tb24 6mg	2	
ropinirole er tb24 8mg	2	
ropinirole hcl tabs 0.5mg	2	
ropinirole hcl tabs 1mg	2	
ropinirole hcl tabs 2mg	2	
ropinirole hcl tabs 4mg	2	

Drug Name	Drug Tier	Requirements/Limits
ropinirole hcl tabs 5mg	2	
ropinirole hydrochloride tabs 0.25mg	2	
ropinirole hydrochloride tabs 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tbcr 25mg; 100mg	2	
carbidopa/levodopa er tbcr 50mg; 200mg	2	
carbidopa/levodopa odt tbdp 10mg; 100mg	2	
carbidopa/levodopa odt tbdp 25mg; 100mg	2	
carbidopa/levodopa odt tbdp 25mg; 250mg	2	
carbidopa/levodopa tabs 10mg; 100mg	2	
carbidopa/levodopa tabs 25mg; 100mg	2	
carbidopa/levodopa tabs 25mg; 250mg	2	
carbidopa tabs 25mg	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate tabs 0.5mg	4	
rasagiline mesylate tabs 1mg	4	
selegiline hcl caps 5mg	2	
selegiline hcl tabs 5mg	2	
ZELAPAR TBDP 1.25MG	5	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl inj 25mg/ml	2	
chlorpromazine hcl inj 50mg/2ml	2	
CHLORPROMAZINE HCL TABS 100MG	4	
CHLORPROMAZINE HCL TABS 10MG	4	
CHLORPROMAZINE HCL TABS 200MG	4	
CHLORPROMAZINE HCL TABS 25MG	4	
CHLORPROMAZINE HCL TABS 50MG	4	
chlorpromazine hydrochloride conc 100mg/ml	4	
chlorpromazine hydrochloride conc 30mg/ml	4	
CHLORPROMAZINE HYDROCHLORIDE TABS 100MG	4	
CHLORPROMAZINE HYDROCHLORIDE TABS 10MG	4	

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Drug Name	Drug Tier	Requirements/Limits
CHLORPROMAZINE HYDROCHLORIDE TABS 200MG	4	
CHLORPROMAZINE HYDROCHLORIDE TABS 25MG	4	
CHLORPROMAZINE HYDROCHLORIDE TABS 50MG	4	
FLUPHENAZINE DECANOATE INJ 25MG/ML	4	
fluphenazine hcl conc 5mg/ml	2	
fluphenazine hcl inj 2.5mg/ml	4	
fluphenazine hcl tabs 10mg	2	
fluphenazine hcl tabs 1mg	2	
fluphenazine hcl tabs 2.5mg	2	
fluphenazine hcl tabs 5mg	2	
fluphenazine hydrochloride elix 2.5mg/5ml	2	
haloperidol decanoate inj 100mg/ml	2	
haloperidol decanoate inj 100mg/ml	2	
haloperidol decanoate inj 50mg/ml	2	
haloperidol decanoate inj 50mg/ml	2	
haloperidol lactate inj 5mg/ml	2	
haloperidol conc 2mg/ml	2	
haloperidol tabs 0.5mg	2	
haloperidol tabs 10mg	2	
haloperidol tabs 1mg	2	
haloperidol tabs 20mg	2	
haloperidol tabs 2mg	2	
haloperidol tabs 5mg	2	
loxapine caps 10mg	2	
loxapine caps 25mg	2	
loxapine caps 50mg	2	
loxapine caps 5mg	2	
MOLINDONE HYDROCHLORIDE TABS 10MG	4	
MOLINDONE HYDROCHLORIDE TABS 25MG	4	
MOLINDONE HYDROCHLORIDE TABS 5MG	4	
perphenazine tabs 16mg	4	
perphenazine tabs 2mg	4	
perphenazine tabs 4mg	4	

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Drug Name	Drug Tier	Requirements/Limits
perphenazine tabs 8mg	4	
PIMOZIDE TABS 1MG	4	
PIMOZIDE TABS 2MG	4	
THIORIDAZINE HCL TABS 100MG	4	
THIORIDAZINE HCL TABS 10MG	4	
THIORIDAZINE HCL TABS 25MG	4	
THIORIDAZINE HCL TABS 50MG	4	
thiothixene caps 10mg	4	
thiothixene caps 1mg	4	
thiothixene caps 2mg	4	
thiothixene caps 5mg	4	
trifluoperazine hcl tabs 10mg	2	
trifluoperazine hcl tabs 2mg	2	
trifluoperazine hcl tabs 5mg	2	
trifluoperazine hydrochloride tabs 1mg	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY MAINTENA INJ 400MG	5	
ABILIFY MAINTENA INJ 400MG	5	
aripiprazole odt tbdp 10mg	5	QL(60 EA per 30 days)
aripiprazole odt tbdp 15mg	5	QL(60 EA per 30 days)
aripiprazole soln 1mg/ml	4	QL(750 ML per 30 days)
aripiprazole tabs 10mg	2	QL(30 EA per 30 days)
aripiprazole tabs 15mg	2	QL(30 EA per 30 days)
aripiprazole tabs 20mg	2	QL(30 EA per 30 days)
aripiprazole tabs 2mg	2	QL(30 EA per 30 days)
aripiprazole tabs 30mg	2	QL(30 EA per 30 days)
aripiprazole tabs 5mg	2	QL(30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML	5	
ARISTADA INJ 441MG/1.6ML	5	
ARISTADA INJ 662MG/2.4ML	5	
ARISTADA INJ 882MG/3.2ML	5	
asenapine maleate sl subl 10mg	2	QL(60 EA per 30 days)
asenapine maleate sl subl 2.5mg	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
asenapine maleate sl subl 5mg	2	QL(60 EA per 30 days)
CAPLYTA CAPS 10.5MG	5	QL(30 EA per 30 days); PA
CAPLYTA CAPS 21MG	5	QL(30 EA per 30 days); PA
CAPLYTA CAPS 42MG	5	QL(30 EA per 30 days); PA
FANAPT TITRATION PACK TABS 0	4	QL(8 EA per 180 days); ST
FANAPT TABS 10MG	5	QL(60 EA per 30 days); ST
FANAPT TABS 12MG	5	QL(60 EA per 30 days); ST
FANAPT TABS 1MG	4	QL(60 EA per 30 days); ST
FANAPT TABS 2MG	4	QL(60 EA per 30 days); ST
FANAPT TABS 4MG	4	QL(60 EA per 30 days); ST
FANAPT TABS 6MG	5	QL(60 EA per 30 days); ST
FANAPT TABS 8MG	5	QL(60 EA per 30 days); ST
INVEGA HAFYERA INJ 1092MG/3.5ML	5	ST
INVEGA HAFYERA INJ 1560MG/5ML	5	ST
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.88ML	5	
INVEGA TRINZA INJ 410MG/1.32ML	5	
INVEGA TRINZA INJ 546MG/1.75ML	5	
INVEGA TRINZA INJ 819MG/2.63ML	5	
LATUDA TABS 120MG	5	QL(30 EA per 30 days)
LATUDA TABS 20MG	5	QL(30 EA per 30 days)
LATUDA TABS 40MG	5	QL(30 EA per 30 days)
LATUDA TABS 60MG	5	QL(30 EA per 30 days)
LATUDA TABS 80MG	5	QL(60 EA per 30 days)
lurasidone hydrochloride tabs 120mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 20mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 40mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 60mg	4	QL(30 EA per 30 days)
lurasidone hydrochloride tabs 80mg	4	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG	5	QL(30 EA per 30 days); ST
LYBALVI TABS 15MG; 10MG	5	QL(30 EA per 30 days); ST
LYBALVI TABS 20MG; 10MG	5	QL(30 EA per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
LYBALVI TABS 5MG; 10MG	5	QL(30 EA per 30 days); ST
NUPLAZID CAPS 34MG	5	PA
NUPLAZID TABS 10MG	5	PA
olanzapine odt tbdp 10mg	4	QL(30 EA per 30 days)
olanzapine odt tbdp 15mg	4	QL(30 EA per 30 days)
olanzapine odt tbdp 20mg	4	QL(30 EA per 30 days)
olanzapine odt tbdp 5mg	4	QL(30 EA per 30 days)
olanzapine inj 10mg	4	
olanzapine tabs 10mg	2	QL(30 EA per 30 days)
olanzapine tabs 15mg	2	QL(30 EA per 30 days)
olanzapine tabs 2.5mg	2	QL(30 EA per 30 days)
olanzapine tabs 20mg	2	QL(30 EA per 30 days)
olanzapine tabs 5mg	2	QL(30 EA per 30 days)
olanzapine tabs 7.5mg	2	QL(30 EA per 30 days)
paliperidone er tb24 1.5mg	4	QL(30 EA per 30 days)
paliperidone er tb24 3mg	4	QL(30 EA per 30 days)
paliperidone er tb24 6mg	4	QL(60 EA per 30 days)
paliperidone er tb24 9mg	4	QL(30 EA per 30 days)
PERSERIS INJ 120MG	5	
PERSERIS INJ 90MG	5	
QUETIAPINE FUMARATE ER TB24 150MG	4	QL(60 EA per 30 days)
quetiapine fumarate er tb24 200mg	2	QL(90 EA per 30 days)
quetiapine fumarate er tb24 300mg	2	QL(60 EA per 30 days)
quetiapine fumarate er tb24 400mg	2	QL(60 EA per 30 days)
QUETIAPINE FUMARATE ER TB24 50MG	4	QL(60 EA per 30 days)
quetiapine fumarate tabs 100mg	2	QL(90 EA per 30 days)
quetiapine fumarate tabs 150mg	2	QL(90 EA per 30 days)
quetiapine fumarate tabs 200mg	2	QL(90 EA per 30 days)
quetiapine fumarate tabs 25mg	2	QL(90 EA per 30 days)
quetiapine fumarate tabs 300mg	2	QL(60 EA per 30 days)
quetiapine fumarate tabs 400mg	2	QL(60 EA per 30 days)
quetiapine fumarate tabs 50mg	2	QL(90 EA per 30 days)
REXULTI TABS 0.25MG	5	QL(30 EA per 30 days)
REXULTI TABS 0.5MG	5	QL(30 EA per 30 days)
REXULTI TABS 1MG	5	QL(30 EA per 30 days)
REXULTI TABS 2MG	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 3MG	5	QL(30 EA per 30 days)
REXULTI TABS 4MG	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG	5	
RISPERDAL CONSTA INJ 50MG	5	
risperidone odt tbdp 0.25mg	4	QL(60 EA per 30 days)
risperidone odt tbdp 0.5mg	4	QL(60 EA per 30 days)
risperidone odt tbdp 1mg	4	QL(60 EA per 30 days)
risperidone odt tbdp 2mg	4	QL(60 EA per 30 days)
risperidone odt tbdp 3mg	4	QL(60 EA per 30 days)
risperidone odt tbdp 4mg	4	QL(60 EA per 30 days)
risperidone soln 1mg/ml	2	QL(240 ML per 30 days)
risperidone tabs 0.25mg	2	QL(60 EA per 30 days)
risperidone tabs 0.5mg	2	QL(60 EA per 30 days)
risperidone tabs 1mg	2	QL(60 EA per 30 days)
risperidone tabs 2mg	2	QL(60 EA per 30 days)
risperidone tabs 3mg	2	QL(60 EA per 30 days)
risperidone tabs 4mg	2	QL(60 EA per 30 days)
SECUADO PT24 3.8MG/24HR	5	QL(30 EA per 30 days); ST
SECUADO PT24 5.7MG/24HR	5	QL(30 EA per 30 days); ST
SECUADO PT24 7.6MG/24HR	5	QL(30 EA per 30 days); ST
VRAYLAR CAPS 1.5MG	5	QL(30 EA per 30 days); ST
VRAYLAR CAPS 3MG	5	QL(30 EA per 30 days); ST
VRAYLAR CAPS 4.5MG	5	QL(30 EA per 30 days); ST
VRAYLAR CAPS 6MG	5	QL(30 EA per 30 days); ST
VRAYLAR CPPK 0	4	QL(14 EA per 365 days); ST
ziprasidone hcl caps 20mg	2	QL(60 EA per 30 days)
ziprasidone hcl caps 40mg	2	QL(60 EA per 30 days)
ziprasidone hcl caps 60mg	2	QL(60 EA per 30 days)
ziprasidone hcl caps 80mg	2	QL(60 EA per 30 days)
ziprasidone mesylate inj 20mg	2	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG	5	
ZYPREXA RELPREVV INJ 405MG	5	
Treatment-Resistant		

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Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ODT TBDP 100MG	4	QL(270 EA per 30 days)
CLOZAPINE ODT TBDP 12.5MG	4	QL(90 EA per 30 days)
clozapine odt tbdp 150mg	4	QL(180 EA per 30 days)
clozapine odt tbdp 200mg	5	QL(120 EA per 30 days)
CLOZAPINE ODT TBDP 25MG	4	QL(270 EA per 30 days)
clozapine tabs 100mg	2	QL(270 EA per 30 days)
clozapine tabs 200mg	2	QL(120 EA per 30 days)
clozapine tabs 25mg	2	QL(270 EA per 30 days)
clozapine tabs 50mg	2	QL(180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen inj 20000mcg/20ml	2	B/D
baclofen inj 40mg/20ml	4	B/D
baclofen inj 500mcg/ml	2	B/D
BACLOFEN INJ 50MCG/ML	4	B/D
baclofen tabs 10mg	2	
baclofen tabs 20mg	2	
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
dantrolene sodium caps 100mg	2	
DANTROLENE SODIUM CAPS 25MG	4	
DANTROLENE SODIUM CAPS 50MG	3	
gablofen inj 10000mcg/20ml	4	B/D
gablofen inj 20000mcg/20ml	4	B/D
gablofen inj 40000mcg/20ml	4	B/D
gablofen inj 50mcg/ml	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
tizanidine hcl caps 4mg	4	
tizanidine hcl tabs 2mg	2	
tizanidine hydrochloride caps 2mg	4	
tizanidine hydrochloride caps 6mg	4	
tizanidine hydrochloride tabs 4mg	2	
XEOMIN INJ 100UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XEOMIN INJ 50UNIT	4	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir inj 75mg/ml	5	
ganciclovir inj 500mg	2	B/D
LIVTENCITY TABS 200MG	5	
PREVYMIS TABS 240MG	5	
PREVYMIS TABS 480MG	5	
valganciclovir hydrochloride solr 50mg/ml	5	
VALGANCICLOVIR TABS 450MG	3	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tabs 10mg	4	
BARACLUDE SOLN 0.05MG/ML	5	QL(600 ML per 30 days)
entecavir tabs 0.5mg	4	QL(30 EA per 30 days)
entecavir tabs 1mg	4	QL(30 EA per 30 days)
EPIVIR HBV SOLN 5MG/ML	4	
lamivudine tabs 100mg	2	
VEMLIDY TABS 25MG	5	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACK 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABS 100MG; 40MG	5	QL(336 EA per 365 days); PA
ribavirin caps 200mg	2	
RIBAVIRIN TABS 200MG	4	
sofosbuvir/velpatasvir tabs 400mg; 100mg	5	QL(84 EA per 365 days); PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 30MG; 120MG; 15MG	5	QL(30 EA per 30 days)
BIKTARVY TABS 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
DOVATO TABS 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABS 600MG	5	
ISENTRESS CHEW 100MG	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS PACK 100MG	5	
ISENTRESS TABS 400MG	5	
JULUCA TABS 50MG; 25MG	5	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TBSO 5MG	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG	5	
TIVICAY TABS 50MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABS 200MG; 25MG; 300MG	5	QL(30 EA per 30 days)
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABS 25MG	5	
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	5	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg	5	QL(30 EA per 30 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg	5	QL(30 EA per 30 days)
efavirenz caps 200mg	2	
efavirenz caps 50mg	2	
efavirenz tabs 600mg	2	
etravirine tabs 100mg	4	
etravirine tabs 200mg	5	
INTELENCE TABS 25MG	4	
NEVIRAPINE ER TB24 100MG	4	
NEVIRAPINE ER TB24 400MG	4	
NEVIRAPINE SUSP 50MG/5ML	4	
nevirapine tabs 200mg	2	
PIFELTRO TABS 100MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg	5	QL(60 EA per 30 days)
abacavir sulfate/lamivudine tabs 600mg; 300mg	4	QL(30 EA per 30 days)
abacavir soln 20mg/ml	2	
ABACAVIR TABS 300MG	4	
CIMDUO TABS 300MG; 300MG	5	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TABS 120MG; 15MG	5	QL(30 EA per 30 days)
DESCOVY TABS 200MG; 25MG	5	QL(30 EA per 30 days)
didanosine cpdr 200mg	2	
didanosine cpdr 250mg	2	
didanosine cpdr 400mg	2	
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	5	QL(30 EA per 30 days)
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	5	QL(30 EA per 30 days)
emtricitabine caps 200mg	2	
EMTRIVA SOLN 10MG/ML	3	
LAMIVUDINE/ZIDOVUDINE TABS 150MG; 300MG	4	QL(60 EA per 30 days)
lamivudine soln 10mg/ml	2	
LAMIVUDINE TABS 150MG	4	
LAMIVUDINE TABS 300MG	4	
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
PAXLOVID TBPK 150MG; 100MG	4	QL(20 EA per 5 days)
RETROVIR IV INFUSION INJ 10MG/ML	4	
stavudine caps 15mg	2	
stavudine caps 20mg	2	
stavudine caps 30mg	2	
stavudine caps 30mg	2	
stavudine caps 40mg	2	
TEMIXYS TABS 300MG; 300MG	5	QL(30 EA per 30 days)
tenofovir disoproxil fumarate tabs 300mg	4	
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	5	QL(180 EA per 30 days)
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
TRIZIVIR TABS 300MG; 150MG; 300MG	5	QL(60 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC SOLR 2GM	4	
VIREAD POWD 40MG/GM	5	

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Drug Name	Drug Tier	Requirements/Limits
VIREAD TABS 150MG	5	
VIREAD TABS 200MG	5	
VIREAD TABS 250MG	5	
zidovudine caps 100mg	2	
zidovudine syrp 50mg/5ml	2	
zidovudine tabs 300mg	2	
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	
maraviroc tabs 150mg	5	
maraviroc tabs 300mg	5	
RUKOBIA TB12 600MG	5	
SELZENTRY SOLN 20MG/ML	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SUNLENCA TBPK 300MG	5	
SUNLENCA TBPK 300MG	5	
TROGARZO INJ 200MG/1.33ML	5	
TYBOST TABS 150MG	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS 250MG	5	
APTIVUS SOLN 100MG/ML	5	
atazanavir sulfate caps 300mg	4	
atazanavir caps 150mg	4	
atazanavir caps 200mg	4	
CRIXIVAN CAPS 200MG	3	
CRIXIVAN CAPS 400MG	3	
darunavir tabs 600mg	4	
darunavir tabs 800mg	5	
EVOTAZ TABS 300MG; 150MG	5	QL(30 EA per 30 days)
fosamprenavir calcium tabs 700mg	5	
INVIRASE TABS 500MG	5	
LEXIVA SUSP 50MG/ML	4	
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	4	
lopinavir/ritonavir tabs 100mg; 25mg	2	
lopinavir/ritonavir tabs 200mg; 50mg	4	
NORVIR PACK 100MG	4	

Drug Name	Drug Tier	Requirements/Limits
NORVIR SOLN 80MG/ML	4	
PREZCOBIX TABS 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSP 100MG/ML	5	
PREZISTA TABS 150MG	4	
PREZISTA TABS 600MG	5	
PREZISTA TABS 75MG	3	
PREZISTA TABS 800MG	5	
REYATAZ PACK 50MG	5	
ritonavir tabs 100mg	2	
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABS 250MG	5	
VIRACEPT TABS 625MG	5	
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
amantadine hcl tabs 100mg	2	
oseltamivir phosphate caps 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate caps 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	2	QL(1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	3	QL(240 EA per 365 days)
rimantadine hydrochloride tabs 100mg	4	
Antiherpetic Agents		
ACYCLOVIR SODIUM INJ 50MG/ML	4	B/D
acyclovir caps 200mg	2	
ACYCLOVIR SUSP 200MG/5ML	4	
acyclovir tabs 400mg	2	
acyclovir tabs 800mg	2	
famciclovir tabs 125mg	2	
famciclovir tabs 250mg	2	
famciclovir tabs 500mg	2	
valacyclovir hcl tabs 1gm	2	QL(120 EA per 30 days)
valacyclovir hydrochloride tabs 500mg	2	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	2	

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Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tabs 30mg	2	
buspirone hydrochloride tabs 10mg	2	
buspirone hydrochloride tabs 5mg	2	
buspirone hydrochloride tabs 7.5mg	2	
HYDROXYZINE PAMOATE CAPS 100MG	4	
HYDROXYZINE PAMOATE CAPS 25MG	4	
HYDROXYZINE PAMOATE CAPS 50MG	4	
Benzodiazepines		
alprazolam tabs 0.25mg	2	QL(120 EA per 30 days)
alprazolam tabs 0.5mg	2	QL(120 EA per 30 days)
alprazolam tabs 1mg	2	QL(120 EA per 30 days)
alprazolam tabs 2mg	2	QL(150 EA per 30 days)
chlordiazepoxide hcl caps 10mg	2	QL(900 EA per 30 days)
chlordiazepoxide hcl caps 5mg	2	QL(120 EA per 30 days)
chlordiazepoxide hydrochloride caps 25mg	2	QL(360 EA per 30 days)
clorazepate dipotassium tabs 15mg	2	QL(180 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	2	QL(720 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	2	QL(360 EA per 30 days)
diazepam intensol conc 5mg/ml	2	
diazepam conc 5mg/ml	2	
diazepam inj 5mg/ml	2	
diazepam soln 5mg/5ml	2	
diazepam tabs 10mg	2	QL(120 EA per 30 days)
diazepam tabs 2mg	2	QL(300 EA per 30 days)
diazepam tabs 5mg	2	QL(240 EA per 30 days)
lorazepam intensol conc 2mg/ml	2	
lorazepam inj 2mg/ml	2	
lorazepam inj 4mg/ml	2	
lorazepam tabs 0.5mg	2	QL(90 EA per 30 days)
lorazepam tabs 1mg	2	QL(90 EA per 30 days)
lorazepam tabs 2mg	2	QL(150 EA per 30 days)
midazolam hcl inj 10mg/10ml	2	
midazolam hcl inj 10mg/2ml	2	
midazolam hcl inj 25mg/5ml	2	
midazolam hcl inj 50mg/10ml	2	
midazolam hcl syrp 2mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
midazolam hydrochloride inj 25mg/5ml	2	
midazolam hydrochloride inj 2mg/2ml	2	
midazolam hydrochloride inj 50mg/10ml	2	
midazolam hydrochloride inj 5mg/5ml	2	
midazolam hydrochloride inj 5mg/5ml	2	
midazolam hydrochloride inj 5mg/ml	2	
oxazepam caps 10mg	2	QL(120 EA per 30 days)
oxazepam caps 15mg	2	QL(120 EA per 30 days)
oxazepam caps 30mg	2	QL(120 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
lithium carbonate er tbcr 300mg	2	
lithium carbonate er tbcr 450mg	2	
lithium carbonate caps 150mg	2	
lithium carbonate caps 300mg	2	
lithium carbonate caps 600mg	2	
lithium carbonate tabs 300mg	2	
lithium soln 8meq/5ml	2	
valproic acid soln 250mg/5ml	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs 100mg	1	
acarbose tabs 25mg	1	
acarbose tabs 50mg	1	
CYCLOSET TABS 0.8MG	4	
glimepiride tabs 1mg	6	
glimepiride tabs 2mg	6	
glimepiride tabs 4mg	6	
glipizide er tb24 10mg	6	
glipizide er tb24 2.5mg	6	
glipizide er tb24 5mg	6	
glipizide xl tb24 10mg	6	
glipizide xl tb24 2.5mg	6	
glipizide xl tb24 5mg	6	
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	6	

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Drug Name	Drug Tier	Requirements/Limits
glipizide/metformin hydrochloride tabs 2.5mg; 500mg	6	
glipizide/metformin hydrochloride tabs 5mg; 500mg	6	
glipizide tabs 10mg	6	
glipizide tabs 5mg	6	
glyburide/metformin hydrochloride tabs 1.25mg; 250mg	2	
glyburide/metformin hydrochloride tabs 2.5mg; 500mg	2	
glyburide/metformin hydrochloride tabs 5mg; 500mg	2	
INVOKAMET XR TB24 150MG; 1000MG	3	
INVOKAMET XR TB24 150MG; 500MG	3	
INVOKAMET XR TB24 50MG; 1000MG	3	
INVOKAMET XR TB24 50MG; 500MG	3	
INVOKAMET TABS 150MG; 1000MG	3	
INVOKAMET TABS 150MG; 500MG	3	
INVOKAMET TABS 50MG; 1000MG	3	
INVOKAMET TABS 50MG; 500MG	3	
INVOKANA TABS 100MG	3	
INVOKANA TABS 300MG	3	
JANUMET XR TB24 1000MG; 100MG	3	
JANUMET XR TB24 1000MG; 50MG	3	
JANUMET XR TB24 500MG; 50MG	3	
JANUMET TABS 1000MG; 50MG	3	
JANUMET TABS 500MG; 50MG	3	
JANUVIA TABS 100MG	3	QL(30 EA per 30 days)
JANUVIA TABS 25MG	3	QL(30 EA per 30 days)
JANUVIA TABS 50MG	3	QL(30 EA per 30 days)
JARDIANCE TABS 10MG	3	
JARDIANCE TABS 25MG	3	
JENTADUETO XR TB24 2.5MG; 1000MG	3	
JENTADUETO XR TB24 5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 1000MG	3	
JENTADUETO TABS 2.5MG; 500MG	3	
JENTADUETO TABS 2.5MG; 850MG	3	
metformin hydrochloride er tb24 500mg	6	

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Drug Name	Drug Tier	Requirements/Limits
metformin hydrochloride er tb24 750mg	6	
METFORMIN HYDROCHLORIDE SOLN 500MG/5ML	4	
metformin hydrochloride tabs 1000mg	6	
metformin hydrochloride tabs 500mg	6	
metformin hydrochloride tabs 850mg	6	
miglitol tabs 100mg	2	
miglitol tabs 25mg	2	
miglitol tabs 50mg	2	
nateglinide tabs 120mg	1	
nateglinide tabs 60mg	1	
OZEMPIC INJ 2MG/1.5ML	3	QL(1.5 ML per 28 days); ST
OZEMPIC INJ 2MG/1.5ML	3	QL(3 ML per 28 days); ST
OZEMPIC INJ 2MG/3ML	3	QL(3 ML per 28 days); ST
OZEMPIC INJ 4MG/3ML	3	QL(3 ML per 28 days); ST
OZEMPIC INJ 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); ST
pioglitazone hcl-glimepiride tabs 2mg; 30mg	1	
pioglitazone hcl-glimepiride tabs 4mg; 30mg	1	
pioglitazone hcl/metformin hcl tabs 500mg; 15mg	1	
pioglitazone hcl/metformin hcl tabs 850mg; 15mg	1	
pioglitazone hcl tabs 45mg	6	
pioglitazone hydrochloride tabs 15mg	6	
pioglitazone hydrochloride tabs 30mg	6	
repaglinide tabs 0.5mg	1	
repaglinide tabs 1mg	1	
repaglinide tabs 2mg	1	
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg	3	ST
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg	3	ST
saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg	3	ST
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	PA
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	PA
SYNJARDY XR TB24 10MG; 1000MG	3	
SYNJARDY XR TB24 12.5MG; 1000MG	3	

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TB24 25MG; 1000MG	3	
SYNJARDY XR TB24 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 500MG	3	
SYNJARDY TABS 5MG; 1000MG	3	
SYNJARDY TABS 5MG; 500MG	3	
tolbutamide tabs 500mg	2	
TRADJENTA TABS 5MG	3	QL(30 EA per 30 days)
TRULICITY INJ 0.75MG/0.5ML	3	QL(2 ML per 28 days); ST
TRULICITY INJ 1.5MG/0.5ML	3	QL(2 ML per 28 days); ST
TRULICITY INJ 3MG/0.5ML	3	QL(2 ML per 28 days); ST
TRULICITY INJ 4.5MG/0.5ML	3	QL(2 ML per 28 days); ST
VICTOZA INJ 18MG/3ML	3	QL(9 ML per 30 days); ST
Glycemic Agents		
dextrose 30% inj 30%	2	
diazoxide susp 50mg/ml	4	
GLUCAGEN HYPOKIT INJ 1MG	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GLUCAGON EMERGENCY KIT INJ 1MG	3	
Insulins		
insulin aspart flexpen inj 100unit/ml	2	
insulin aspart penfill inj 100unit/ml	2	
insulin aspart protamine/insulin aspart flexpen inj 30unit/ml; 70unit/ml	2	
insulin aspart protamine/insulin aspart inj 30%; 70%	2	
insulin aspart inj 100unit/ml	2	
insulin lispro junior kwikpen inj 100unit/ml	2	
insulin lispro kwikpen inj 100unit/ml	2	
insulin lispro protamine/insulin lispro kwikpen inj 25unit/ml; 75unit/ml	2	
insulin lispro inj 100unit/ml	2	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LEVEMIR FLEXPEN INJ 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ 100UNIT/ML	3	
novolin 70/30 flexpen relion inj 30unit/ml; 70unit/ml	1	
novolin 70/30 flexpen inj 30unit/ml; 70unit/ml	1	
novolin 70/30 relion inj 30unit/ml; 70unit/ml	1	
novolin 70/30 inj 30unit/ml; 70unit/ml	1	
NOVOLIN N FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
novolin n relion inj 100unit/ml	1	
novolin n inj 100unit/ml	1	
NOVOLIN R FLEXPEN RELION INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
novolin r relion inj 100unit/ml	1	
novolin r inj 100unit/ml	1	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
relion r inj 100unit/ml	1	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
ARGATROBAN INJ 125MG/125ML; 0.9%	4	
argatroban inj 250mg/2.5ml	5	
argatroban inj 50mg/50ml	5	
COUMADIN TABS 10MG	4	
COUMADIN TABS 1MG	4	
COUMADIN TABS 2.5MG	4	

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TABS 2MG	4	
COUMADIN TABS 3MG	4	
COUMADIN TABS 4MG	4	
COUMADIN TABS 5MG	4	
COUMADIN TABS 6MG	4	
COUMADIN TABS 7.5MG	4	
ELIQUIS STARTER PACK TBPK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
enoxaparin sodium inj 100mg/ml	4	
enoxaparin sodium inj 120mg/0.8ml	4	
enoxaparin sodium inj 150mg/ml	4	
enoxaparin sodium inj 300mg/3ml	4	
enoxaparin sodium inj 30mg/0.3ml	4	
enoxaparin sodium inj 40mg/0.4ml	4	
enoxaparin sodium inj 60mg/0.6ml	4	
enoxaparin sodium inj 80mg/0.8ml	4	
fondaparinux sodium inj 10mg/0.8ml	5	
FONDAPARINUX SODIUM INJ 2.5MG/0.5ML	4	
fondaparinux sodium inj 5mg/0.4ml	5	
fondaparinux sodium inj 7.5mg/0.6ml	5	
FRAGMIN INJ 10000UNIT/ML	5	
FRAGMIN INJ 12500UNIT/0.5ML	5	
FRAGMIN INJ 15000UNIT/0.6ML	5	
FRAGMIN INJ 18000UNT/0.72ML	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 5000UNIT/0.2ML	4	
FRAGMIN INJ 7500UNIT/0.3ML	5	
FRAGMIN INJ 95000UNIT/3.8ML	5	
heparin sodium/d5w inj 5%; 100unit/ml	2	
heparin sodium/d5w inj 5%; 25000unit/500ml	2	
heparin sodium/d5w inj 5%; 40unit/ml	2	
heparin sodium/dextrose inj 5%; 25000unit/250ml	2	
heparin sodium/dextrose inj 5%; 25000unit/500ml	2	
heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%	2	

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Drug Name	Drug Tier	Requirements/Limits
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%	2	
heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%	2	
HEPARIN SODIUM INJ 10000UNIT/ML	4	
HEPARIN SODIUM INJ 1000UNIT/ML	4	
heparin sodium inj 20000unit/ml	2	
heparin sodium inj 5000unit/0.5ml	2	
heparin sodium inj 5000unit/0.5ml	2	
heparin sodium inj 5000unit/ml	2	
jantoven tabs 10mg	1	
jantoven tabs 1mg	1	
jantoven tabs 2.5mg	1	
jantoven tabs 2mg	1	
jantoven tabs 3mg	1	
jantoven tabs 4mg	1	
jantoven tabs 5mg	1	
jantoven tabs 6mg	1	
jantoven tabs 7.5mg	1	
warfarin sodium tabs 10mg	1	
warfarin sodium tabs 1mg	1	
warfarin sodium tabs 2.5mg	1	
warfarin sodium tabs 2mg	1	
warfarin sodium tabs 3mg	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tabs 4mg	1	
warfarin sodium tabs 5mg	1	
warfarin sodium tabs 6mg	1	
warfarin sodium tabs 7.5mg	1	
XARELTO STARTER PACK TBPK 0	3	QL(102 EA per 365 days)
XARELTO TABS 10MG	3	QL(30 EA per 30 days)
XARELTO TABS 15MG	3	QL(60 EA per 30 days)
XARELTO TABS 2.5MG	3	QL(60 EA per 30 days)
XARELTO TABS 20MG	3	QL(30 EA per 30 days)
Blood Products and Modifiers, Other		
ANAGRELIDE HYDROCHLORIDE CAPS 0.5MG	3	
ANAGRELIDE HYDROCHLORIDE CAPS 1MG	3	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	5	PA
EPOGEN INJ 10000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
EPOGEN INJ 2000UNIT/ML	4	PA
EPOGEN INJ 3000UNIT/ML	4	PA
EPOGEN INJ 4000UNIT/ML	4	PA
GRANIX INJ 300MCG/0.5ML	5	ST
GRANIX INJ 300MCG/ML	5	ST
GRANIX INJ 480MCG/0.8ML	5	ST
GRANIX INJ 480MCG/1.6ML	5	ST
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
NEULASTA INJ 6MG/0.6ML	5	PA
NEUPOGEN INJ 300MCG/0.5ML	5	ST
NEUPOGEN INJ 300MCG/ML	5	ST
NEUPOGEN INJ 480MCG/0.8ML	5	ST
NEUPOGEN INJ 480MCG/1.6ML	5	ST
NPLATE INJ 250MCG	5	PA
NPLATE INJ 500MCG	5	PA
plerixafor inj 24mg/1.2ml	5	
PROCRIT INJ 10000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML	5	PA
PROCRIT INJ 2000UNIT/ML	3	PA
PROCRIT INJ 3000UNIT/ML	3	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 4000UNIT/ML	3	PA
PROMACTA PACK 12.5MG	5	PA
PROMACTA PACK 25MG	5	PA
PROMACTA TABS 12.5MG	5	PA
PROMACTA TABS 25MG	5	PA
PROMACTA TABS 50MG	5	PA
PROMACTA TABS 75MG	5	PA
ZARXIO INJ 300MCG/0.5ML	5	
ZARXIO INJ 480MCG/0.8ML	5	
Hemostasis Agents		
aminocaproic acid inj 250mg/ml	4	
aminocaproic acid tabs 1000mg	4	
aminocaproic acid tabs 500mg	4	
tranexamic acid inj 1000mg/10ml	2	
TRANEXAMIC ACID TABS 650MG	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMOLE ER CP12 25MG; 200MG	4	
ASPIRIN/DIPYRIDAMOLE CP12 25MG; 200MG	4	
BRILINTA TABS 60MG	3	
BRILINTA TABS 90MG	3	
CABLIVI INJ 11MG	5	QL(30 EA per 30 days); PA
cilostazol tabs 100mg	2	

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Drug Name	Drug Tier	Requirements/Limits
cilostazol tabs 50mg	2	
clopidogrel tabs 300mg	2	
clopidogrel tabs 75mg	1	
prasugrel tabs 10mg	4	
prasugrel tabs 5mg	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl ptwk 0.1mg/24hr	4	
clonidine hcl ptwk 0.2mg/24hr	4	
clonidine hcl ptwk 0.3mg/24hr	4	
clonidine hydrochloride tabs 0.1mg	1	
clonidine hydrochloride tabs 0.2mg	1	
clonidine hydrochloride tabs 0.3mg	1	
droxidopa caps 100mg	5	PA
droxidopa caps 200mg	5	PA
droxidopa caps 300mg	5	PA
GUANFACINE HYDROCHLORIDE TABS 1MG	4	
GUANFACINE HYDROCHLORIDE TABS 2MG	4	
methyldopa tabs 250mg	4	
methyldopa tabs 500mg	4	
midodrine hcl tabs 10mg	2	
midodrine hcl tabs 2.5mg	2	
midodrine hcl tabs 5mg	2	
phenylephrine hydrochloride inj 10mg/ml	2	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride caps 10mg	5	PA
prazosin hydrochloride caps 1mg	2	
prazosin hydrochloride caps 2mg	2	
prazosin hydrochloride caps 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil tabs 16mg	1	
candesartan cilexetil tabs 32mg	1	
candesartan cilexetil tabs 4mg	1	
candesartan cilexetil tabs 8mg	1	
EDARBI TABS 40MG	4	
EDARBI TABS 80MG	4	

Drug Name	Drug Tier	Requirements/Limits
eprosartan mesylate tabs 600mg	6	
irbesartan tabs 150mg	6	
irbesartan tabs 300mg	6	
irbesartan tabs 75mg	6	
losartan potassium tabs 100mg	6	
losartan potassium tabs 25mg	6	
losartan potassium tabs 50mg	6	
olmesartan medoxomil tabs 20mg	6	
olmesartan medoxomil tabs 40mg	6	
olmesartan medoxomil tabs 5mg	6	
telmisartan tabs 20mg	1	
telmisartan tabs 40mg	1	
telmisartan tabs 80mg	1	
valsartan tabs 160mg	6	
valsartan tabs 320mg	6	
valsartan tabs 40mg	6	
valsartan tabs 80mg	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl tabs 10mg	6	
benazepril hcl tabs 40mg	6	
benazepril hcl tabs 5mg	6	
benazepril hydrochloride tabs 20mg	6	
captopril tabs 100mg	6	
captopril tabs 12.5mg	6	
captopril tabs 25mg	6	
captopril tabs 50mg	6	
enalapril maleate tabs 10mg	6	
enalapril maleate tabs 2.5mg	6	
enalapril maleate tabs 20mg	6	
enalapril maleate tabs 5mg	6	
enalaprilat inj 1.25mg/ml	2	
fosinopril sodium tabs 10mg	6	
fosinopril sodium tabs 20mg	6	
fosinopril sodium tabs 40mg	6	
lisinopril tabs 10mg	6	
lisinopril tabs 2.5mg	6	

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Drug Name	Drug Tier	Requirements/Limits
lisinopril tabs 20mg	6	
lisinopril tabs 30mg	6	
lisinopril tabs 40mg	6	
lisinopril tabs 5mg	6	
moexipril hcl tabs 15mg	6	
moexipril hcl tabs 7.5mg	6	
perindopril erbumine tabs 2mg	1	
perindopril erbumine tabs 4mg	1	
perindopril erbumine tabs 8mg	1	
quinapril hcl tabs 20mg	6	
quinapril hcl tabs 40mg	6	
quinapril hydrochloride tabs 10mg	6	
quinapril hydrochloride tabs 20mg	6	
quinapril hydrochloride tabs 40mg	6	
quinapril hydrochloride tabs 5mg	6	
ramipril caps 1.25mg	6	
ramipril caps 10mg	6	
ramipril caps 2.5mg	6	
ramipril caps 5mg	6	
trandolapril tabs 1mg	6	
trandolapril tabs 2mg	6	
trandolapril tabs 4mg	6	
Antiarrhythmics		
amiodarone hcl inj 50mg/ml	2	
amiodarone hcl inj 50mg/ml	2	
amiodarone hcl inj 900mg/18ml	2	
amiodarone hydrochloride inj 150mg/3ml	2	
amiodarone hydrochloride inj 450mg/9ml	2	
amiodarone hydrochloride inj 900mg/18ml	2	
amiodarone hydrochloride tabs 100mg	2	
amiodarone hydrochloride tabs 200mg	1	
amiodarone hydrochloride tabs 400mg	2	
digitek tabs 0.125mg	2	
digitek tabs 0.25mg	2	
DIGOXIN INJ 0.25MG/ML	4	
digoxin soln 0.05mg/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
digoxin tabs 125mcg	2	
digoxin tabs 250mcg	2	
digoxin tabs 62.5mcg	2	
digox tabs 125mcg	2	
digox tabs 250mcg	2	
DOFETILIDE CAPS 125MCG	4	
DOFETILIDE CAPS 250MCG	4	
DOFETILIDE CAPS 500MCG	4	
flecainide acetate tabs 100mg	2	
flecainide acetate tabs 150mg	2	
flecainide acetate tabs 50mg	2	
IBUTILIDE FUMARATE INJ 1MG/10ML	4	
LANOXIN TABS 125MCG	4	
LANOXIN TABS 250MCG	4	
lidocaine hcl in d5w inj 5%; 4mg/ml	2	
lidocaine hcl in d5w inj 5%; 8mg/ml	2	
lidocaine hcl/dextrose inj 5%; 4mg/ml	2	
lidocaine hcl/dextrose inj 5%; 8mg/ml	2	
lidocaine hcl inj 100mg/5ml	2	
lidocaine hcl inj 100mg/5ml	2	
lidocaine hcl inj 50mg/5ml	2	
mexiletine hcl caps 150mg	4	
mexiletine hcl caps 200mg	4	
mexiletine hcl caps 250mg	4	
MULTAQ TABS 400MG	3	
pacerone tabs 100mg	2	
pacerone tabs 200mg	1	
pacerone tabs 400mg	2	
procainamide hcl inj 100mg/ml	2	
procainamide hcl inj 500mg/ml	2	
procainamide hydrochloride inj 100mg/ml	2	
procainamide hydrochloride inj 500mg/ml	2	
propafenone hcl tabs 150mg	2	
propafenone hcl tabs 225mg	2	
propafenone hcl tabs 300mg	2	

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Drug Name	Drug Tier	Requirements/Limits
PROPAFENONE HYDROCHLORIDE ER CP12 225MG	4	
PROPAFENONE HYDROCHLORIDE ER CP12 325MG	4	
PROPAFENONE HYDROCHLORIDE ER CP12 425MG	4	
QUINIDINE GLUCONATE CR TBCR 324MG	4	
QUINIDINE GLUCONATE ER TBCR 324MG	4	
quinidine sulfate tabs 200mg	2	
quinidine sulfate tabs 300mg	2	
sorine tabs 120mg	2	
sorine tabs 160mg	2	
sorine tabs 240mg	2	
sorine tabs 80mg	2	
sotalol hcl (af) tabs 120mg	2	
sotalol hcl (af) tabs 80mg	2	
sotalol hcl af tabs 160mg	2	
sotalol hcl tabs 120mg	2	
sotalol hcl tabs 160mg	2	
sotalol hcl tabs 240mg	2	
sotalol hcl tabs 80mg	2	
sotalol hydrochloride (af) tabs 120mg	2	
sotalol hydrochloride (af) tabs 160mg	2	
sotalol hydrochloride (af) tabs 80mg	2	
sotalol hydrochloride inj 150mg/10ml	5	
sotalol hydrochloride tabs 120mg	2	
sotalol hydrochloride tabs 160mg	2	
sotalol hydrochloride tabs 80mg	2	
Beta-adrenergic Blocking Agents		
acebutolol hydrochloride caps 200mg	2	
acebutolol hydrochloride caps 400mg	2	
atenolol tabs 100mg	6	
atenolol tabs 25mg	6	
atenolol tabs 50mg	6	
betaxolol hcl tabs 10mg	2	
betaxolol hcl tabs 20mg	2	

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Drug Name	Drug Tier	Requirements/Limits
bisoprolol fumarate tabs 10mg	2	
bisoprolol fumarate tabs 5mg	2	
BREVIBLOC PREMIXED DOUBLESTRENGTH INJ 2000MG/100ML; 4.1MG/ML	4	
BREVIBLOC PREMIXED INJ 2500MG/250ML; 5.9MG/ML	4	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML	4	
BREVIBLOC INJ 2500MG/250ML; 5.9MG/ML	4	
carvedilol tabs 12.5mg	6	
carvedilol tabs 25mg	6	
carvedilol tabs 3.125mg	6	
carvedilol tabs 6.25mg	6	
ESMOLOL HCL INJ 100MG/10ML	4	
ESMOLOL HCL INJ 100MG/10ML	4	
esmolol hydrochloride in sodium chloride double strength inj 2000mg/100ml; 4.1mg/ml	4	
esmolol hydrochloride in sodium chloride inj 2500mg/250ml; 5.9mg/ml	2	
ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE INJ 2000MG/100ML; 4.1MG/ML	4	
esmolol hydrochloride/sodium chloride inj 2500mg/250ml; 5.9mg/ml	2	
labetalol hydrochloride inj 5mg/ml	2	
labetalol hydrochloride inj 5mg/ml	2	
labetalol hydrochloride tabs 100mg	6	
labetalol hydrochloride tabs 200mg	6	
labetalol hydrochloride tabs 300mg	6	
metoprolol succinate er tb24 100mg	6	
metoprolol succinate er tb24 200mg	6	
metoprolol succinate er tb24 25mg	6	
metoprolol succinate er tb24 50mg	6	
metoprolol tartrate inj 5mg/5ml	2	
metoprolol tartrate tabs 100mg	6	
metoprolol tartrate tabs 25mg	6	
metoprolol tartrate tabs 50mg	6	
metoprolol tartrate tabs 75mg	2	

Drug Name	Drug Tier	Requirements/Limits
nadolol tabs 20mg	4	
nadolol tabs 40mg	4	
nadolol tabs 80mg	4	
nebivolol hydrochloride tabs 10mg	2	
nebivolol hydrochloride tabs 2.5mg	2	
nebivolol hydrochloride tabs 20mg	2	
nebivolol hydrochloride tabs 5mg	2	
pindolol tabs 10mg	2	
pindolol tabs 5mg	2	
propranolol hcl er cp24 120mg	2	
propranolol hcl er cp24 160mg	2	
propranolol hcl inj 1mg/ml	2	
propranolol hcl soln 20mg/5ml	2	
propranolol hcl soln 40mg/5ml	2	
propranolol hcl tabs 40mg	6	
propranolol hydrochloride er cp24 60mg	2	
propranolol hydrochloride er cp24 80mg	2	
propranolol hydrochloride tabs 10mg	6	
propranolol hydrochloride tabs 20mg	6	
propranolol hydrochloride tabs 60mg	6	
propranolol hydrochloride tabs 80mg	6	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate tabs 10mg	6	
amlodipine besylate tabs 2.5mg	6	
amlodipine besylate tabs 5mg	6	
felodipine er tb24 10mg	2	
felodipine er tb24 2.5mg	2	
felodipine er tb24 5mg	2	
NICARDIPINE HCL CAPS 20MG	4	
NICARDIPINE HCL CAPS 30MG	4	
NICARDIPINE HYDROCHLORIDE INJ 2.5MG/ML	4	
nicardipine hydrochloride inj 2.5mg/ml	4	
nifediac cc tb24 30mg	2	
nifediac cc tb24 60mg	2	
nifedipine er tb24 30mg	2	

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Drug Name	Drug Tier	Requirements/Limits
nifedipine er tb24 30mg	2	
nifedipine er tb24 60mg	2	
nifedipine er tb24 60mg	2	
nifedipine er tb24 90mg	2	
nifedipine er tb24 90mg	2	
nifedipine caps 10mg	4	
nifedipine caps 20mg	4	
nimodipine caps 30mg	4	
NYMALIZE SOLN 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
cartia xt cp24 120mg	2	
cartia xt cp24 180mg	2	
cartia xt cp24 240mg	2	
cartia xt cp24 300mg	2	
dilt-xr cp24 120mg	2	
dilt-xr cp24 180mg	2	
dilt-xr cp24 240mg	2	
diltiazem hcl cd cp24 360mg	2	
diltiazem hcl er cp12 120mg	2	
diltiazem hcl er cp12 60mg	2	
diltiazem hcl er cp12 90mg	2	
diltiazem hcl er cp24 120mg	2	
diltiazem hcl er cp24 180mg	2	
diltiazem hcl er cp24 240mg	2	
diltiazem hcl er cp24 420mg	2	
diltiazem hcl er tb24 240mg	2	
diltiazem hcl er tb24 300mg	2	
diltiazem hcl er tb24 360mg	2	
diltiazem hcl er tb24 420mg	2	
diltiazem hcl inj 100mg	2	
diltiazem hcl inj 125mg/25ml	2	
diltiazem hcl inj 25mg/5ml	2	
diltiazem hcl inj 50mg/10ml	2	
diltiazem hcl tabs 30mg	6	
diltiazem hcl tabs 60mg	6	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl tabs 90mg	6	
diltiazem hydrochloride er cp24 120mg	2	
diltiazem hydrochloride er cp24 120mg	2	
diltiazem hydrochloride er cp24 180mg	2	
diltiazem hydrochloride er cp24 180mg	2	
diltiazem hydrochloride er cp24 240mg	2	
diltiazem hydrochloride er cp24 240mg	2	
diltiazem hydrochloride er cp24 300mg	2	
diltiazem hydrochloride er cp24 300mg	2	
diltiazem hydrochloride er cp24 360mg	2	
diltiazem hydrochloride er cp24 360mg	2	
diltiazem hydrochloride er cp24 360mg	2	
diltiazem hydrochloride er tb24 120mg	4	
diltiazem hydrochloride er tb24 180mg	2	
diltiazem hydrochloride er tb24 240mg	2	
diltiazem hydrochloride er tb24 300mg	2	
diltiazem hydrochloride er tb24 360mg	2	
diltiazem hydrochloride inj 125mg/25ml	2	
diltiazem hydrochloride inj 25mg/5ml	2	
diltiazem hydrochloride tabs 120mg	6	
matzim la tb24 180mg	2	
matzim la tb24 240mg	2	
matzim la tb24 300mg	2	
matzim la tb24 360mg	2	
matzim la tb24 420mg	2	
taztia xt cp24 120mg	2	
taztia xt cp24 180mg	2	
taztia xt cp24 240mg	2	
taztia xt cp24 300mg	2	
taztia xt cp24 360mg	2	
tiadylt er cp24 120mg	2	
tiadylt er cp24 180mg	2	
tiadylt er cp24 240mg	2	
tiadylt er cp24 300mg	2	
tiadylt er cp24 360mg	2	
tiadylt er cp24 420mg	2	

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er cp24 100mg	2	
verapamil hcl er cp24 120mg	2	
verapamil hcl er cp24 180mg	2	
verapamil hcl er cp24 240mg	2	
verapamil hcl er cp24 300mg	2	
verapamil hcl er tbcr 120mg	2	
verapamil hcl er tbcr 240mg	2	
verapamil hcl sr cp24 120mg	2	
verapamil hcl sr cp24 180mg	2	
verapamil hcl sr cp24 240mg	2	
verapamil hcl sr cp24 360mg	2	
verapamil hcl sr tbcr 240mg	2	
verapamil hcl tabs 40mg	1	
verapamil hcl tabs 80mg	1	
verapamil hydrochloride er cp24 200mg	2	
verapamil hydrochloride er tbcr 180mg	2	
verapamil hydrochloride er tbcr 240mg	2	
verapamil hydrochloride inj 2.5mg/ml	2	
verapamil hydrochloride tabs 120mg	1	
Cardiovascular Agents, Other		
acetazolamide sodium inj 500mg	5	
ACETAZOLAMIDE TABS 250MG	4	
aliskiren tabs 150mg	3	
aliskiren tabs 300mg	3	
amiloride/hydrochlorothiazide tabs 5mg; 50mg	2	
amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg	1	
amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg	1	
amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg	1	
amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg	1	
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg	1	

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Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg	1	
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg	1	
amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg	1	
amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg	1	
amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg	1	
amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg	1	
amlodipine besylate/benazepril hcl caps 10mg; 40mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg	2	
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg	2	
amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg	2	
amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg	2	
amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg	2	
amlodipine besylate/valsartan tabs 10mg; 160mg	2	
amlodipine besylate/valsartan tabs 10mg; 320mg	2	
amlodipine besylate/valsartan tabs 5mg; 160mg	2	
amlodipine besylate/valsartan tabs 5mg; 320mg	2	
amlodipine/olmesartan medoxomil tabs 10mg; 20mg	2	
amlodipine/olmesartan medoxomil tabs 10mg; 40mg	2	
amlodipine/olmesartan medoxomil tabs 5mg; 20mg	2	
amlodipine/olmesartan medoxomil tabs 5mg; 40mg	2	
amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg	2	
amlodipine/valsartan/hctz tabs 10mg; 25mg; 160mg	2	

Drug Name	Drug Tier	Requirements/Limits
amlodipine/valsartan/hctz tabs 10mg; 25mg; 320mg	2	
amlodipine/valsartan/hctz tabs 5mg; 25mg; 160mg	2	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg	2	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg	2	
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg	2	
amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg	2	
amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg	2	
atenolol/chlorthalidone tabs 100mg; 25mg	1	
atenolol/chlorthalidone tabs 50mg; 25mg	1	
benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg	1	
benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg	1	
benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg	1	
benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg	1	
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg	1	
benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg	1	
benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg	1	
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg	2	
bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg	2	
bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	1	
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg	1	
captopril/hydrochlorothiazide tabs 25mg; 15mg	1	
captopril/hydrochlorothiazide tabs 25mg; 25mg	1	
captopril/hydrochlorothiazide tabs 50mg; 15mg	1	
captopril/hydrochlorothiazide tabs 50mg; 25mg	1	
CORLANOR TABS 5MG	4	QL(60 EA per 30 days); PA
CORLANOR TABS 7.5MG	4	QL(60 EA per 30 days); PA
dobutamine hcl/d5w inj 5%; 1mg/ml	2	B/D
dobutamine hcl inj 250mg/20ml	2	B/D
dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml	2	B/D
dobutamine hydrochloride/dextrose 5% inj 5%; 2mg/ml	2	B/D
dobutamine hydrochloride/dextrose 5% inj 5%; 4mg/ml	2	B/D
dobutamine hydrochloride/dextrose 5% inj 5%; 4mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml	2	B/D
dopamine hydrochloride inj 40mg/ml	2	B/D
dopamine/d5w inj 5%; 3.2mg/ml	2	B/D
EDARBYCLOR TABS 40MG; 12.5MG	4	
EDARBYCLOR TABS 40MG; 25MG	4	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg	1	
enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg	1	
ENTRESTO TABS 24MG; 26MG	3	QL(60 EA per 30 days)
ENTRESTO TABS 49MG; 51MG	3	QL(60 EA per 30 days)
ENTRESTO TABS 97MG; 103MG	3	QL(60 EA per 30 days)
epinephrine inj 1mg/ml	4	
epinephrine inj 30mg/30ml	4	
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg	1	
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg	1	
irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg	1	
isosorbide dinitrate/hydralazine hydrochloride tabs 37.5mg; 20mg	2	
KERENDIA TABS 10MG	4	QL(30 EA per 30 days); PA
KERENDIA TABS 20MG	4	QL(30 EA per 30 days); PA
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	6	
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	6	
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	6	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg	1	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg	1	
losartan potassium/hydrochlorothiazide tabs 25mg; 100mg	1	
mannitol inj 20%	2	
mannitol inj 25%	2	
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 15MG; 250MG	4	
METHYLDOPA/HYDROCHLOROTHIAZIDE TABS 25MG; 250MG	4	
metoprolol/hydrochlorothiazide tabs 25mg; 100mg	2	
metoprolol/hydrochlorothiazide tabs 25mg; 50mg	2	
metoprolol/hydrochlorothiazide tabs 50mg; 100mg	2	
metyrosine caps 250mg	5	PA
MILRINONE LACTATE IN DEXTROSE INJ 5%; 20MG/100ML	4	B/D
milrinone lactate in dextrose inj 5%; 20mg/100ml	4	B/D
MILRINONE LACTATE IN DEXTROSE INJ 5%; 40MG/200ML	4	B/D
milrinone lactate in dextrose inj 5%; 40mg/200ml	4	B/D
MILRINONE LACTATE INJ 10MG/10ML	4	B/D
MILRINONE LACTATE INJ 10MG/10ML	4	B/D
milrinone lactate inj 20mg/20ml	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
MILRINONE LACTATE INJ 50MG/50ML	4	B/D
MILRINONE LACTATE INJ 50MG/50ML	4	B/D
norepinephrine bitartrate inj 1mg/ml	2	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg	2	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg	2	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg	2	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg	2	
olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg	2	
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg	1	
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg	1	
olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg	1	
osmitrol viaflex inj 10%	2	
osmitrol viaflex inj 15%	2	
osmitrol viaflex inj 20%	2	
osmitrol viaflex inj 5%	2	
pentoxifylline er tbcr 400mg	2	
propranolol/hydrochlorothiazide tabs 25mg; 40mg	2	
propranolol/hydrochlorothiazide tabs 25mg; 80mg	2	
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg	1	
quinapril/hydrochlorothiazide tabs 12.5mg; 20mg	1	
quinapril/hydrochlorothiazide tabs 25mg; 20mg	1	
ranolazine er tb12 1000mg	4	
ranolazine er tb12 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	
telmisartan/amlodipine tabs 10mg; 40mg	2	
telmisartan/amlodipine tabs 10mg; 80mg	2	
telmisartan/amlodipine tabs 5mg; 40mg	2	
telmisartan/amlodipine tabs 5mg; 80mg	2	
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg	2	
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	2	
telmisartan/hydrochlorothiazide tabs 25mg; 80mg	2	
trandolapril/verapamil hcl er tbcr 1mg; 240mg	2	
trandolapril/verapamil hcl er tbcr 2mg; 180mg	2	
trandolapril/verapamil hcl er tbcr 2mg; 240mg	2	
trandolapril/verapamil hcl er tbcr 4mg; 240mg	2	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	6	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg	6	
triamterene/hydrochlorothiazide tabs 50mg; 75mg	6	
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 320mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	
valsartan/hydrochlorothiazide tabs 25mg; 160mg	1	
valsartan/hydrochlorothiazide tabs 25mg; 320mg	1	
Diuretics, Loop		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg	2	
bumetanide tabs 1mg	2	
bumetanide tabs 2mg	2	
furosemide inj 10mg/ml	2	
furosemide soln 10mg/ml	1	
furosemide soln 40mg/5ml	1	
furosemide tabs 20mg	6	
furosemide tabs 40mg	6	
furosemide tabs 80mg	6	
torsemide tabs 100mg	6	
torsemide tabs 10mg	6	
torsemide tabs 20mg	6	
torsemide tabs 5mg	6	

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-sparing		
amiloride hcl tabs 5mg	2	
eplerenone tabs 25mg	2	
eplerenone tabs 50mg	2	
spironolactone tabs 100mg	6	
spironolactone tabs 25mg	6	
spironolactone tabs 50mg	6	
triamterene caps 100mg	2	
triamterene caps 50mg	2	
Diuretics, Thiazide		
CHLOROTHIAZIDE SODIUM INJ 500MG	4	
chlorthalidone tabs 25mg	6	
chlorthalidone tabs 50mg	6	
hydrochlorothiazide caps 12.5mg	6	
hydrochlorothiazide tabs 12.5mg	6	
hydrochlorothiazide tabs 25mg	6	
hydrochlorothiazide tabs 50mg	6	
indapamide tabs 1.25mg	2	
indapamide tabs 2.5mg	2	
metolazone tabs 10mg	2	
metolazone tabs 2.5mg	2	
metolazone tabs 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized caps 134mg	2	
fenofibrate micronized caps 200mg	2	
fenofibrate micronized caps 67mg	2	
fenofibrate caps 130mg	2	
fenofibrate caps 43mg	2	
fenofibrate tabs 145mg	2	
fenofibrate tabs 160mg	2	
fenofibrate tabs 40mg	2	
fenofibrate tabs 48mg	2	
fenofibrate tabs 54mg	2	
fenofibric acid dr cpdr 135mg	2	
fenofibric acid dr cpdr 45mg	2	
fenofibric acid tabs 105mg	2	

Drug Name	Drug Tier	Requirements/Limits
fenofibric acid tabs 35mg	2	
gemfibrozil tabs 600mg	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs 10mg	6	
atorvastatin calcium tabs 20mg	6	
atorvastatin calcium tabs 40mg	6	
atorvastatin calcium tabs 80mg	6	
fluvastatin sodium er tb24 80mg	6	
fluvastatin caps 20mg	6	
fluvastatin caps 40mg	6	
lovastatin tabs 10mg	6	
lovastatin tabs 20mg	6	
lovastatin tabs 40mg	6	
pravastatin sodium tabs 10mg	6	
pravastatin sodium tabs 20mg	6	
pravastatin sodium tabs 40mg	6	
pravastatin sodium tabs 80mg	6	
rosuvastatin calcium tabs 10mg	1	
rosuvastatin calcium tabs 20mg	1	
rosuvastatin calcium tabs 40mg	1	
rosuvastatin calcium tabs 5mg	1	
simvastatin tabs 10mg	6	
simvastatin tabs 20mg	6	
simvastatin tabs 40mg	6	
simvastatin tabs 5mg	6	
simvastatin tabs 80mg	6	
Dyslipidemics, Other		
cholestyramine light pack 4gm	2	
cholestyramine light powd 4gm/dose	2	
cholestyramine pack 4gm	2	
cholestyramine powd 4gm/dose	2	
colesevelam hydrochloride pack 3.75gm	2	
colesevelam hydrochloride tabs 625mg	2	
colestipol hcl gran 5gm	2	
colestipol hcl pack 5gm	2	
colestipol hcl tabs 1gm	3	

Drug Name	Drug Tier	Requirements/Limits
ezetimibe/simvastatin tabs 10mg; 10mg	4	
ezetimibe/simvastatin tabs 10mg; 20mg	4	
ezetimibe/simvastatin tabs 10mg; 40mg	4	
ezetimibe/simvastatin tabs 10mg; 80mg	4	
ezetimibe tabs 10mg	1	
icosapent ethyl caps 0.5gm	4	
icosapent ethyl caps 1gm	2	
JUXTAPID CAPS 10MG	5	QL(30 EA per 30 days); PA
JUXTAPID CAPS 20MG	5	QL(60 EA per 30 days); PA
JUXTAPID CAPS 30MG	5	QL(60 EA per 30 days); PA
JUXTAPID CAPS 40MG	5	QL(30 EA per 30 days); PA
JUXTAPID CAPS 5MG	5	QL(30 EA per 30 days); PA
JUXTAPID CAPS 60MG	5	QL(30 EA per 30 days); PA
NIACIN ER TBCR 1000MG	4	
NIACIN ER TBCR 500MG	4	
NIACIN ER TBCR 750MG	4	
niacin tabs 500mg	2	
niacor tabs 500mg	2	
OMEGA-3-ACID ETHYL ESTERS CAPS 375MG; 465MG; 1GM	4	
PRALUENT INJ 150MG/ML	4	QL(2 ML per 28 days); PA
PRALUENT INJ 75MG/ML	4	QL(2 ML per 28 days); PA
prevalite pack 4gm	2	
prevalite powd 4gm/dose	2	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJ 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJ 140MG/ML	3	QL(3 ML per 28 days); PA
VASCEPA CAPS 0.5GM	4	
Vasodilators, Direct-acting Arterial/Venous		
DILATRATE SR CPCR 40MG	4	
isochron tbcr 40mg	2	
isosorbide dinitrate tabs 10mg	2	
isosorbide dinitrate tabs 20mg	2	
isosorbide dinitrate tabs 30mg	2	
isosorbide dinitrate tabs 5mg	2	

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isosorbide mononitrate er tb24 120mg	2	
isosorbide mononitrate er tb24 30mg	1	
isosorbide mononitrate er tb24 60mg	1	
isosorbide mononitrate tabs 10mg	2	
isosorbide mononitrate tabs 20mg	2	
minitran pt24 0.1mg/hr	2	
minitran pt24 0.2mg/hr	2	
minitran pt24 0.4mg/hr	2	
minitran pt24 0.6mg/hr	2	
NITRO-BID OINT 2%	4	
NITRO-DUR PT24 0.3MG/HR	4	
NITRO-DUR PT24 0.8MG/HR	4	
nitroglycerin in dextrose 5% inj 5%; 100mcg/ml	2	
nitroglycerin in dextrose 5% inj 5%; 200mcg/ml	2	
nitroglycerin in dextrose 5% inj 5%; 400mcg/ml	2	
NITROGLYCERIN LINGUAL SOLN 0.4MG/SPRAY	3	
nitroglycerin transdermal pt24 0.1mg/hr	2	
nitroglycerin transdermal pt24 0.2mg/hr	2	
nitroglycerin transdermal pt24 0.4mg/hr	2	
nitroglycerin transdermal pt24 0.6mg/hr	2	
nitroglycerin inj 5mg/ml	2	
nitroglycerin subl 0.3mg	2	
nitroglycerin subl 0.4mg	2	
nitroglycerin subl 0.6mg	2	
NITROMIST AERS 400MCG/SPRAY	4	
Vasodilators, Direct-acting Arterial		
HYDRALAZINE HCL INJ 20MG/ML	4	
hydralazine hcl tabs 10mg	1	
hydralazine hydrochloride tabs 100mg	1	
hydralazine hydrochloride tabs 25mg	1	
hydralazine hydrochloride tabs 50mg	1	
minoxidil tabs 10mg	2	
minoxidil tabs 2.5mg	2	
Central Nervous System Agents		

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Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg	3	QL(60 EA per 30 days); Extended-release capsule 5mg
amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg	3	QL(60 EA per 30 days); Extended-release capsule 10mg
amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg	4	QL(60 EA per 30 days); Extended-release capsule 15mg
amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg	4	QL(60 EA per 30 days); Extended-release capsule 20mg
amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg	3	QL(60 EA per 30 days); Extended-release capsule 25mg
amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg	4	QL(60 EA per 30 days); Extended-release capsule 30mg
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg	2	QL(90 EA per 30 days); Tablet 5mg
amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg	2	QL(90 EA per 30 days); Tablet 7.5mg
amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg	2	QL(90 EA per 30 days); Tablet 10mg
amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg	2	QL(90 EA per 30 days); Tablet 12.5mg
amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg	2	QL(90 EA per 30 days); Tablet 15mg
amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg	2	QL(90 EA per 30 days); Tablet 20mg
amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL(90 EA per 30 days); Tablet 30mg
dextroamphetamine sulfate er cp24 10mg	4	QL(180 EA per 30 days)
dextroamphetamine sulfate er cp24 15mg	4	QL(120 EA per 30 days)
dextroamphetamine sulfate er cp24 5mg	4	QL(60 EA per 30 days)
dextroamphetamine sulfate tabs 10mg	4	QL(180 EA per 30 days)
dextroamphetamine sulfate tabs 5mg	4	QL(90 EA per 30 days)
lisdexamfetamine dimesylate caps 10mg	4	QL(30 EA per 30 days)
lisdexamfetamine dimesylate caps 20mg	4	QL(30 EA per 30 days)
lisdexamfetamine dimesylate caps 30mg	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate caps 40mg	4	QL(30 EA per 30 days)
lisdexamfetamine dimesylate caps 50mg	4	QL(30 EA per 30 days)
lisdexamfetamine dimesylate caps 60mg	4	QL(30 EA per 30 days)
lisdexamfetamine dimesylate caps 70mg	4	QL(30 EA per 30 days)
lisdexamfetamine dimesylate chew 10mg	4	
lisdexamfetamine dimesylate chew 20mg	4	
lisdexamfetamine dimesylate chew 30mg	4	
lisdexamfetamine dimesylate chew 40mg	4	
lisdexamfetamine dimesylate chew 50mg	4	
lisdexamfetamine dimesylate chew 60mg	4	
VYVANSE CAPS 10MG	4	QL(30 EA per 30 days)
VYVANSE CAPS 20MG	4	QL(30 EA per 30 days)
VYVANSE CAPS 30MG	4	QL(30 EA per 30 days)
VYVANSE CAPS 40MG	4	QL(30 EA per 30 days)
VYVANSE CAPS 50MG	4	QL(30 EA per 30 days)
VYVANSE CAPS 60MG	4	QL(30 EA per 30 days)
VYVANSE CAPS 70MG	4	QL(30 EA per 30 days)
VYVANSE CHEW 10MG	4	
VYVANSE CHEW 20MG	4	
VYVANSE CHEW 30MG	4	
VYVANSE CHEW 40MG	4	
VYVANSE CHEW 50MG	4	
VYVANSE CHEW 60MG	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hydrochloride caps 10mg	4	QL(60 EA per 30 days)
atomoxetine hydrochloride caps 25mg	4	QL(30 EA per 30 days)
atomoxetine caps 100mg	4	QL(30 EA per 30 days)
atomoxetine caps 18mg	4	QL(30 EA per 30 days)
atomoxetine caps 40mg	4	QL(30 EA per 30 days)
atomoxetine caps 60mg	4	QL(30 EA per 30 days)
atomoxetine caps 80mg	4	QL(30 EA per 30 days)
CLONIDINE HYDROCHLORIDE ER TB12 0.1MG	4	
DEXMETHYLPHENIDATE HCL ER CP24 15MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 20MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HCL ER CP24 30MG	4	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DEXMETHYLPHENIDATE HCL ER CP24 35MG	4	QL(30 EA per 30 days)
dexmethylphenidate hcl tabs 10mg	4	QL(60 EA per 30 days)
dexmethylphenidate hcl tabs 5mg	4	QL(60 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 10MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 15MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 30MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 40MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE ER CP24 5MG	4	QL(30 EA per 30 days)
DEXMETHYLPHENIDATE HYDROCHLORIDE CP24 25MG	4	QL(30 EA per 30 days)
dexmethylphenidate hydrochloride tabs 2.5mg	4	QL(60 EA per 30 days)
GUANFACINE ER TB24 2MG	4	
GUANFACINE HYDROCHLORIDE TB24 1MG	4	
GUANFACINE HYDROCHLORIDE TB24 3MG	4	
GUANFACINE HYDROCHLORIDE TB24 4MG	4	
METHYLPHENIDATE HYDROCHLORIDE CD CPCR 10MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE CD CPCR 20MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE CD CPCR 30MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE CD CPCR 50MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE CD CPCR 60MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER (LA) CP24 60MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER CP24 10MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER CP24 20MG	4	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HYDROCHLORIDE ER CP24 30MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER CP24 40MG	4	QL(30 EA per 30 days)
methylphenidate hydrochloride er cpcr 20mg	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER CPCR 40MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER CPCR 50MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 27MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36MG	4	QL(60 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TB24 54MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 10MG	4	QL(180 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 18MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 20MG	4	QL(90 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 27MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 36MG	4	QL(60 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 54MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL(30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE SOLN 10MG/5ML	4	
METHYLPHENIDATE HYDROCHLORIDE SOLN 5MG/5ML	4	
methylphenidate hydrochloride tabs 10mg	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride tabs 20mg	2	QL(90 EA per 30 days)
methylphenidate hydrochloride tabs 5mg	2	QL(90 EA per 30 days)
RELEXXII TBCR 72MG	4	QL(30 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABS 12MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABS 6MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABS 9MG	5	QL(120 EA per 30 days); PA
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	2	PA
BUTALBITAL/ASPIRIN/CAFFEINE CAPS 325MG; 50MG; 40MG	3	
CAFFEINE CITRATE INJ 60MG/3ML	4	
CAFFEINE CITRATE SOLN 20MG/ML	4	
caffeine citrate soln 60mg/3ml	4	
clonidine hcl inj 100mcg/ml	4	
clonidine hcl inj 500mcg/ml	4	
CLONIDINE HYDROCHLORIDE INJ 100MCG/ML	4	
CLONIDINE HYDROCHLORIDE INJ 500MCG/ML	4	
INGREZZA CAPS 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPS 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPS 80MG	5	QL(30 EA per 30 days); PA
NUEDEXTA CAPS 20MG; 10MG	5	PA
riluzole tabs 50mg	2	PA
tetrabenazine tabs 12.5mg	5	PA
tetrabenazine tabs 25mg	5	PA
ZTALMY SUSP 50MG/ML	5	PA
Fibromyalgia Agents		
pregabalin caps 100mg	2	QL(90 EA per 30 days)
pregabalin caps 150mg	2	QL(90 EA per 30 days)
pregabalin caps 200mg	2	QL(90 EA per 30 days)
pregabalin caps 225mg	2	QL(90 EA per 30 days)
pregabalin caps 25mg	2	QL(90 EA per 30 days)
pregabalin caps 300mg	2	QL(60 EA per 30 days)
pregabalin caps 50mg	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pregabalin caps 75mg	2	QL(90 EA per 30 days)
pregabalin soln 20mg/ml	2	QL(900 ML per 30 days)
SAVELLA TITRATION PACK MISC 0	3	QL(110 EA per 365 days)
SAVELLA TABS 100MG	3	QL(60 EA per 30 days)
SAVELLA TABS 12.5MG	3	QL(60 EA per 30 days)
SAVELLA TABS 25MG	3	QL(60 EA per 30 days)
SAVELLA TABS 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
AVONEX PEN INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM CPDR 95MG	5	QL(120 EA per 30 days); PA
BETASERON INJ 0.3MG	5	QL(15 EA per 30 days); PA
DALFAMPRIDINE ER TB12 10MG	3	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack cdpk 0	5	QL(120 EA per 365 days); PA
dimethyl fumarate cpdr 120mg	5	QL(60 EA per 30 days); PA
dimethyl fumarate cpdr 240mg	5	QL(60 EA per 30 days); PA
EXTAVIA INJ 0.3MG	5	QL(15 EA per 30 days); PA
fingolimod caps 0.5mg	5	QL(30 EA per 30 days); PA
GILENYA CAPS 0.25MG	5	QL(30 EA per 30 days); PA
GILENYA CAPS 0.5MG	5	QL(30 EA per 30 days); PA
glatiramer acetate inj 20mg/ml	5	QL(30 ML per 30 days); PA
glatiramer acetate inj 40mg/ml	5	QL(12 ML per 28 days); PA
glatopa inj 20mg/ml	5	QL(30 ML per 30 days); PA
glatopa inj 40mg/ml	5	QL(12 ML per 28 days); PA
mitoxantrone hcl inj 2mg/ml	2	PA
mitoxantrone hcl inj 2mg/ml	2	PA
mitoxantrone hcl inj 2mg/ml	2	PA
PLEGRIDY STARTER PACK INJ 0	5	QL(2 ML per 365 days); PA
PLEGRIDY STARTER PACK INJ 0	5	QL(4 ML per 365 days); PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL(1 ML per 28 days); PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL(1 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJ 22MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE INJ 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA
REBIF INJ 22MCG/0.5ML	5	QL(6 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
REBIF INJ 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
teriflunomide tabs 14mg	5	QL(30 EA per 30 days); PA
teriflunomide tabs 7mg	5	QL(30 EA per 30 days); PA
TYSABRI INJ 300MG/15ML	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN MISC 1MG	5	
chlorhexidine gluconate soln 0.12%	1	
doxycycline hyclate tabs 20mg	2	
KEPIVANCE INJ 6.25MG	5	
lidocaine hcl soln 4%	2	
lidocaine hydrochloride viscous soln 2%	2	
lidocaine viscous soln 2%	2	
oralone dental paste pste 0.1%	2	
paroex soln 0.12%	1	
periogard soln 0.12%	1	
PILOCARPINE HYDROCHLORIDE TABS 5MG	4	
PILOCARPINE HYDROCHLORIDE TABS 7.5MG	4	
triamcinolone acetonide dental paste pste 0.1%	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane caps 10mg	4	
accutane caps 20mg	4	
accutane caps 30mg	4	
accutane caps 40mg	4	
ACITRETIN CAPS 10MG	3	
ACITRETIN CAPS 17.5MG	4	
acitretin caps 25mg	4	
AMNESTEEM CAPS 10MG	4	
AMNESTEEM CAPS 20MG	4	
AMNESTEEM CAPS 40MG	4	
AVITA CREA 0.025%	4	PA
AVITA GEL 0.025%	3	PA
azelaic acid gel 15%	3	
brimonidine tartrate gel 0.33%	4	PA
CLARAVIS CAPS 10MG	4	

Drug Name	Drug Tier	Requirements/Limits
CLARAVIS CAPS 20MG	4	
claravis caps 30mg	4	
CLARAVIS CAPS 40MG	4	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
ISOTRETINOIN CAPS 10MG	4	
ISOTRETINOIN CAPS 20MG	4	
isotretinoin caps 30mg	4	
ISOTRETINOIN CAPS 40MG	4	
metronidazole crea 0.75%	4	
metronidazole gel 0.75%	4	
metronidazole gel 1%	4	
METRONIDAZOLE LOTN 0.75%	4	
MYORISAN CAPS 10MG	4	
MYORISAN CAPS 20MG	4	
myorisan caps 30mg	4	
MYORISAN CAPS 40MG	4	
rosadan crea 0.75%	4	
rosadan gel 0.75%	4	
TAZAROTENE CREA 0.1%	4	
tazarotene gel 0.05%	4	
tazarotene gel 0.1%	4	
TRETINOIN MICROSPHERE PUMP GEL 0.1%	4	PA
TRETINOIN MICROSPHERE GEL 0.04%	4	PA
TRETINOIN MICROSPHERE GEL 0.1%	4	PA
TRETINOIN CREA 0.025%	3	PA
TRETINOIN CREA 0.05%	4	PA
TRETINOIN CREA 0.1%	4	PA
TRETINOIN GEL 0.01%	4	PA
TRETINOIN GEL 0.025%	4	PA
TRETINOIN GEL 0.05%	4	PA
ZENATANE CAPS 10MG	4	
ZENATANE CAPS 20MG	4	
zenatane caps 30mg	4	
ZENATANE CAPS 40MG	4	
Dermatitis and Pruitus Agents		

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Drug Name	Drug Tier	Requirements/Limits
ala-cort crea 1%	2	
ala-cort crea 2.5%	2	
alclometasone dipropionate crea 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
beser lotn 0.05%	2	
betamethasone dipropionate augmented crea 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	2	
betamethasone dipropionate augmented lotn 0.05%	2	
betamethasone dipropionate augmented oint 0.05%	2	
betamethasone dipropionate crea 0.05%	2	
betamethasone dipropionate lotn 0.05%	2	
betamethasone dipropionate oint 0.05%	2	
betamethasone valerate crea 0.1%	2	
BETAMETHASONE VALERATE FOAM 0.12%	4	QL(100 GM per 30 days)
betamethasone valerate lotn 0.1%	2	
betamethasone valerate oint 0.1%	2	
CLOBETASOL PROPIONATE E CREA 0.05%	4	
CLOBETASOL PROPIONATE CREA 0.05%	4	
CLOBETASOL PROPIONATE FOAM 0.05%	4	
CLOBETASOL PROPIONATE GEL 0.05%	4	
CLOBETASOL PROPIONATE LIQD 0.05%	4	
CLOBETASOL PROPIONATE LOTN 0.05%	4	
CLOBETASOL PROPIONATE OINT 0.05%	4	
CLOBETASOL PROPIONATE SHAM 0.05%	4	
clobetasol propionate soln 0.05%	2	
CLODAN SHAM 0.05%	4	
cormax soln 0.05%	2	
desonide crea 0.05%	2	
desonide gel 0.05%	2	
desonide lotn 0.05%	2	
desonide oint 0.05%	4	QL(120 GM per 30 days)
DESOXIMETASONE CREA 0.05%	4	QL(100 GM per 30 days)
DESOXIMETASONE CREA 0.25%	4	QL(100 GM per 30 days)
desoximetasone oint 0.05%	4	

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desrx gel 0.05%	2	
DOXEPIN HYDROCHLORIDE CREA 5%	4	QL(90 GM per 30 days); PA
FLUOCINOLONE ACETONIDE SCALP OIL 0.01%	4	
FLUOCINOLONE ACETONIDE CREA 0.01%	4	
FLUOCINOLONE ACETONIDE CREA 0.025%	4	
FLUOCINOLONE ACETONIDE OINT 0.025%	4	
FLUOCINOLONE ACETONIDE SOLN 0.01%	4	
fluocinonide emulsified base crea 0.05%	4	
fluocinonide crea 0.05%	2	
fluocinonide gel 0.05%	2	
fluocinonide oint 0.05%	4	
fluocinonide soln 0.05%	2	
fluticasone propionate crea 0.05%	2	
fluticasone propionate lotn 0.05%	2	
fluticasone propionate oint 0.005%	2	
halobetasol propionate crea 0.05%	4	
halobetasol propionate oint 0.05%	4	
hydrocortisone butyrate crea 0.1%	2	
hydrocortisone butyrate oint 0.1%	3	
hydrocortisone butyrate soln 0.1%	2	
hydrocortisone valerate crea 0.2%	4	QL(60 GM per 30 days)
hydrocortisone valerate oint 0.2%	4	
hydrocortisone crea 1%	2	
hydrocortisone crea 2.5%	2	
hydrocortisone lotn 2.5%	2	
hydrocortisone oint 1%	2	QL(100 GM per 30 days)
hydrocortisone oint 2.5%	2	
mometasone furoate crea 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate soln 0.1%	2	
PREDNICARBATE CREA 0.1%	4	
prednicarbate oint 0.1%	4	
selenium sulfide lotn 2.5%	2	
TACROLIMUS OINT 0.03%	3	
TACROLIMUS OINT 0.1%	4	

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Drug Name	Drug Tier	Requirements/Limits
TRIAMCINOLONE ACETONIDE AERS 0.147MG/GM	4	
triamcinolone acetonide crea 0.025%	2	
triamcinolone acetonide crea 0.1%	2	
triamcinolone acetonide crea 0.5%	2	
triamcinolone acetonide lotn 0.025%	2	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide oint 0.025%	2	
triamcinolone acetonide oint 0.1%	2	
triamcinolone acetonide oint 0.5%	2	
triderm crea 0.1%	2	
triderm crea 0.5%	2	
Dermatological Agents, Other		
calcipotriene/betamethasone dipropionate susp 0.064%; 0.005%	5	QL(400 GM per 30 days)
CALCIPOTRIENE CREA 0.005%	4	QL(120 GM per 30 days)
CALCIPOTRIENE OINT 0.005%	4	QL(120 GM per 30 days)
calcipotriene soln 0.005%	4	QL(60 ML per 30 days)
CALCITRIOL OINT 3MCG/GM	4	
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	
clotrimazole/betamethasone dipropionate lotn 0.05%; 1%	4	
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil crea 0.5%	5	
FLUOROURACIL CREA 5%	4	QL(40 GM per 30 days)
fluorouracil soln 2%	3	
fluorouracil soln 5%	3	
imiquimod pump crea 3.75%	5	
IMIQUIMOD CREA 5%	2	
methoxsalen caps 10mg	5	
podofilox soln 0.5%	2	
REGRANEX GEL 0.01%	5	PA
SANTYL OINT 250UNIT/GM	4	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	

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Drug Name	Drug Tier	Requirements/Limits
ZYCLARA PUMP CREA 2.5%	5	
Pediculicides/Scabicides		
crotan lotn 10%	2	
malathion lotn 0.5%	4	
permethrin crea 5%	2	
ULESFIA LOTN 5%	4	
Topical Anti-infectives		
ACYCLOVIR OINT 5%	4	
ciclopirox nail lacquer soln 8%	2	PA
ciclopirox olamine crea 0.77%	2	
ciclopirox sham 1%	2	
ciclopirox susp 0.77%	2	
clindacin foam 1%	4	
CLINDAMYCIN PHOSPHATE FOAM 1%	4	
clindamycin phosphate gel 1%	4	
clindamycin phosphate lotn 1%	4	QL(75 ML per 30 days)
clindamycin phosphate soln 1%	4	QL(60 ML per 30 days)
ery pads 2%	2	
erythromycin gel 2%	2	
erythromycin soln 2%	2	
mupirocin crea 2%	2	
mupirocin oint 2%	2	QL(110 GM per 30 days)
SULFAMYLON CREA 85MG/GM	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid tbso 200mg	5	
dextrose 10%/nacl 0.45% inj 10%; 0.45%	3	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
dextrose 10%/nacl 0.2% inj 10%; 0.2%	4	
dextrose 10% inj 10%	3	
dextrose 2.5%/nacl 0.45% inj 2.5%; 0.45%	3	
dextrose 25% inj 250mg/ml	2	
dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	2	

Drug Name	Drug Tier	Requirements/Limits
dextrose 5%/nacl 0.2% inj 5%; 0.2%	4	
dextrose 5%/nacl 0.225% inj 5%; 0.225%	4	
dextrose 5%/nacl 0.3% inj 5%; 0.3%	2	
dextrose 5%/nacl 0.45% inj 5%; 0.45%	3	
dextrose 5%/nacl 0.9% inj 5%; 0.9%	3	
dextrose 5%/sodium chloride 0.33% inj 5%; 0.33%	2	
dextrose 5% inj 5%	3	
dextrose 50% inj 50%	2	
dextrose 50% inj 50%	2	
dextrose 70% inj 70%	2	
dextrose/sodium chloride inj 5%; 0.225%	4	
dextrose inj 20%	2	
dextrose inj 40%	2	
FREAMINE HBC 6.9% INJ 57MEQ/L; 40MG/100ML; 58MG/100ML; 3MEQ/L; 20MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 80MG/100ML	4	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
isolyte-s inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	3	
kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%	3	
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	4	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	3	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	3	
kcl 0.3%/d5w/lr inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l	4	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	3	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	4	
klor-con 10 tbcr 10meq	2	
klor-con 8 tbcr 8meq	2	
klor-con m10 tbcr 10meq	2	
klor-con m15 tbcr 15meq	2	
klor-con m20 tbcr 20meq	2	
klor-con sprinkle cpcr 10meq	2	
klor-con sprinkle cpcr 8meq	2	
klor-con pack 20meq	2	
lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
magnesium sulfate in d5w inj 5%; 1gm/100ml	4	
magnesium sulfate/dextrose inj 5%; 1gm/100ml	4	
magnesium sulfate inj 20gm/500ml	4	
magnesium sulfate inj 2gm/50ml	4	
magnesium sulfate inj 40gm/1000ml	4	

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate inj 4gm/100ml	4	
magnesium sulfate inj 4gm/50ml	4	
magnesium sulfate inj 50%	3	
magnesium sulfate inj 50%	4	
multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
multiple electrolytes injection type 1 inj 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	4	B/D
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-M/D5W INJ 12MEQ/L; 5MEQ/L; 40MEQ/L; 5%; 12MEQ/L; 3MEQ/L; 16MEQ/L; 40MEQ/L	4	
PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
potassium acetate inj 2meq/ml	2	
potassium chloride er cpcr 10meq	2	
potassium chloride er cpcr 8meq	2	
potassium chloride er tbcr 10meq	2	
potassium chloride er tbcr 10meq	2	
potassium chloride er tbcr 15meq	2	
potassium chloride er tbcr 20meq	2	
potassium chloride er tbcr 20meq	2	
potassium chloride er tbcr 8meq	2	

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potassium chloride sr tbcr 8meq	2	
potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	4	
potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%	3	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%	3	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%	3	
potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%	3	
potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%	3	
potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%	4	
potassium chloride/dextrose inj 5%; 20meq/l	3	
potassium chloride/dextrose inj 5%; 40meq/l	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 20MEQ/L; 0.45%	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 20MEQ/L; 0.9%	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
POTASSIUM CHLORIDE INJ 10MEQ/100ML	4	
potassium chloride inj 10meq/50ml	2	
POTASSIUM CHLORIDE INJ 20MEQ/100ML	4	
potassium chloride inj 20meq/50ml	2	
POTASSIUM CHLORIDE INJ 2MEQ/ML	4	
POTASSIUM CHLORIDE INJ 2MEQ/ML	4	
POTASSIUM CHLORIDE INJ 40MEQ/100ML	4	
potassium chloride pack 20meq	2	
potassium chloride soln 10%	4	
potassium chloride soln 20%	3	
potassium citrate er tbcr 1080mg	2	
potassium citrate er tbcr 15meq	2	
potassium citrate er tbcr 540mg	2	

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Drug Name	Drug Tier	Requirements/Limits
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 3GM/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	4	B/D
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	2	
sodium acetate inj 2meq/ml	2	
sodium chloride 0.45% inj 0.45%	3	
sodium chloride inj 0.9%	3	
sodium chloride inj 0.9%	4	
sodium chloride inj 3%	2	
sodium chloride inj 5%	2	
sodium fluoride chew 1mg	2	
sodium phosphate inj 142mg/ml; 276mg/ml	2	

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Drug Name	Drug Tier	Requirements/Limits
SYNTHAMIN 17 INJ 82MMOL/L; 2.07GM/100ML; 1.15GM/100ML; 40MMOL/L; 1.03GM/100ML; 480MG/100ML; 600MG/100ML; 730MG/100ML; 580MG/100ML; 400MG/100ML; 560MG/100ML; 680MG/100ML; 500MG/100ML; 420MG/100ML; 180MG/100ML; 40MG/100ML; 580MG/100ML	4	B/D
tpn electrolytes inj 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 20meq/20ml; 35meq/20ml	4	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
Electrolyte/Mineral/Metal Modifiers		
clovique caps 250mg	5	PA
DEFERASIROX PACK 180MG	5	PA
deferasirox pack 360mg	5	PA
DEFERASIROX PACK 90MG	5	PA
deferasirox tabs 180mg	5	PA
deferasirox tabs 360mg	5	PA
deferasirox tabs 90mg	4	PA
deferasirox tbso 125mg	5	PA
deferasirox tbso 250mg	5	PA
deferasirox tbso 500mg	5	PA
deferiprone tabs 1000mg	5	PA
deferiprone tabs 500mg	5	PA
FERRIPROX SOLN 100MG/ML	5	PA
penicillamine caps 250mg	5	
penicillamine tabs 250mg	5	
sodium polystyrene sulfonate powd 0	2	
trientine hydrochloride caps 250mg	5	PA
Phosphate Binders		
calcium acetate caps 667mg	2	
calcium acetate tabs 667mg	2	

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lanthanum carbonate chew 1000mg	5	
lanthanum carbonate chew 500mg	5	
lanthanum carbonate chew 750mg	5	
sevelamer carbonate pack 0.8gm	5	
sevelamer carbonate pack 2.4gm	5	
sevelamer carbonate tabs 800mg	4	
VELPHORO CHEW 500MG	5	
Potassium Binders		
kionex susp 15gm/60ml	2	
LOKELMA PACK 10GM	4	QL(90 EA per 30 days)
LOKELMA PACK 5GM	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate susp 15gm/60ml	2	
sps susp 15gm/60ml	2	
VELTASSA PACK 16.8GM	5	
VELTASSA PACK 25.2GM	5	
VELTASSA PACK 8.4GM	5	
Vitamins		
PRENATAL TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose soln 10gm/15ml	2	
enulose soln 10gm/15ml	2	
generlac soln 10gm/15ml	2	
lactulose soln 10gm/15ml	2	
lactulose soln 10gm/15ml	2	
LINZESS CAPS 145MCG	3	QL(30 EA per 30 days)
LINZESS CAPS 290MCG	3	QL(30 EA per 30 days)
LINZESS CAPS 72MCG	3	QL(30 EA per 30 days)
lubiprostone caps 24mcg	2	QL(60 EA per 30 days)
lubiprostone caps 8mcg	2	QL(60 EA per 30 days)
RELISTOR INJ 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJ 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJ 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR TABS 150MG	5	QL(90 EA per 30 days); ST

Drug Name	Drug Tier	Requirements/Limits
Anti-Diarrheal Agents		
alosetron hydrochloride tabs 0.5mg	5	PA
alosetron hydrochloride tabs 1mg	5	PA
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	2	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	4	
loperamide hcl caps 2mg	2	
XERMELO TABS 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
dicyclomine hcl soln 10mg/5ml	2	
dicyclomine hydrochloride caps 10mg	2	
dicyclomine hydrochloride inj 10mg/ml	2	
dicyclomine hydrochloride inj 10mg/ml	2	
dicyclomine hydrochloride tabs 20mg	2	
GLYCOPYRROLATE INJ 0.2MG/ML	4	
GLYCOPYRROLATE INJ 0.4MG/2ML	4	
GLYCOPYRROLATE INJ 0.4MG/2ML	4	
GLYCOPYRROLATE INJ 1MG/5ML	4	
GLYCOPYRROLATE INJ 1MG/5ML	4	
GLYCOPYRROLATE INJ 4MG/20ML	4	
glycopyrrolate tabs 1mg	2	PA
glycopyrrolate tabs 2mg	2	PA
Gastrointestinal Agents, Other		
CHENODAL TABS 250MG	5	PA
GATTEX INJ 5MG	5	PA
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
metoclopramide hcl soln 5mg/5ml	2	
metoclopramide hcl tabs 5mg	1	
metoclopramide hydrochloride inj 5mg/ml	2	
metoclopramide hydrochloride tabs 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
MYALEPT INJ 11.3MG	5	PA
OCALIVA TABS 10MG	5	QL(30 EA per 30 days); PA
OCALIVA TABS 5MG	5	QL(30 EA per 30 days); PA
opium tincture tinc 1%	4	
OPIUM TINC 1%	4	
peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm	2	
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
RECTIV OINT 0.4%	4	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
ursodiol caps 300mg	4	
ursodiol tabs 250mg	2	
ursodiol tabs 500mg	2	
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA
ZORBTIVE INJ 8.8MG	5	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl soln 300mg/5ml	2	
cimetidine hcl soln 300mg/5ml	2	
cimetidine hydrochloride soln 300mg/5ml	2	
cimetidine tabs 200mg	2	
cimetidine tabs 300mg	2	
cimetidine tabs 400mg	2	
cimetidine tabs 800mg	2	
famotidine premixed inj 0.4mg/ml; 0.9%	2	
famotidine inj 200mg/20ml	2	
famotidine inj 20mg/2ml	2	
famotidine inj 40mg/4ml	2	

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famotidine susr 40mg/5ml	4	
famotidine tabs 20mg	2	
famotidine tabs 40mg	2	
nizatidine caps 150mg	2	
nizatidine caps 300mg	2	
ranitidine hcl inj 150mg/6ml	2	
ranitidine hcl inj 50mg/2ml	2	
ranitidine hcl syrp 75mg/5ml	2	
ranitidine hcl tabs 300mg	2	
ranitidine hydrochloride caps 150mg	2	
ranitidine hydrochloride caps 300mg	2	
ranitidine hydrochloride inj 150mg/6ml	2	
ranitidine hydrochloride inj 50mg/2ml	2	
ranitidine hydrochloride tabs 150mg	2	
Protectants		
misoprostol tabs 100mcg	2	
misoprostol tabs 200mcg	2	
SUCRALFATE SUSP 1GM/10ML	4	
sucralfate tabs 1gm	2	
Proton Pump Inhibitors		
dexlansoprazole cpdr 30mg	2	QL(30 EA per 30 days)
dexlansoprazole cpdr 60mg	2	QL(30 EA per 30 days)
esomeprazole magnesium cpdr 20mg	2	QL(60 EA per 30 days)
esomeprazole magnesium cpdr 40mg	2	QL(60 EA per 30 days)
esomeprazole magnesium pack 10mg	2	QL(60 EA per 30 days)
esomeprazole magnesium pack 20mg	2	QL(60 EA per 30 days)
esomeprazole magnesium pack 40mg	2	QL(60 EA per 30 days)
esomeprazole sodium inj 40mg	4	
lansoprazole cpdr 15mg	2	QL(60 EA per 30 days)
lansoprazole cpdr 30mg	2	QL(60 EA per 30 days)
omeprazole dr cpdr 10mg	2	QL(60 EA per 30 days)
omeprazole cpdr 20mg	2	QL(60 EA per 30 days)
omeprazole cpdr 40mg	2	QL(60 EA per 30 days)
pantoprazole sodium inj 40mg	2	
pantoprazole sodium tbec 20mg	1	QL(60 EA per 30 days)
pantoprazole sodium tbec 40mg	1	QL(60 EA per 30 days)

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rabeprazole sodium tbec 20mg	2	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INJ 2.9MG/5ML	5	PA
ARALAST NP INJ 1000MG	4	PA
ARALAST NP INJ 500MG	4	PA
betaine anhydrous powd 0	5	
CERDELGA CAPS 84MG	5	PA
CEREZYME INJ 400UNIT	5	PA
CHOLBAM CAPS 250MG	5	PA
CHOLBAM CAPS 50MG	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	
cromolyn sodium conc 100mg/5ml	2	
CYSTAGON CAPS 150MG	4	
CYSTAGON CAPS 50MG	4	
ELAPRASE INJ 6MG/3ML	5	PA
EVRYSDI SOLR 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJ 35MG	5	PA
FABRAZYME INJ 5MG	5	PA
GLASSIA INJ 1000MG/50ML	5	PA
KANUMA INJ 20MG/10ML	5	PA
LUMIZYME INJ 50MG	5	PA
miglustat caps 100mg	5	PA
NAGLAZYME INJ 1MG/ML	5	PA
nitisinone caps 10mg	5	
nitisinone caps 20mg	5	
nitisinone caps 2mg	5	

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Drug Name	Drug Tier	Requirements/Limits
nitisinone caps 5mg	5	
ORFADIN SUSP 4MG/ML	5	
PROCYSBI CPDR 25MG	5	PA
PROCYSBI CPDR 75MG	5	PA
PROLASTIN-C INJ 1000MG	4	PA
RAVICTI LIQD 1.1GM/ML	5	PA
REVCOVI INJ 2.4MG/1.5ML	5	PA
sapropterin dihydrochloride pack 100mg	5	PA
sapropterin dihydrochloride pack 500mg	5	PA
sapropterin dihydrochloride tabs 100mg	5	PA
sodium phenylbutyrate powd 3gm/tsp	5	
sodium phenylbutyrate tabs 500mg	5	
STRENSIQ INJ 18MG/0.45ML	5	PA
STRENSIQ INJ 28MG/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80MG/0.8ML	5	PA
SUCRAID SOLN 8500UNIT/ML	5	
TEGSEDI INJ 284MG/1.5ML	5	PA
VIMIZIM INJ 5MG/5ML	5	PA
VPRIV INJ 400UNIT	5	PA
VYNDAQEL CAPS 20MG	5	QL(120 EA per 30 days); PA
yargesa caps 100mg	5	PA
ZEMAIRA INJ 1000MG	4	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPS 50MG	5	QL(120 EA per 30 days); PA
ZOKINVY CAPS 75MG	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
Antispasmodics, Urinary		
flavoxate hcl tabs 100mg	2	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG	3	
MYRBETRIQ TB24 50MG	3	
oxybutynin chloride er tb24 10mg	2	
oxybutynin chloride er tb24 15mg	2	
oxybutynin chloride er tb24 5mg	2	
oxybutynin chloride soln 5mg/5ml	2	
oxybutynin chloride tabs 5mg	2	
solifenacin succinate tabs 10mg	2	
solifenacin succinate tabs 5mg	2	
tolterodine tartrate er cp24 2mg	4	
tolterodine tartrate er cp24 4mg	4	
tolterodine tartrate tabs 1mg	2	
tolterodine tartrate tabs 2mg	2	
trospium chloride er cp24 60mg	2	
trospium chloride tabs 20mg	2	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tb24 10mg	2	
doxazosin mesylate tabs 1mg	2	
doxazosin mesylate tabs 2mg	2	
doxazosin mesylate tabs 4mg	2	
doxazosin mesylate tabs 8mg	2	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	1	
silodosin caps 4mg	4	
silodosin caps 8mg	4	
tamsulosin hydrochloride caps 0.4mg	2	
terazosin hcl caps 10mg	2	
terazosin hcl caps 1mg	2	

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Drug Name	Drug Tier	Requirements/Limits
terazosin hcl caps 5mg	2	
terazosin hydrochloride caps 2mg	2	
Genitourinary Agents, Other		
acetic acid 0.25% soln 0.25%	2	
bethanechol chloride tabs 10mg	2	
bethanechol chloride tabs 25mg	2	
bethanechol chloride tabs 50mg	2	
bethanechol chloride tabs 5mg	2	
ELMIRON CAPS 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml	2	
cortisone acetate tabs 25mg	2	
decadron tabs 0.5mg	2	
decadron tabs 0.75mg	2	
decadron tabs 4mg	2	
decadron tabs 6mg	2	
DEPO-MEDROL INJ 20MG/ML	4	
dexamethasone intensol conc 1mg/ml	2	
dexamethasone sodium phosphate inj 100mg/10ml	2	
dexamethasone sodium phosphate inj 10mg/ml	2	
dexamethasone sodium phosphate inj 10mg/ml	2	
dexamethasone sodium phosphate inj 120mg/30ml	2	
dexamethasone sodium phosphate inj 20mg/5ml	2	
dexamethasone sodium phosphate inj 20mg/5ml	2	
dexamethasone sodium phosphate inj 4mg/ml	2	
dexamethasone elix 0.5mg/5ml	2	
dexamethasone soln 0.5mg/5ml	2	
dexamethasone tabs 0.5mg	2	
dexamethasone tabs 0.75mg	2	
dexamethasone tabs 1.5mg	2	
dexamethasone tabs 1mg	2	
dexamethasone tabs 2mg	2	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tabs 4mg	2	
dexamethasone tabs 6mg	2	
fludrocortisone acetate tabs 0.1mg	2	
hydrocortisone tabs 10mg	2	
hydrocortisone tabs 20mg	2	
hydrocortisone tabs 5mg	2	
KENALOG-10 INJ 10MG/ML	4	
methylprednisolone acetate inj 40mg/ml	2	
methylprednisolone acetate inj 80mg/ml	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone sodium succinate inj 1000mg	2	
methylprednisolone sodium succinate inj 1000mg	2	
methylprednisolone sodiumsuccinate inj 125mg	2	
methylprednisolone sodiumsuccinate inj 40mg	2	
methylprednisolone tabs 16mg	2	
methylprednisolone tabs 32mg	2	
methylprednisolone tabs 4mg	2	
methylprednisolone tabs 8mg	2	
MILLIPRED DP TBPK 5MG	4	
prednisolone sodium phosphate soln 15mg/5ml	2	
prednisolone sodium phosphate soln 25mg/5ml	2	
prednisolone sodium phosphate soln 5mg/5ml	2	
prednisolone soln 15mg/5ml	2	
prednisone intensol conc 5mg/ml	2	
prednisone soln 5mg/5ml	2	
prednisone tabs 10mg	1	
prednisone tabs 1mg	1	
prednisone tabs 2.5mg	1	
prednisone tabs 20mg	1	
prednisone tabs 50mg	1	
prednisone tabs 5mg	1	
prednisone tbpk 10mg	2	
prednisone tbpk 10mg	2	
prednisone tbpk 5mg	2	
prednisone tbpk 5mg	2	
SOLU-CORTEF INJ 1000MG	4	

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SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-MEDROL INJ 2GM	4	
triamcinolone acetonide inj 40mg/ml	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INJ 10000UNIT	4	PA
DESMOPRESSIN ACETATE INJ 4MCG/ML	4	
desmopressin acetate soln 0.01%	4	
DESMOPRESSIN ACETATE SOLN 0.01%	4	
desmopressin acetate soln 1.5mg/ml	5	
desmopressin acetate tabs 0.1mg	2	
desmopressin acetate tabs 0.2mg	2	
EGRIFTA INJ 1MG	5	QL(60 EA per 30 days); PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA
GENOTROPIN MINIQUICK INJ 1MG	5	PA
GENOTROPIN MINIQUICK INJ 2MG	5	PA
GENOTROPIN INJ 12MG	5	PA
GENOTROPIN INJ 5MG	4	PA
HUMATROPE INJ 12MG	5	PA
HUMATROPE INJ 24MG	5	PA
HUMATROPE INJ 6MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
LUPRON DEPOT-PED (6-MONTH) INJ 45MG	5	QL(1 EA per 168 days); PA
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	5	PA
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO INJ 30MG/3ML	5	PA
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	5	PA
NOVAREL INJ 5000UNIT	4	PA
OMNITROPE INJ 10MG/1.5ML	5	PA
OMNITROPE INJ 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJ 10000UNIT	4	PA
PREGNYL INJ 10000UNIT	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
STIMATE SOLN 1.5MG/ML	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABS 300MG	5	QL(120 EA per 30 days); PA
mifepristone tabs 200mg	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 TABS 50MG	5	PA
oxandrolone tabs 10mg	4	QL(60 EA per 30 days); PA
OXANDROLONE TABS 2.5MG	3	QL(240 EA per 30 days); PA
Androgens		
ANDRODERM PT24 2MG/24HR	3	PA
ANDRODERM PT24 4MG/24HR	3	PA
DANAZOL CAPS 100MG	4	
DANAZOL CAPS 200MG	4	
DANAZOL CAPS 50MG	4	
testosterone cypionate inj 100mg/ml	2	PA
testosterone cypionate inj 200mg/ml	2	PA
testosterone cypionate inj 200mg/ml	2	PA
testosterone enanthate inj 200mg/ml	2	PA
testosterone pump gel 1%	3	PA
testosterone pump gel 1.62%	2	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone gel 20.25mg/1.25gm	4	PA
testosterone gel 25mg/2.5gm	4	PA
testosterone gel 40.5mg/2.5gm	4	PA
testosterone gel 50mg/5gm	4	PA
Estrogens		
altavera tabs 30mcg; 0.15mg	2	
alyacen 1/35 tabs 35mcg; 1mg	2	
alyacen 7/7/7 tabs 0; 0	2	
AMABELZ TABS 0.5MG; 0.1MG	4	
AMABELZ TABS 1MG; 0.5MG	4	
amethia lo tabs 0; 0	2	QL(91 EA per 91 days)
amethia tabs 0; 0	2	QL(91 EA per 91 days)
apri tabs 0.15mg; 30mcg	2	
aranelle tabs 0; 0	2	
ashlyna tabs 0; 0	2	QL(91 EA per 91 days)
aubra eq tabs 20mcg; 0.1mg	2	
aurovela 24 fe tabs 20mcg; 75mg; 1mg	2	
aviane tabs 20mcg; 0.1mg	2	
azurette tabs 0; 0	2	
balziva tabs 35mcg; 0.4mg	2	
bekyree tabs 0; 0	2	
blisovi 24 fe tabs 20mcg; 75mg; 1mg	2	
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
blisovi fe 1/20 tabs 20mcg; 75mg; 1mg	2	
briellyn tabs 35mcg; 0.4mg	2	
camrese lo tabs 0; 0	2	QL(91 EA per 91 days)
camrese tabs 0; 0	2	QL(91 EA per 91 days)
caziant tabs 0; 0	2	
chateal tabs 0.03mg; 0.15mg	2	
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	4	
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	4	
cryselle-28 tabs 30mcg; 0.3mg	2	
cyclafem 1/35 tabs 35mcg; 1mg	2	
cyclafem 7/7/7 tabs 0; 0	2	

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cyred eq tabs 0.15mg; 30mcg	2	
dasetta 1/35 tabs 35mcg; 1mg	2	
dasetta 7/7/7 tabs 0; 0	2	
daysee tabs 0; 0	2	QL(91 EA per 91 days)
delyla tabs 20mcg; 0.1mg	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg	2	
desogestrel/ethinyl estradiol tabs 0; 0	2	
DIVIGEL GEL 0.25MG/0.25GM	4	
DIVIGEL GEL 0.5MG/0.5GM	4	
DIVIGEL GEL 0.75MG/0.75GM	4	
DIVIGEL GEL 1.25MG/1.25GM	4	
DIVIGEL GEL 1MG/GM	4	
dolishale tabs 20mcg; 90mcg	2	
dotti pttw 0.025mg/24hr	4	
dotti pttw 0.0375mg/24hr	4	
dotti pttw 0.05mg/24hr	4	
dotti pttw 0.075mg/24hr	4	
dotti pttw 0.1mg/24hr	4	
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg	2	
drospirenone/ethinyl estradiol tabs 3mg; 0.02mg	2	
drospirenone/ethinyl estradiol tabs 3mg; 0.03mg	2	
elinest tabs 30mcg; 0.3mg	2	
emoquette tabs 0.15mg; 30mcg	2	
enpresse-28 tabs 0; 0	2	
enskyce tabs 0.15mg; 0.03mg	2	
estarylla tabs 35mcg; 0.25mg	2	
estradiol valerate inj 10mg/ml	2	
estradiol valerate inj 20mg/ml	4	
estradiol valerate inj 40mg/ml	4	
ESTRADIOL/NORETHINDRONE ACETATE TABS 0.5MG; 0.1MG	4	
ESTRADIOL/NORETHINDRONE ACETATE TABS 1MG; 0.5MG	4	
estradiol crea 0.1mg/gm	4	

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Drug Name	Drug Tier	Requirements/Limits
estradiol gel 0.25mg/0.25gm	4	
estradiol gel 0.5mg/0.5gm	4	
estradiol gel 0.75mg/0.75gm	4	
estradiol gel 1.25mg/1.25gm	4	
estradiol gel 1mg/gm	4	
ESTRADIOL PTTW 0.025MG/24HR	3	
ESTRADIOL PTTW 0.0375MG/24HR	3	
ESTRADIOL PTTW 0.05MG/24HR	3	
ESTRADIOL PTTW 0.075MG/24HR	3	
ESTRADIOL PTTW 0.1MG/24HR	3	
ESTRADIOL PTWK 0.025MG/24HR	3	
ESTRADIOL PTWK 0.05MG/24HR	3	
ESTRADIOL PTWK 0.06MG/24HR	3	
ESTRADIOL PTWK 0.075MG/24HR	3	
ESTRADIOL PTWK 0.1MG/24HR	3	
ESTRADIOL PTWK 37.5MCG/24HR	3	
estradiol tabs 0.5mg	1	
estradiol tabs 1mg	1	
estradiol tabs 2mg	1	
estradiol tabs 10mcg	2	
ESTRING RING 7.5MCG/24HR	3	QL(1 EA per 90 days)
ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg	2	
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	2	
falmina tabs 20mcg; 0.1mg	2	
fayosim tabs 0; 0	2	QL(91 EA per 91 days)
FEMRING RING 0.05MG/24HR	4	QL(1 EA per 90 days)
FEMRING RING 0.1MG/24HR	4	QL(1 EA per 90 days)
femynor tabs 35mcg; 0.25mg	2	
finzala chew 20mcg; 75mg; 1mg	2	
FYAVOLV TABS 2.5MCG; 0.5MG	4	
FYAVOLV TABS 5MCG; 1MG	4	
gemmily caps 20mcg; 75mg; 1mg	2	
gianvi tabs 3mg; 0.02mg	2	
hailey 24 fe tabs 20mcg; 75mg; 1mg	2	

Drug Name	Drug Tier	Requirements/Limits
iclevia tabs 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
introvale tabs 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
isibloom tabs 0.15mg; 30mcg	2	
jasmiel tabs 3mg; 0.02mg	2	
JEVANTIQUE TABS 5MCG; 1MG	4	
JINTELI TABS 5MCG; 1MG	4	
jolessa tabs 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
juleber tabs 0.15mg; 30mcg	2	
junel 1.5/30 tabs 30mcg; 1.5mg	2	
junel 1/20 tabs 20mcg; 1mg	2	
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
junel fe 1/20 tabs 20mcg; 75mg; 1mg	2	
junel fe 24 tabs 20mcg; 75mg; 1mg	2	
kaitlib fe chew 25mcg; 75mg; 0.8mg	2	
kariva tabs 0; 0	2	
kelnor 1/35 tabs 35mcg; 1mg	2	
kelnor 1/50 tabs 50mcg; 1mg	2	
kurvelo tabs 0.03mg; 0.15mg	2	
larin 1.5/30 tabs 30mcg; 1.5mg	2	
larin 1/20 tabs 20mcg; 1mg	2	
larin 24 fe tabs 20mcg; 75mg; 1mg	2	
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
larin fe 1/20 tabs 20mcg; 75mg; 1mg	2	
larissia tabs 20mcg; 0.1mg	2	
layolis fe chew 25mcg; 75mg; 0.8mg	2	
leena tabs 0; 0	2	
lessina tabs 20mcg; 0.1mg	2	
levonest tabs 0; 0	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	2	QL(91 EA per 91 days)
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0; 0	2	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0; 0	2	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0; 0	2	

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levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg	2	
levora 0.15/30-28 tabs 0.03mg; 0.15mg	2	
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	
lo-zumandimine tabs 3mg; 0.02mg	2	
LOPREEZA TABS 1MG; 0.5MG	4	
loryna tabs 3mg; 0.02mg	2	
low-ogestrel tabs 30mcg; 0.3mg	2	
lutera tabs 20mcg; 0.1mg	2	
lyllana pttw 0.025mg/24hr	3	
lyllana pttw 0.0375mg/24hr	3	
lyllana pttw 0.05mg/24hr	4	
lyllana pttw 0.075mg/24hr	4	
lyllana pttw 0.1mg/24hr	4	
marlissa tabs 0.03mg; 0.15mg	2	
melodetta 24 fe chew 20mcg; 75mg; 1mg	2	
MENEST TABS 2.5MG	4	
mibelas 24 fe chew 20mcg; 75mg; 1mg	2	
microgestin 1.5/30 tabs 30mcg; 1.5mg	2	
microgestin 1/20 tabs 20mcg; 1mg	2	
microgestin 24 fe tabs 20mcg; 75mg; 1mg	2	
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	2	
mili tabs 35mcg; 0.25mg	2	
MIMVEY TABS 1MG; 0.5MG	4	
mono-linyah tabs 35mcg; 0.25mg	2	
necon 0.5/35-28 tabs 35mcg; 0.5mg	2	
nikki tabs 3mg; 0.02mg	2	
norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg	2	

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Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	2	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS 2.5MCG; 0.5MG	4	
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS 5MCG; 1MG	4	
norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg	2	
norgestimate/ethinyl estradiol tabs 0; 0	2	
norgestimate/ethinyl estradiol tabs 0; 0	2	
norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg	2	
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	2	
nortrel 1/35 tabs 35mcg; 1mg	2	
nortrel 1/35 tabs 35mcg; 1mg	2	
nortrel 7/7/7 tabs 0; 0	2	
nylia 1/35 tabs 35mcg; 1mg	2	
nylia 7/7/7 tabs 0; 0	2	
nymyo tabs 35mcg; 0.25mg	2	
ocella tabs 3mg; 0.03mg	2	
ogestrel tabs 50mcg; 0.5mg	2	
orsythia tabs 20mcg; 0.1mg	2	
philith tabs 35mcg; 0.4mg	2	
pimtrea tabs 0; 0	2	
pirmella 1/35 tabs 35mcg; 1mg	2	
pirmella 7/7/7 tabs 0; 0	2	
portia-28 tabs 0.03mg; 0.15mg	2	
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG	4	
PREMARIN TABS 0.45MG	4	
PREMARIN TABS 0.625MG	4	
PREMARIN TABS 0.9MG	4	
PREMARIN TABS 1.25MG	4	

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Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TABS 0.625MG; 5MG	4	
PREMPRO TABS 0.3MG; 1.5MG	4	
PREMPRO TABS 0.45MG; 1.5MG	4	
PREMPRO TABS 0.625MG; 2.5MG	4	
PREMPRO TABS 0.625MG; 5MG	4	
previfem tabs 35mcg; 0.25mg	2	
reclipsen tabs 0.15mg; 0.03mg	2	
rivelsa tabs 0; 0	2	QL(91 EA per 91 days)
setlakin tabs 0.03mg; 0.15mg	2	QL(91 EA per 91 days)
simliya tabs 0; 0	2	
sprintec 28 tabs 35mcg; 0.25mg	2	
sronyx tabs 20mcg; 0.1mg	2	
syeda tabs 3mg; 0.03mg	2	
tarina 24 fe tabs 20mcg; 75mg; 1mg	2	
tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg	2	
taysofy caps 20mcg; 75mg; 1mg	2	
tilia fe tabs 0; 75mg; 1mg	2	
tri femynor tabs 0; 0	2	
tri-estarylla tabs 0; 0	2	
tri-legest fe tabs 0; 75mg; 1mg	2	
tri-linyah tabs 0; 0	2	
tri-lo-estarylla tabs 0; 0	2	
tri-lo-marzia tabs 0; 0	2	
tri-lo-mili tabs 0; 0	2	
tri-lo-sprintec tabs 0; 0	2	
tri-mili tabs 0; 0	2	
tri-nymyo tabs 0; 0	2	
tri-previfem tabs 0; 0	2	
tri-sprintec tabs 0; 0	2	
tri-vylibra lo tabs 0; 0	2	
tri-vylibra tabs 0; 0	2	
trivora-28 tabs 0; 0	2	
tyblume chew 20mcg; 0.1mg	2	
velivet tabs 0; 0	2	
vestura tabs 3mg; 0.02mg	2	
vienva tabs 20mcg; 0.1mg	2	

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Drug Name	Drug Tier	Requirements/Limits
viorele tabs 0; 0	2	
volnea tabs 0; 0	2	
vyfemla tabs 35mcg; 0.4mg	2	
vylibra tabs 35mcg; 0.25mg	2	
wera tabs 35mcg; 0.5mg	2	
wymzya fe chew 35mcg; 0; 0.4mg	2	
XULANE PTWK 35MCG/24HR; 150MCG/24HR	4	
yuvafem tabs 10mcg	2	
zafemy ptwk 35mcg/24hr; 150mcg/24hr	4	
zarah tabs 3mg; 0.03mg	2	
zovia 1/35e tabs 35mcg; 1mg	2	
zovia 1/35 tabs 35mcg; 1mg	2	
Progestins		
camila tabs 0.35mg	2	
CRINONE GEL 4%	4	PA
deblitane tabs 0.35mg	2	
DEPO-PROVERA INJ 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL(0.65 ML per 90 days)
errin tabs 0.35mg	2	
heather tabs 0.35mg	2	
hydroxyprogesterone caproate inj 1.25gm/5ml	5	PA
hydroxyprogesterone caproate inj 250mg/ml	5	PA
incassia tabs 0.35mg	2	
jencycla tabs 0.35mg	2	
lyleq tabs 0.35mg	2	
lyza tabs 0.35mg	2	
MAKENA INJ 250MG/ML	5	PA
medroxyprogesterone acetate inj 150mg/ml	2	QL(1 ML per 90 days)
MEDROXYPROGESTERONE ACETATE INJ 150MG/ML	3	QL(1 ML per 90 days)
medroxyprogesterone acetate tabs 10mg	2	
medroxyprogesterone acetate tabs 2.5mg	2	
medroxyprogesterone acetate tabs 5mg	2	
megestrol acetate susp 40mg/ml	2	PA
MEGESTROL ACETATE SUSP 625MG/5ML	4	PA
megestrol acetate tabs 20mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
megestrol acetate tabs 40mg	2	PA
nora-be tabs 0.35mg	2	
norethindrone acetate tabs 5mg	2	
norethindrone tabs 0.35mg	2	
norlyroc tabs 0.35mg	2	
progesterone caps 100mg	2	
progesterone caps 200mg	2	
progesterone inj 50mg/ml	2	
sharobel tabs 0.35mg	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	4	QL(30 EA per 30 days); PA
raloxifene hydrochloride tabs 60mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID TABS 120MG	4	
ARMOUR THYROID TABS 15MG	4	
ARMOUR THYROID TABS 180MG	4	
ARMOUR THYROID TABS 240MG	4	
ARMOUR THYROID TABS 300MG	4	
ARMOUR THYROID TABS 30MG	4	
ARMOUR THYROID TABS 60MG	4	
ARMOUR THYROID TABS 90MG	4	
levo-t tabs 100mcg	2	
levo-t tabs 112mcg	2	
levo-t tabs 125mcg	2	
levo-t tabs 137mcg	2	
levo-t tabs 150mcg	2	
levo-t tabs 175mcg	2	
levo-t tabs 200mcg	2	
levo-t tabs 25mcg	2	
levo-t tabs 300mcg	2	
levo-t tabs 50mcg	2	
levo-t tabs 75mcg	2	
levo-t tabs 88mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tabs 100mcg	1	
levothyroxine sodium tabs 112mcg	1	
levothyroxine sodium tabs 125mcg	1	
levothyroxine sodium tabs 137mcg	1	
levothyroxine sodium tabs 150mcg	1	
levothyroxine sodium tabs 175mcg	1	
levothyroxine sodium tabs 200mcg	1	
levothyroxine sodium tabs 25mcg	1	
levothyroxine sodium tabs 300mcg	1	
levothyroxine sodium tabs 50mcg	1	
levothyroxine sodium tabs 75mcg	1	
levothyroxine sodium tabs 88mcg	1	
LEVOXYL TABS 100MCG	2	
LEVOXYL TABS 112MCG	2	
LEVOXYL TABS 125MCG	2	
LEVOXYL TABS 137MCG	2	
LEVOXYL TABS 150MCG	2	
LEVOXYL TABS 175MCG	2	
LEVOXYL TABS 200MCG	2	
LEVOXYL TABS 25MCG	2	
LEVOXYL TABS 50MCG	2	
LEVOXYL TABS 75MCG	2	
LEVOXYL TABS 88MCG	2	
LIOTHYRONINE SODIUM INJ 10MCG/ML	4	
liothyronine sodium tabs 25mcg	2	
liothyronine sodium tabs 50mcg	2	
liothyronine sodium tabs 5mcg	2	
niva thyroid tabs 120mg	4	
niva thyroid tabs 15mg	4	
niva thyroid tabs 30mg	4	
niva thyroid tabs 60mg	4	
niva thyroid tabs 90mg	4	
NP THYROID 120 TABS 120MG	4	
NP THYROID 15 TABS 15MG	4	
NP THYROID 30 TABS 30MG	4	
NP THYROID 60 TABS 60MG	4	

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Drug Name	Drug Tier	Requirements/Limits
NP THYROID 90 TABS 90MG	4	
SYNTHROID TABS 100MCG	3	
SYNTHROID TABS 112MCG	3	
SYNTHROID TABS 125MCG	3	
SYNTHROID TABS 137MCG	3	
SYNTHROID TABS 150MCG	3	
SYNTHROID TABS 175MCG	3	
SYNTHROID TABS 200MCG	3	
SYNTHROID TABS 25MCG	3	
SYNTHROID TABS 300MCG	3	
SYNTHROID TABS 50MCG	3	
SYNTHROID TABS 75MCG	3	
SYNTHROID TABS 88MCG	3	
thyroid tabs 120mg	4	
thyroid tabs 15mg	4	
thyroid tabs 30mg	4	
thyroid tabs 60mg	4	
thyroid tabs 90mg	4	
unithroid tabs 100mcg	2	
unithroid tabs 112mcg	2	
unithroid tabs 125mcg	2	
unithroid tabs 137mcg	2	
unithroid tabs 150mcg	2	
unithroid tabs 175mcg	2	
unithroid tabs 200mcg	2	
unithroid tabs 25mcg	2	
unithroid tabs 300mcg	2	
unithroid tabs 50mcg	2	
unithroid tabs 75mcg	2	
unithroid tabs 88mcg	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TABS 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tabs 0.5mg	2	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 22.5MG	4	QL(1 EA per 84 days); PA
ELIGARD INJ 30MG	4	QL(1 EA per 112 days); PA
ELIGARD INJ 45MG	4	QL(1 EA per 168 days); PA
ELIGARD INJ 7.5MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJ 120MG/VIAL	5	QL(4 EA per 365 days); PA
FIRMAGON INJ 80MG	4	QL(1 EA per 28 days); PA
LANREOTIDE ACETATE INJ 120MG/0.5ML	5	PA
leuprolide acetate inj 1mg/0.2ml	5	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL(1 EA per 84 days); PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	QL(1 EA per 84 days); PA
octreotide acetate inj 1000mcg/ml	4	PA
octreotide acetate inj 100mcg/ml	4	PA
octreotide acetate inj 200mcg/ml	4	PA
octreotide acetate inj 500mcg/ml	5	PA
octreotide acetate inj 50mcg/ml	4	PA
ORGOVYX TABS 120MG	5	PA
SANDOSTATIN LAR DEPOT INJ 10MG	5	PA
SANDOSTATIN LAR DEPOT INJ 20MG	5	PA
SANDOSTATIN LAR DEPOT INJ 30MG	5	PA
SIGNIFOR LAR INJ 20MG	5	QL(1 EA per 28 days); PA
SIGNIFOR LAR INJ 40MG	5	QL(1 EA per 28 days); PA
SIGNIFOR LAR INJ 60MG	5	QL(1 EA per 28 days); PA
SIGNIFOR INJ 0.3MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJ 0.6MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJ 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA

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SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA
SOMAVERT INJ 10MG	5	PA
SOMAVERT INJ 15MG	5	PA
SOMAVERT INJ 20MG	5	PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
SYNAREL SOLN 2MG/ML	5	
TRELSTAR MIXJECT INJ 11.25MG	4	QL(1 EA per 84 days); PA
TRELSTAR MIXJECT INJ 22.5MG	5	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 3.75MG	5	QL(1 EA per 28 days); PA
ZOLADEX INJ 10.8MG	4	QL(1 EA per 84 days)
ZOLADEX INJ 3.6MG	4	QL(1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg	1	
methimazole tabs 5mg	1	
propylthiouracil tabs 50mg	2	
Immunological Agents		
Angioedema Agents		
BERINERT INJ 500UNIT	5	PA
CINRYZE INJ 500UNIT	5	PA
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA
icatibant acetate inj 30mg/3ml	5	PA
KALBITOR INJ 10MG/ML	5	PA
RUCONEST INJ 2100UNIT	5	PA
sajazir inj 30mg/3ml	5	PA
Immunoglobulins		
ATGAM INJ 50MG/ML	5	
BIVIGAM INJ 5GM/50ML	5	PA
CARIMUNE NANOFILTERED INJ 12GM	5	PA
CARIMUNE NANOFILTERED INJ 6GM	5	PA
CUVITRU INJ 10GM/50ML	5	PA
CUVITRU INJ 1GM/5ML	5	PA
CUVITRU INJ 2GM/10ML	5	PA
CUVITRU INJ 4GM/20ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
CUVITRU INJ 8GM/40ML	5	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML	5	PA
FLEBOGAMMA DIF INJ 10GM/100ML	5	PA
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	PA
FLEBOGAMMA DIF INJ 20GM/200ML	5	PA
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA
FLEBOGAMMA DIF INJ 5GM/50ML	5	PA
GAMASTAN INJ 0	4	PA
GAMASTAN INJ 0	4	PA
GAMMAGARD LIQUID INJ 10GM/100ML	5	PA
GAMMAGARD LIQUID INJ 1GM/10ML	5	PA
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA
GAMMAGARD LIQUID INJ 20GM/200ML	5	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA
GAMMAGARD LIQUID INJ 5GM/50ML	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA
GAMMAKED INJ 10GM/100ML	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAKED INJ 20GM/200ML	5	PA
GAMMAKED INJ 5GM/50ML	5	PA
GAMMAPLEX INJ 10GM/100ML	5	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 20GM/200ML	5	PA
GAMMAPLEX INJ 20GM/400ML	5	PA
GAMMAPLEX INJ 5GM/100ML	5	PA
GAMMAPLEX INJ 5GM/50ML	5	PA
GAMUNEX-C INJ 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 2.5GM/25ML	5	PA
GAMUNEX-C INJ 20GM/200ML	5	PA
GAMUNEX-C INJ 40GM/400ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 5GM/50ML	5	PA
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA INJ 10GM/50ML	5	PA
HIZENTRA INJ 1GM/5ML	5	PA
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HYPERHEP B INJ 110UNIT/0.5ML	4	B/D
HYPERHEP B INJ 220UNIT/ML	4	B/D
HYPERHEP B INJ 220UNIT/ML	4	B/D
HYPERRAB S/D INJ 1500UNIT/10ML	4	B/D
HYPERRAB S/D INJ 300UNIT/2ML	4	B/D
HYPERRHO S/D MINI-DOSE INJ 250UNIT	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	5	PA
HYQVIA INJ 2.5GM/25ML; 200UNT/1.25ML	5	PA
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	5	PA
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	5	PA
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGAM RABIES-HT INJ 300UNIT/2ML	4	B/D
KEDRAB INJ 1500UNIT/10ML	4	B/D
KEDRAB INJ 300UNIT/2ML	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	4	
NABI-HB INJ 312UNIT/ML	4	B/D
OCTAGAM INJ 10GM/100ML	5	PA
OCTAGAM INJ 10GM/200ML	5	PA
OCTAGAM INJ 1GM/20ML	5	PA
OCTAGAM INJ 2.5GM/50ML	5	PA
OCTAGAM INJ 20GM/200ML	5	PA
OCTAGAM INJ 25GM/500ML	5	PA
OCTAGAM INJ 2GM/20ML	5	PA
OCTAGAM INJ 5GM/100ML	5	PA
OCTAGAM INJ 5GM/50ML	5	PA
PRIVIGEN INJ 10GM/100ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
PRIVIGEN INJ 40GM/400ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ 5GM/50ML	5	PA
RHOGAM ULTRA-FILTERED PLUS INJ 1500UNIT	4	
RHOPHYLAC INJ 1500UNIT/2ML	4	
SYNAGIS INJ 100MG/ML	5	
SYNAGIS INJ 50MG/0.5ML	5	
THYMOGLOBULIN INJ 25MG	5	
VARIZIG INJ 125UNIT/1.2ML	4	PA
Immunological Agents, Other		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA
ACTEMRA INJ 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJ 200MG/10ML	5	PA
ACTEMRA INJ 400MG/20ML	5	PA
ACTEMRA INJ 80MG/4ML	5	PA
ARCALYST INJ 220MG	5	PA
BENLYSTA INJ 200MG/ML	5	PA
BENLYSTA INJ 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA
COSENTYX UNOREADY INJ 300MG/2ML	5	PA
COSENTYX INJ 150MG/ML	5	PA
COSENTYX INJ 75MG/0.5ML	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
ENTYVIO INJ 300MG	5	PA
ILARIS INJ 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET INJ 100MG/0.67ML	5	PA
LEMTRADA INJ 12MG/1.2ML	5	PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJ 125MG/ML	5	PA
ORENCIA INJ 50MG/0.4ML	5	PA
ORENCIA INJ 87.5MG/0.7ML	5	PA
RIDAURA CAPS 3MG	5	
RINVOQ TB24 15MG	5	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 30MG	5	QL(30 EA per 30 days); PA
RINVOQ TB24 45MG	5	QL(30 EA per 30 days); PA
SIMULECT INJ 10MG	5	
SIMULECT INJ 20MG	5	
SKYRIZI PEN INJ 150MG/ML	5	PA
SKYRIZI INJ 150MG/ML	5	PA
SKYRIZI INJ 180MG/1.2ML	5	PA
SKYRIZI INJ 360MG/2.4ML	5	PA
SKYRIZI INJ 75MG/0.83ML	5	PA
SOLIRIS INJ 300MG/30ML	5	PA
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJ 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJ 90MG/ML	5	QL(3 ML per 84 days); PA
SYLVANT INJ 100MG	5	PA
SYLVANT INJ 400MG	5	PA
XELJANZ XR TB24 11MG	5	QL(30 EA per 30 days); PA
XELJANZ XR TB24 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLN 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABS 10MG	5	QL(60 EA per 30 days); PA
XELJANZ TABS 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJ 150MG/ML	5	PA
XOLAIR INJ 150MG	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
Immunostimulants		
ACTIMMUNE INJ 2000000UNIT/0.5ML	5	PA
INTRON A INJ 10000000UNIT/ML	5	PA
INTRON A INJ 10000000UNIT	5	PA
INTRON A INJ 18000000UNIT	5	PA
INTRON A INJ 50000000UNIT	5	PA
INTRON A INJ 6000000UNIT/ML	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
PEGINTRON INJ 50MCG/0.5ML	5	PA
Immunosuppressants		

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 0.5MG	4	B/D
ASTAGRAF XL CP24 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
azathioprine inj 100mg	2	B/D
azathioprine tabs 100mg	2	B/D
azathioprine tabs 50mg	2	B/D
azathioprine tabs 75mg	2	B/D
BENLYSTA INJ 120MG	5	PA
BENLYSTA INJ 400MG	5	PA
CIMZIA STARTER KIT INJ 200MG/ML	5	PA
CIMZIA INJ 200MG/ML	5	PA
cyclosporine modified caps 100mg	4	B/D
cyclosporine modified caps 25mg	4	B/D
cyclosporine modified caps 50mg	4	B/D
cyclosporine modified soln 100mg/ml	4	B/D
cyclosporine caps 100mg	4	B/D
cyclosporine caps 25mg	4	B/D
cyclosporine inj 50mg/ml	4	
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.8ML	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJ 40MG/0.8ML	5	PA
CYLTEZO INJ 10MG/0.2ML	5	PA
CYLTEZO INJ 20MG/0.4ML	5	PA
CYLTEZO INJ 40MG/0.8ML	5	PA
CYLTEZO INJ 40MG/0.8ML	5	PA
ENBREL MINI INJ 50MG/ML	5	PA
ENBREL SURECLICK INJ 50MG/ML	5	PA
ENBREL INJ 25MG/0.5ML	5	PA
ENBREL INJ 25MG/0.5ML	5	PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 50MG/ML	5	PA
ENVARSUS XR TB24 0.75MG	4	B/D
ENVARSUS XR TB24 1MG	4	B/D
ENVARSUS XR TB24 4MG	5	B/D
everolimus tabs 0.25mg	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
everolimus tabs 0.5mg	5	B/D
everolimus tabs 0.75mg	5	B/D
everolimus tabs 1mg	5	B/D
gengraf caps 100mg	4	B/D
gengraf caps 25mg	4	B/D
gengraf soln 100mg/ml	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML	5	PA
HUMIRA PEN INJ 40MG/0.8ML	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA INJ 10MG/0.1ML	5	PA
HUMIRA INJ 20MG/0.2ML	5	PA
HUMIRA INJ 20MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.8ML	5	PA
INFLECTRA INJ 100MG	5	PA
infliximab inj 100mg	5	PA
leflunomide tabs 10mg	2	
leflunomide tabs 20mg	2	
methotrexate sodium inj 1gm/40ml	2	
methotrexate sodium inj 1gm	2	
methotrexate sodium inj 250mg/10ml	2	
methotrexate sodium inj 250mg/10ml	2	
methotrexate sodium inj 50mg/2ml	2	

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Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
mycophenolate mofetil caps 250mg	2	B/D
mycophenolate mofetil inj 500mg	2	B/D
mycophenolate mofetil susr 200mg/ml	5	B/D
mycophenolate mofetil tabs 500mg	2	B/D
MYCOPHENOLIC ACID DR TBEC 180MG	4	B/D
MYCOPHENOLIC ACID DR TBEC 360MG	4	B/D
NULOJIX INJ 250MG	5	
ORENCIA INJ 250MG	5	PA
PROGRAF INJ 5MG/ML	4	
PROGRAF PACK 0.2MG	4	B/D
PROGRAF PACK 1MG	4	B/D
REMICADE INJ 100MG	5	PA
SANDIMMUNE SOLN 100MG/ML	4	B/D
SIMPONI ARIA INJ 50MG/4ML	5	PA
sirolimus soln 1mg/ml	5	B/D
SIROLIMUS TABS 0.5MG	4	B/D
SIROLIMUS TABS 1MG	4	B/D
sirolimus tabs 2mg	4	B/D
tacrolimus caps 0.5mg	2	B/D
tacrolimus caps 1mg	2	B/D
TACROLIMUS CAPS 5MG	4	B/D
TREXALL TABS 10MG	4	
TREXALL TABS 15MG	4	
TREXALL TABS 5MG	4	
TREXALL TABS 7.5MG	4	
XATMEP SOLN 2.5MG/ML	4	
YUFLYMA 1-PEN KIT INJ 40MG/0.4ML	5	PA
YUFLYMA 2-PEN KIT INJ 40MG/0.4ML	5	PA
YUFLYMA 2-SYRINGE KIT INJ 40MG/0.4ML	5	PA
Vaccines		
ABRYSVO INJ 120MCG/0.5ML	3	
ACTHIB INJ 0	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJ 120MCG/0.5ML	3	
BCG VACCINE INJ 50MG	4	
BEXSERO INJ 0	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 5lfu/0.5ml	2	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0	3	
GARDASIL 9 INJ 0	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	
JYNNEOS INJ 0.5ML	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
MENQUADFI INJ 0	3	
MENVEO INJ 0	3	

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Drug Name	Drug Tier	Requirements/Limits
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	4	
PREHEVBRIO INJ 10MCG/ML	3	B/D
PRIORIX INJ 0; 0; 0	3	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	4	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSP 0	3	
ROTARIX SUSR 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TENIVAC INJ 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	3	
TICOVAC INJ 1.2MCG/0.25ML	3	
TICOVAC INJ 2.4MCG/0.5ML	3	
TRUMENBA INJ 0	3	
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
YF-VAX INJ 0	3	
YF-VAX INJ 0	3	
ZOSTAVAX INJ 19400UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium caps 750mg	4	
DIPENTUM CAPS 250MG	5	
mesalamine dr tbec 1.2gm	2	
mesalamine dr tbec 800mg	4	
mesalamine er cp24 0.375gm	3	
mesalamine er cpcr 500mg	2	
MESALAMINE ENEM 4GM	4	
MESALAMINE KIT 4GM	4	
mesalamine supp 1000mg	4	
PENTASA CPCR 250MG	4	
sfrowasa enem 4gm/60ml	4	
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
Glucocorticoids		
budesonide er tb24 9mg	5	
budesonide cpep 3mg	4	
COLOCORT ENEM 100MG/60ML	4	
CORTIFOAM FOAM 10%	4	
hydrocortisone crea 1%	2	
hydrocortisone crea 2.5%	2	
HYDROCORTISONE ENEM 100MG/60ML	4	
procto-med hc crea 2.5%	2	
procto-pak crea 1%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		

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Drug Name	Drug Tier	Requirements/Limits
ALENDRONATE SODIUM SOLN 70MG/75ML	4	
alendronate sodium tabs 10mg	1	
alendronate sodium tabs 35mg	1	
alendronate sodium tabs 5mg	2	
alendronate sodium tabs 70mg	1	QL(4 EA per 28 days)
BINOSTO TBEF 70MG	4	QL(4 EA per 28 days)
calcitonin salmon inj 200unit/ml	5	
calcitonin-salmon soln 200unit/act	2	QL(3.7 ML per 30 days)
calcitriol caps 0.25mcg	2	
calcitriol caps 0.5mcg	2	
calcitriol inj 1mcg/ml	2	
calcitriol soln 1mcg/ml	2	
cinacalcet hydrochloride tabs 30mg	4	
cinacalcet hydrochloride tabs 60mg	4	
cinacalcet hydrochloride tabs 90mg	5	
DOXERCALCIFEROL CAPS 0.5MCG	4	
doxercalciferol caps 1mcg	4	
doxercalciferol caps 2.5mcg	4	
doxercalciferol inj 4mcg/2ml	2	
FORTEO INJ 600MCG/2.4ML	5	PA
ibandronate sodium inj 3mg/3ml	2	
ibandronate sodium tabs 150mg	2	QL(1 EA per 28 days)
NATPARA INJ 100MCG	5	QL(2 EA per 28 days); PA
NATPARA INJ 25MCG	5	QL(2 EA per 28 days); PA
NATPARA INJ 50MCG	5	QL(2 EA per 28 days); PA
NATPARA INJ 75MCG	5	QL(2 EA per 28 days); PA
pamidronate disodium inj 30mg/10ml	2	
pamidronate disodium inj 30mg	2	
pamidronate disodium inj 6mg/ml	2	
pamidronate disodium inj 90mg/10ml	2	
pamidronate disodium inj 90mg	2	
paricalcitol caps 1mcg	4	
paricalcitol caps 2mcg	4	
paricalcitol caps 4mcg	4	
PARICALCITOL INJ 2MCG/ML	4	
PARICALCITOL INJ 5MCG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
PROLIA INJ 60MG/ML	4	QL(2 ML per 365 days)
risedronate sodium dr tbec 35mg	2	QL(4 EA per 28 days)
risedronate sodium tabs 150mg	2	QL(1 EA per 28 days)
risedronate sodium tabs 30mg	2	
risedronate sodium tabs 35mg	2	QL(4 EA per 28 days)
risedronate sodium tabs 35mg	2	QL(4 EA per 28 days)
risedronate sodium tabs 35mg	2	QL(4 EA per 28 days)
risedronate sodium tabs 5mg	2	
TYMLOS INJ 3120MCG/1.56ML	5	PA
XGEVA INJ 120MG/1.7ML	5	PA
zoledronic acid inj 4mg/5ml	4	
ZOLEDRONIC ACID INJ 5MG/100ML	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
alcohol prep pads pads 70%	2	
AMMONUL INJ 10%; 10%	5	
b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16" misc	2	QL(200 EA per 30 days)
bd insulin syringe safetyglide/1ml/29g x 1/2" misc	2	QL(200 EA per 30 days)
bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm misc	2	QL(200 EA per 30 days)
bd insulin syringe ultra-fine/1ml/31g x 8mm misc	2	QL(200 EA per 30 days)
bd pen needle/original/ultra-fine/29g x 12.7mm misc	2	QL(200 EA per 30 days)
curity gauze pads 2"x2" pads	2	
deferoxamine mesylate inj 2gm	2	B/D
deferoxamine mesylate inj 500mg	5	B/D
ELLA TABS 30MG	3	
INTRALIPID INJ 20GM/100ML	4	B/D
lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
LAGEVRIO CAPS 200MG	4	QL(40 EA per 5 days)
levocarnitine soln 1gm/10ml	2	
levocarnitine tabs 330mg	3	
methergine tabs 0.2mg	5	QL(56 EA per 365 days)
methylergonovine maleate tabs 0.2mg	5	QL(56 EA per 365 days)
NUTRILIPID INJ 20GM/100ML	4	B/D
OXLUMO INJ 94.5MG/0.5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
oxytocin inj 10unit/ml	2	
PAXLOVID TBPK 150MG; 100MG	4	QL(30 EA per 5 days)
PHYSIOLYTE SOLN 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	4	
physiosol irrigation soln 30mg/100ml; 37mg/100ml; 222mg/100ml; 526mg/100ml; 502mg/100ml	4	
ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147.5meq/l	2	
SKYCLARYS CAPS 50MG	5	QL(90 EA per 30 days); PA
sodium chloride 0.9% soln 0.9%	2	
sodium phenylacetate/sodium benzoate inj 10%; 10%	5	
sterile water for irrigation soln 0	2	
tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	2	
V-GO 20 KIT	3	QL(1 EA per 365 days)
V-GO 30 KIT	3	QL(1 EA per 365 days)
V-GO 40 KIT	3	QL(1 EA per 365 days)
VISTOGARD PACK 10GM	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine sulfate soln 1%	2	
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	4	
BLEPHAMIDE SUSP 0.2%; 10%	3	
BRIMONIDINE TARTRATE/TIMOLOL MALEATE SOLN 0.2%; 0.5%	3	
COMBIGAN SOLN 0.2%; 0.5%	3	
cyclopentolate hcl soln 1%	2	
cyclopentolate hcl soln 2%	2	
cyclopentolate hcl soln 2%	2	
cyclopentolate hydrochloride soln 0.5%	2	
cyclopentolate hydrochloride soln 1%	2	
cyclosporine emul 0.05%	2	
CYSTARAN SOLN 0.44%	5	QL(60 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	2	
dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%	2	
EYLEA SOLN 2MG/0.05ML	5	PA
EYLEA SOSY 2MG/0.05ML	5	PA
neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	4	
neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	4	
neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	4	
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	4	
neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	4	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	4	
polycin oint 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	2	
PRED-G S.O.P. OINT 0.3%; 0.6%	3	
PRED-G SUSP 0.3%; 1%	3	
proparacaine hcl soln 0.5%	2	
SIMBRINZA SUSP 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	3	
tobramycin/dexamethasone susp 0.1%; 0.3%	2	

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Drug Name	Drug Tier	Requirements/Limits
trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%	2	
ZYLET SUSP 0.5%; 0.3%	3	
Ophthalmic Anti-allergy Agents		
azelastine hcl soln 0.05%	2	
bepotastine besilate soln 1.5%	4	
cromolyn sodium soln 4%	2	
epinastine hcl soln 0.05%	2	
LASTACAFT SOLN 0.25%	4	
olopatadine hcl soln 0.1%	2	
olopatadine hydrochloride soln 0.2%	4	
Ophthalmic Anti-Infectives		
bacitracin oint 500unit/gm	2	
BESIVANCE SUSP 0.6%	3	
CILOXAN OINT 0.3%	3	
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	2	
gentak oint 0.3%	2	
gentamicin sulfate soln 0.3%	2	
levofloxacin soln 0.5%	2	
moxifloxacin hydrochloride soln 0.5%	4	
moxifloxacin hydrochloride soln 0.5%	2	
NATACYN SUSP 5%	4	
ofloxacin soln 0.3%	2	
sulfacetamide sodium oint 10%	2	
sulfacetamide sodium soln 10%	2	
tobramycin soln 0.3%	2	
trifluridine soln 1%	3	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
ALREX SUSP 0.2%	3	
dexamethasone sodium phosphate soln 0.1%	2	
diclofenac sodium soln 0.1%	2	
difluprednate emul 0.05%	2	
FLAREX SUSP 0.1%	3	

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Drug Name	Drug Tier	Requirements/Limits
fluorometholone susp 0.1%	2	
flurbiprofen sodium soln 0.03%	2	
FML FORTE SUSP 0.25%	3	
FML OINT 0.1%	3	
ILEVRO SUSP 0.3%	3	QL(4 ML per 30 days)
ketorolac tromethamine soln 0.4%	2	
ketorolac tromethamine soln 0.5%	2	
LOTEMAX OINT 0.5%	4	QL(14 GM per 365 days)
loteprednol etabonate gel 0.5%	2	QL(20 GM per 365 days)
loteprednol etabonate susp 0.5%	2	
PRED MILD SUSP 0.12%	3	
prednisolone acetate susp 1%	2	
prednisolone sodium phosphate soln 1%	2	
PROLENSA SOLN 0.07%	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl soln 0.5%	2	
BETIMOL SOLN 0.25%	4	
BETIMOL SOLN 0.5%	4	
carteolol hcl soln 1%	2	
levobunolol hcl soln 0.5%	2	
timolol maleate ophthalmic gel forming solg 0.25%	2	
timolol maleate ophthalmic gel forming solg 0.5%	2	
timolol maleate soln 0.25%	1	
timolol maleate soln 0.5%	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ACETAZOLAMIDE ER CP12 500MG	4	
acetazolamide tabs 125mg	4	
ALPHAGAN P SOLN 0.1%	3	
apraclonidine soln 0.5%	2	
brimonidine tartrate soln 0.1%	3	
brimonidine tartrate soln 0.15%	4	
brimonidine tartrate soln 0.2%	2	
brinzolamide susp 1%	2	
dorzolamide hydrochloride soln 2%	2	
METHAZOLAMIDE TABS 25MG	4	

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Drug Name	Drug Tier	Requirements/Limits
METHAZOLAMIDE TABS 50MG	4	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
pilocarpine hcl soln 1%	2	
pilocarpine hcl soln 2%	2	
pilocarpine hcl soln 4%	2	
RHOPRESSA SOLN 0.02%	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost soln 0.03%	2	QL(5 ML per 30 days)
latanoprost soln 0.005%	1	
LUMIGAN SOLN 0.01%	3	QL(2.5 ML per 25 days)
travoprost soln 0.004%	2	QL(2.5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid soln 2%	2	
ciprofloxacin/dexamethasone susp 0.3%; 0.1%	2	
ciprofloxacin soln 0.2%	2	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
FLAC OIL 0.01%	4	
FLUOCINOLONE ACETONIDE EAR DROPS OIL 0.01%	4	
FLUOCINOLONE ACETONIDE OIL 0.01%	4	
hydrocortisone/acetic acid soln 2%; 1%	2	
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin soln 0.3%	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEPB 100MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEPB 200MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEPB 50MCG/ACT	3	QL(30 EA per 30 days)
BUDESONIDE SUSP 0.25MG/2ML	4	QL(120 ML per 30 days); B/D

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Drug Name	Drug Tier	Requirements/Limits
BUDESONIDE SUSP 0.5MG/2ML	4	QL(120 ML per 30 days); B/D
BUDESONIDE SUSP 1MG/2ML	4	QL(120 ML per 30 days); B/D
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL(240 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL(60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	3	QL(24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	3	QL(24 GM per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL(21.2 GM per 30 days)
flunisolide soln 0.025%	2	QL(50 ML per 30 days)
fluticasone propionate susp 50mcg/act	2	
mometasone furoate susp 50mcg/act	2	QL(34 GM per 30 days)
Antihistamines		
azelastine hcl soln 0.15%	2	QL(60 ML per 30 days)
azelastine hydrochloride/fluticasone propionate susp 137mcg/act; 50mcg/act	2	QL(23 GM per 30 days)
azelastine hydrochloride soln 0.1%	2	QL(60 ML per 30 days)
azelastine hydrochloride soln 0.15%	2	QL(60 ML per 30 days)
cetirizine hydrochloride soln 1mg/ml	1	
CYPROHEPTADINE HCL SYRP 2MG/5ML	4	
CYPROHEPTADINE HYDROCHLORIDE TABS 4MG	4	
diphenhydramine hcl inj 50mg/ml	2	
diphenhydramine hydrochloride inj 50mg/ml	2	
HYDROXYZINE HCL INJ 25MG/ML	4	
hydroxyzine hcl tabs 50mg	2	
HYDROXYZINE HYDROCHLORIDE INJ 50MG/ML	4	
hydroxyzine hydrochloride syrp 10mg/5ml	2	
hydroxyzine hydrochloride tabs 10mg	2	
hydroxyzine hydrochloride tabs 25mg	2	
levocetirizine dihydrochloride soln 2.5mg/5ml	2	
levocetirizine dihydrochloride tabs 5mg	2	
OLOPATADINE HCL SOLN 0.6%	4	QL(30.5 GM per 30 days)
Antileukotrienes		
montelukast sodium chew 4mg	2	
montelukast sodium chew 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium pack 4mg	2	
montelukast sodium tabs 10mg	1	
zafirlukast tabs 10mg	3	
zafirlukast tabs 20mg	3	
zileuton er tb12 600mg	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	3	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL(30 EA per 30 days)
ipratropium bromide soln 0.02%	2	QL(312.5 ML per 30 days); B/D
ipratropium bromide soln 0.03%	2	
ipratropium bromide soln 0.06%	2	
SPIRIVA HANDIHALER CAPS 18MCG	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
tiotropium bromide caps 18mcg	3	QL(30 EA per 30 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE ER TB12 4MG	4	
ALBUTEROL SULFATE ER TB12 8MG	4	
albuterol sulfate hfa aers 108mcg/act	2	QL(48 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL(17 GM per 30 days)
albuterol sulfate hfa aers 108mcg/act	2	QL(13.4 GM per 30 days)
albuterol sulfate nebu 0.083%	2	QL(525 ML per 30 days); B/D
albuterol sulfate nebu 0.63mg/3ml	2	QL(375 ML per 30 days); B/D
albuterol sulfate nebu 1.25mg/3ml	2	QL(375 ML per 30 days); B/D
albuterol sulfate nebu 2.5mg/0.5ml	2	QL(100 EA per 30 days); B/D
albuterol sulfate syrp 2mg/5ml	4	
ALBUTEROL SULFATE TABS 2MG	4	
ALBUTEROL SULFATE TABS 4MG	4	
epinephrine inj 0.15mg/0.15ml	2	
EPINEPHRINE INJ 0.15MG/0.3ML	2	
epinephrine inj 0.3mg/0.3ml	2	
EPINEPHRINE INJ 0.3MG/0.3ML	2	
formoterol fumarate nebu 20mcg/2ml	5	QL(120 ML per 30 days); B/D
LEVALBUTEROL HCL NEBU 0.31MG/3ML	4	QL(540 ML per 30 days); B/D
LEVALBUTEROL HCL NEBU 0.63MG/3ML	4	QL(540 ML per 30 days); B/D

Drug Name	Drug Tier	Requirements/Limits
LEVALBUTEROL HCL NEBU 1.25MG/3ML	4	QL(270 ML per 30 days); B/D
LEVALBUTEROL HYDROCHLORIDE NEBU 0.63MG/3ML	4	QL(540 ML per 30 days); B/D
levalbuterol tartrate hfa aero 45mcg/act	2	QL(30 GM per 30 days)
LEVALBUTEROL NEBU 1.25MG/0.5ML	4	QL(90 EA per 30 days); B/D
PROAIR DIGIHALER AEPB 108MCG/ACT	3	QL(2 EA per 30 days)
PROAIR HFA AERS 108MCG/ACT	3	QL(17 GM per 30 days)
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL(60 EA per 30 days)
terbutaline sulfate inj 1mg/ml	4	
terbutaline sulfate tabs 2.5mg	4	
terbutaline sulfate tabs 5mg	4	
Cystic Fibrosis Agents		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 13.4MG	5	PA
KALYDECO PACK 25MG	5	PA
KALYDECO PACK 50MG	5	PA
KALYDECO PACK 75MG	5	PA
KALYDECO TABS 150MG	5	PA
ORKAMBI PACK 125MG; 100MG	5	QL(56 EA per 28 days); PA
ORKAMBI PACK 188MG; 150MG	5	QL(56 EA per 28 days); PA
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA
ORKAMBI TABS 125MG; 100MG	5	QL(112 EA per 28 days); PA
ORKAMBI TABS 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLN 2.5MG/2.5ML	5	PA
SYMDEKO TBPK 150MG; 100MG	5	QL(56 EA per 28 days); PA
SYMDEKO TBPK 75MG; 50MG	5	QL(60 EA per 30 days); PA
TOBI PODHALER CAPS 28MG	5	QL(224 EA per 56 days)
tobramycin nebu 300mg/5ml	5	B/D
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline inj 25mg/ml	2	
DALIRESP TABS 250MCG	4	PA
DALIRESP TABS 500MCG	4	PA
elixophyllin elix 80mg/15ml	2	

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roflumilast tabs 250mcg	4	PA
roflumilast tabs 500mcg	4	PA
theophylline er tb12 100mg	2	
theophylline er tb12 200mg	2	
theophylline er tb12 300mg	2	
theophylline er tb12 450mg	2	
theophylline er tb24 400mg	2	
theophylline er tb24 600mg	2	
theophylline/d5w inj 5%; 0.8mg/ml	2	
theophylline soln 80mg/15ml	2	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABS 1.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABS 1MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABS 2.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABS 2MG	5	QL(90 EA per 30 days); PA
alyq tabs 20mg	5	QL(60 EA per 30 days); PA
ambrisentan tabs 10mg	5	QL(30 EA per 30 days); PA
ambrisentan tabs 5mg	5	QL(30 EA per 30 days); PA
BOSENTAN TABS 125MG	5	QL(60 EA per 30 days); PA
BOSENTAN TABS 62.5MG	5	QL(60 EA per 30 days); PA
epoprostenol sodium inj 0.5mg	4	PA
epoprostenol sodium inj 1.5mg	5	PA
OPSUMIT TABS 10MG	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG	5	PA
ORENITRAM TBCR 1MG	5	PA
ORENITRAM TBCR 2.5MG	5	PA
ORENITRAM TBCR 5MG	5	PA
sildenafil citrate tabs 20mg	2	QL(90 EA per 30 days); PA

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sildenafil inj 10mg/12.5ml	5	PA
tadalafil tabs 20mg	5	QL(60 EA per 30 days); PA
TADLIQ SUSP 20MG/5ML	5	QL(300 ML per 30 days); PA
TRACLEER TBSO 32MG	5	QL(112 EA per 28 days)
TREPROSTINIL INJ 100MG/20ML	5	PA
TREPROSTINIL INJ 200MG/20ML	5	PA
TREPROSTINIL INJ 20MG/20ML	5	PA
TREPROSTINIL INJ 50MG/20ML	5	PA
UPTRAVI TITRATION PACK TBPK 0	5	QL(400 EA per 365 days); PA
UPTRAVI TABS 1000MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 1200MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 1400MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 1600MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 200MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 400MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 600MCG	5	QL(60 EA per 30 days); PA
UPTRAVI TABS 800MCG	5	QL(60 EA per 30 days); PA
VENTAVIS SOLN 10MCG/ML	5	QL(270 ML per 30 days); PA
VENTAVIS SOLN 20MCG/ML	5	QL(270 ML per 30 days); PA
Pulmonary Fibrosis Agents		
OFEV CAPS 100MG	5	PA
OFEV CAPS 150MG	5	PA
pirfenidone caps 267mg	5	PA
pirfenidone tabs 267mg	5	PA
pirfenidone tabs 534mg	5	PA
pirfenidone tabs 801mg	5	PA
Respiratory Tract Agents, Other		
acetylcysteine soln 10%	2	B/D
acetylcysteine soln 20%	2	B/D
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
FASENRA PEN INJ 30MG/ML	5	PA
FASENRA INJ 30MG/ML	5	PA
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL(540 ML per 30 days); B/D
NUCALA INJ 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJ 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
ribavirin solr 6gm	5	
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL(12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL(13.8 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
wixela inhub aepb 100mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
wixela inhub aepb 250mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
wixela inhub aepb 500mcg/act; 50mcg/act	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
cyclobenzaprine hydrochloride tabs 10mg	2	
cyclobenzaprine hydrochloride tabs 5mg	2	
CYCLOBENZAPRINE HYDROCHLORIDE TABS 7.5MG	4	
methocarbamol tabs 500mg	4	

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methocarbamol tabs 750mg	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA TABS 10MG	4	QL(30 EA per 30 days)
BELSOMRA TABS 15MG	4	QL(30 EA per 30 days)
BELSOMRA TABS 20MG	4	QL(30 EA per 30 days)
BELSOMRA TABS 5MG	4	QL(30 EA per 30 days)
doxepin hydrochloride tabs 3mg	2	QL(30 EA per 30 days)
doxepin hydrochloride tabs 6mg	2	QL(30 EA per 30 days)
HETLIOZ CAPS 20MG	5	QL(30 EA per 30 days); PA
tasimelteon caps 20mg	5	QL(30 EA per 30 days); PA
temazepam caps 15mg	2	QL(30 EA per 30 days)
temazepam caps 30mg	2	QL(30 EA per 30 days)
temazepam caps 7.5mg	2	QL(30 EA per 30 days)
ZALEPLON CAPS 10MG	4	QL(60 EA per 30 days)
ZALEPLON CAPS 5MG	4	QL(30 EA per 30 days)
zolpidem tartrate tabs 10mg	2	QL(30 EA per 30 days)
zolpidem tartrate tabs 5mg	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
armodafinil tabs 150mg	4	QL(30 EA per 30 days); PA
armodafinil tabs 200mg	4	QL(30 EA per 30 days); PA
armodafinil tabs 250mg	4	QL(30 EA per 30 days); PA
armodafinil tabs 50mg	4	QL(60 EA per 30 days); PA
modafinil tabs 100mg	2	QL(30 EA per 30 days); PA
modafinil tabs 200mg	2	QL(30 EA per 30 days); PA
sodium oxybate soln 500mg/ml	5	QL(540 ML per 30 days); PA
XYREM SOLN 500MG/ML	5	QL(540 ML per 30 days); PA

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FLUDARABINE PHOSPHATE	46
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FLUOCINOLONE ACETONIDE	159
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FLUOCINOLONE ACETONIDE SCALP	110
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fluorometholone	158
fluorouracil	44
fluorouracil	111
fluoxetine dr	33
fluoxetine hcl	33
fluoxetine hydrochloride	33
FLUPHENAZINE DECANOATE	60
fluphenazine hcl	60
fluphenazine hydrochloride	60
flurbiprofen	7
flurbiprofen sodium	158
flutamide	43
fluticasone propionate	110
fluticasone propionate	160
fluticasone propionate/salmeterol diskus	165
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gemcitabine hcl	45
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gengraf	148
GENOTROPIN	128
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gentamicin sulfate	157
gentamicin sulfate pediatric	14
gentamicin sulfate/0.9% sodium chloride	14
GENVOYA	66
gianvi	132
GILENYA	106
GILOTRIF	51
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glatopa	106
GLEOSTINE	42
glimepiride	72
glipizide	73
glipizide er	72
glipizide xl	72
glipizide/metformin hydrochloride	72
GLUCAGEN HYPOKIT	75
GLUCAGON EMERGENCY KIT	75
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	75
glyburide/metformin hydrochloride	73
GLYCOPYRROLATE	120
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granisetron hcl	37
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griseofulvin microsize	38
GRISEOFULVIN ULTRAMICROSIZE	38
GUANFACINE ER	103
GUANFACINE HYDROCHLORIDE	81
GUANFACINE HYDROCHLORIDE	103
GUANIDINE HCL	41
HAEGARDA	142
hailey 24 fe	132
HALAVEN	46
halobetasol propionate	110
haloperidol	60
haloperidol decanoate	60
haloperidol lactate	60
HAVRIX	150
heather	137
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HEPARIN SODIUM	78
heparin sodium/d5w	77
heparin sodium/dextrose	77
heparin sodium/nacl 0.45%	77
heparin sodium/sodium chloride	78
heparin sodium/sodium chloride 0.9%	78
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hydralazine hydrochloride	100
hydrochlorothiazide	97
hydrocodone bitartrate/acetaminophen	10
hydrocodone/acetaminophen	10
hydrocodone/ibuprofen	10
hydrocortisone	110
hydrocortisone	127
hydrocortisone	152
hydrocortisone butyrate	110
hydrocortisone valerate	110
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HYDROMORPHONE HCL ER	8
hydromorphone hydrochloride	11
hydromorphone hydrochloride er	8
hydroxychloroquine sulfate	57
hydroxyprogesterone caproate	137
hydroxyurea	45
HYDROXYZINE HCL	160
HYDROXYZINE HYDROCHLORIDE	160
HYDROXYZINE PAMOATE	71
HYPERHEP B	144
HYPERRAB S/D	144
HYPERRHO S/D	144
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HYQVIA	144
ibandronate sodium	153
IBRANCE	46
IBRANCE	51
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icatibant acetate	142
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IMOGAM RABIES-HT	144
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insulin aspart penfill	75
insulin aspart protamine/insulin aspart	75
insulin aspart protamine/insulin aspart flexpen	75
insulin lispro	75
insulin lispro junior kwikpen	75
insulin lispro kwikpen	75
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INTRALIPID	154
INTRON A	146
introvale	133
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INVEGA SUSTENNA	62
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INVOKAMET	73
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IPOL INACTIVATED IPV	150
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ipratropium bromide/albuterol sulfate	165
irbesartan	82
irbesartan/hydrochlorothiazide	94
IRESSA	52
irinotecan	50
irinotecan hydrochloride	50
ISENTRESS	66
ISENTRESS HD	66
isibloom	133
isochron	99
ISOLYTE-P/DEXTROSE 5%	114
isolyte-s	114
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isosorbide dinitrate	99
isosorbide dinitrate/hydralazine hydrochloride	94
isosorbide mononitrate	100
isosorbide mononitrate er	100
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junel 1.5/30	133
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KANUMA	123
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kcl 0.15%/d5w/nacl 0.2%	114
kcl 0.15%/d5w/nacl 0.225%	114
kcl 0.15%/d5w/nacl 0.45%	114
kcl 0.15%/d5w/nacl 0.9%	114
kcl 0.3%/d5w/lr	114
kcl 0.3%/d5w/nacl 0.45%	114
kcl 0.3%/d5w/nacl 0.9%	114
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KINRIX	150
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larin fe 1.5/30	133
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LENVIMA 4 MG DAILY DOSE	53
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lidocaine hcl	107
lidocaine hcl in d5w	84
lidocaine hcl jelly	12
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lidocaine hcl/dextrose	84
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magnesium sulfate in d5w	114
magnesium sulfate/dextrose	114
MAKENA	137
malathion	112
mannitol	94
maprotiline hcl	32
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marlissa	134
MARPLAN	32
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methyldopa	81
METHYLDOPA/HYDROCHLORO THIAZIDE	94
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methylprednisolone sodiumsuccinate	127
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metolazone	97
metoprolol succinate er	86
metoprolol tartrate	86
metoprolol/hydrochlorothiazide	94
metronidazole	16
metronidazole	108
metronidazole vaginal	16
metyrosine	94
mexiletine hcl	84
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micafungin	39
miconazole 3	39
MICRHOGAM ULTRA-FILTERED PLUS	144
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microgestin 1/20	134
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minocycline hcl	24
minocycline hydrochloride	24
minoxidil	100
mirtazapine	32
mirtazapine odt	32
misoprostol	122
mitigo	9
mitomycin	48
mitoxantrone hcl	106
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MOLINDONE HYDROCHLORIDE	60
mometasone furoate	110
mometasone furoate	160
mono-linyah	134
montelukast sodium	160
morgidox 1x100mg	24
morgidox 2x100mg	24
morphine sulfate	11
morphine sulfate er	9
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	23
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MYLOTARG	56
MYORISAN	108
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NABI-HB	144
nabumetone	8
nadolol	87
NAFCILLIN	21
nafcillin sodium	21
naftifine hydrochloride	39
NAGLAZYME	123
NALBUPHINE HCL	11
naloxone hcl	14
naloxone hydrochloride	14
naltrexone hcl	13
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naproxen	8
naproxen sodium	8
naratriptan hcl	40
NATACYN	157
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NATPARA	153
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NEFAZODONE HYDROCHLORIDE	33
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neomycin/polymyxin/bacitracin/hydrocortisone	156
neomycin/polymyxin/dexamethasone	156
neomycin/polymyxin/gramicidin	156
neomycin/polymyxin/hc	159
neomycin/polymyxin/hydrocortisone	156
neomycin/polymyxin/hydrocortisone	159
neo-polycin	156
neo-polycin hc	156
NEPHRAMINE	115
NERLYNX	53
NEULASTA	80
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NEUPOGEN	80
NEUPRO	58
NEVIRAPINE	67
NEVIRAPINE ER	67
niacin	99
NIACIN ER	99
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NICARDIPINE HYDROCHLORIDE	87
NICOTROL INHALER	14
NICOTROL NS	14
nifediac cc	87
nifedipine	88
nifedipine er	87
nikki	134
nilutamide	43
nimodipine	88
NINLARO	48
NIPENT	45
nitazoxanide	57
nitisinone	123
NITRO-BID	100
NITRO-DUR	100
NITROFURANTOIN	16
NITROFURANTOIN MACROCRYSTALS	16
nitrofurantoin monohydrate	16
nitrofurantoin monohydrate/macrocrystals	16
nitroglycerin	100
nitroglycerin in dextrose 5%	100
NITROGLYCERIN LINGUAL	100
nitroglycerin transdermal	100
NITROMIST	100
niva thyroid	139
nizatidine	122
nora-be	138
NORDITROPIN FLEXPRO	128
norepinephrine bitartrate	95
norethindrone	138
norethindrone & ethinyl estradiol ferrous fumarate	134
norethindrone acetate	138
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	135
norethindrone acetate/ethinyl estradiol/ferrous fumarate	134
norethindrone/ethinyl estradiol/ferrous fumarate	135
norgestimate/ethinyl estradiol	135
norlyroc	138
nortrel 0.5/35 (28)	135
nortrel 1/35	135
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novolin 70/30 flexpen	76
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novolin 70/30 relion	76
novolin n	76
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NOVOLIN N FLEXPEN RELION	76
novolin n relion	76
novolin r	76
NOVOLIN R FLEXPEN	76
NOVOLIN R FLEXPEN RELION	76
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NOVOLOG FLEXPEN	76
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NOVOLOG PENFILL	76
NP THYROID 120	139
NP THYROID 15	139
NP THYROID 30	139
NP THYROID 60	139
NP THYROID 90	140
NPLATE	80
NUBEQA	43
NUCALA	165
NUEDEXTA	105
NULOJIX	149
NUPLAZID	63
NUTRILIPID	154
nyamyc	39
nylia 1/35	135
nylia 7/7/7	135
NYMALIZE	88
nymyo	135
nystatin	39
nystop	39
OCALIVA	121
ocella	135
OCTAGAM	144
octreotide acetate	141
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oxycodone hcl	12
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quinapril hydrochloride	83
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ROZLYTREK	53
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sevelamer carbonate	119
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SYMPAZAN	28	*temazepam*	166
SYMTUZA	70	TEMIXYS	68
SYNAGIS	145	TEMODAR	43
SYNAREL	142	*temsirolimus*	54
SYNERCID	16	TENIVAC	151
SYNJARDY	75	*tenofovir disoproxil fumarate*	68
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SYNRIBO	48	*terazosin hcl*	125
SYNTHAMIN 17	118	*terazosin hydrochloride*	126
SYNTHROID	140	*terbinafine hcl*	39
TABLOID	45	*terbutaline sulfate*	162
TABRECTA	44	*terconazole*	39
TACROLIMUS	110	*teriflunomide*	107
tacrolimus	149	*testosterone*	130
tadalafil	164	*testosterone cypionate*	129
TADLIQ	164	*testosterone enanthate*	129
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TAGRISSO	54	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	151
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tamoxifen citrate	44	TETRACYCLINE HYDROCHLORIDE	24
tamsulosin hydrochloride	125	THALOMID	44
tarina 24 fe	136	*theophylline*	163
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tizanidine hcl	65
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tobramycin	162
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tolbutamide	75
tolmetin sodium	8
tolterodine tartrate	125
tolterodine tartrate er	125
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toposar	50
topotecan hcl	50
topotecan hydrochloride	50
toremifene citrate	44
TORISEL	54
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TOUJEO SOLOSTAR	76
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tramadol hcl	12
TRAMADOL HCL ER	9
tramadol hydrochloride er	9
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tranylcypromine sulfate	32
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triamcinolone acetonide dental paste	107
triamterene	97
triamterene/hydrochlorothiazide	96
triderm	111
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valacyclovir hcl	70
valacyclovir hydrochloride	70
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VALGANCICLOVIR	66
valganciclovir hydrochloride	66
VALPROATE SODIUM	27
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valproic acid	72
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venlafaxine hydrochloride er	34
VENTAVIS	164
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verapamil hcl er	90
verapamil hcl sr	90
verapamil hydrochloride	90
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VERSACLOZ	65
VERZENIO	54
vestura	136
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VIDEX EC	68
VIDEX PEDIATRIC	68
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vigabatrin	29
vigadrone	29
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vincristine sulfate	49
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VIREAD	68
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VIVITROL	13
VIZIMPRO	55
volnea	137
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voriconazole	39
VOSEVI	66
VOTRIENT	55
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XTAMPZA ER	9
XTANDI	43
XULANE	137
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zafirlukast	161
ZALEPLON	166
ZALTRAP	49
ZANOSAR	43
zarah	137
ZARXIO	80
ZEJULA	55
ZELAPAR	59
ZELBORAF	55
ZEMAIRA	124
ZENATANE	108
ZENPEP	124
ZEVALIN Y-90	56
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zileuton er	161
ziprasidone hcl	64
ziprasidone mesylate	64
ZIRGAN	157
ZOKINVY	125
ZOLADEX	142
zoledronic acid	154
ZOLINZA	49
zolmitriptan	40
zolmitriptan odt	40
zolpidem tartrate	166
ZONISADE	30
zonisamide	30
ZORBTIVE	121
ZOSTAVAX	152
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zovia 1/35	137
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ZYDELIG	55
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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Samaritan Advantage Health Plans is an HMO with a Medicare contract. Enrollment in Samaritan Advantage Health Plans depends on contract renewal. Customer Service has free language interpreter services available for non-English speakers. This information is available in large print.

Samaritan Advantage Health Plans (HMO) complies with applicablefederal civilrights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ThisFormularywasupdated on11/01/2023.For morerecentinformationorotherquestions, please contact us, Samaritan Advantage Health Plans (HMO) Customer Service at **541-768-4550** or toll free at **800-832-4580** (TTY users should call 800-735-2900).

Customer Service is available:

- Oct. 1 to March 31: daily from 8 a.m. to 8 p.m.
- April 1 to Sept. 30: Monday through Friday from 8 a.m. to 8 p.m. You

can also **visits**amhealthplans.org/Find-a-Drug.