

FEP Medicare Prescription Drug Program Standard Option

2024 Formulary

List of Covered Drugs

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

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This formulary was updated on 09/29/2023. For more recent information or other questions, please contact us, FEP Medicare Prescription Drug Program Customer Care at 888-338-7737 (TTY users should call 711) 7 days per week, 24 hours per day, or visit [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx).

What is the FEP Medicare Prescription Drug Program Standard Option Formulary?

A formulary is a list of covered drugs selected by FEP Medicare Prescription Drug Program Standard Option 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. FEP Medicare Prescription Drug Program Standard Option will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FEP Medicare Prescription Drug Program Standard Option 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 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 find information in the section below titled “How do I request an exception to the FEP Medicare Prescription Drug Program Standard Option’s 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. We may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30 day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the FEP Medicare Prescription Drug Program Standard Option Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 09/29/2023. To get updated information about the drugs covered by FEP Medicare Prescription Drug Program Standard Option 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. 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 150. 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?

FEP Medicare Prescription Drug Program Standard Option 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:** FEP Medicare Prescription Drug Program Standard Option requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FEP Medicare Prescription Drug Program Standard Option before you fill your prescriptions. If you don't get approval, FEP Medicare Prescription Drug Program Standard Option may not cover the drug.
- **Quantity Limits:** For certain drugs, FEP Medicare Prescription Drug Program Standard Option limits the amount of the drug that FEP Medicare Prescription Drug Program Standard Option will cover. For example, FEP Medicare Prescription Drug Program Standard Option provides 30 tablets per prescription for atorvastatin 80 mg tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FEP Medicare Prescription Drug Program Standard Option 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, FEP Medicare Prescription Drug Program Standard Option may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FEP Medicare Prescription Drug Program Standard Option will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website, fepblue.org/medicarerx, 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 FEP Medicare Prescription Drug Program Standard Option 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 FEP Medicare Prescription Drug Program Standard Option’s formulary?” on page 4 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 Care and ask if your drug is covered. For more information, 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 learn that FEP Medicare Prescription Drug Program Standard Option does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by FEP Medicare Prescription Drug Program Standard Option. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by FEP Medicare Prescription Drug Program Standard Option.
- You can ask FEP Medicare Prescription Drug Program Standard Option to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the FEP Medicare Prescription Drug Program Standard Option’s Formulary?

You can ask FEP Medicare Prescription Drug Program Standard Option 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. 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, FEP Medicare Prescription Drug Program Standard Option limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, FEP Medicare Prescription Drug Program Standard Option 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 90 days you are a member of our plan.

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

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

Tier 1	Generic Drug
Tier 2	Preferred Brand Drug
Tier 3	Non-Preferred Drug
Tier 4	Specialty Tier

For more information

For more detailed information about your FEP Medicare Prescription Drug Program Standard Option prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about FEP Medicare Prescription Drug Program Standard Option, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

FEP Medicare Prescription Drug Program Standard Option Formulary

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

The information in the Requirements/Limits column tells you if FEP Medicare Prescription Drug Program Standard Option has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean at the beginning of this table.

B/D	The drug listed can be covered by Medicare Part B or Medicare Part D. This is determined on case-by-case basis depending on what the drug is used for and how it is administered.
LA	Limited Access: a drug that may not be available at all pharmacies
PA	Prior Authorization (approval): you must have approval from the plan before you can get this drug
QL	Quantity Limit: there is a limit to how much of the medicine we will cover
ST	Step Therapy: you must try another drug before you can get this one
NM	Drugs that are not available at mail order

CY24_4T_EXP eff 01/01/2024

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
ALLOPURINOL TABS 200mg	3	
<i>allopurinol sodium</i> SOLR 500mg	4	
ALOPRIM SOLR 500mg	4	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS TABS .6mg	3	QL (120 tabs / 30 days)
<i>febuxostat</i> TABS 40mg, 80mg	1	PA
KRYSTEXXA SOLN 8mg/ml	4	NM, LA, PA
MITIGARE CAPS .6mg	2	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	PA
ZYLOPRIM TABS 100mg, 300mg	3	
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	1	
<i>clonidine hcl (analgesia)</i> SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
CELEBREX CAPS 400mg	3	QL (30 caps / 30 days)
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
DAYPRO TABS 600mg	3	
<i>diclofenac potassium</i> CAPS 25mg	4	QL (120 caps / 30 days), PA
<i>diclofenac potassium</i> TABS 25mg	4	QL (120 tabs / 30 days), PA
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>diflunisal</i> TABS 500mg	1	
DUEXIS TAB 800-26.6	4	PA
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
FELDENE CAPS 10mg, 20mg	3	
<i>fenoprofen calcium</i> CAPS 400mg	1	QL (240 caps / 30 days), PA
<i>fenoprofen calcium</i> TABS 600mg	1	QL (150 tabs / 30 days), PA
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	1	PA
<i>ketoprofen</i> CAPS 25mg	4	QL (120 caps / 30 days), PA
<i>ketoprofen</i> CAPS 50mg	4	QL (180 caps / 30 days), PA
<i>ketoprofen</i> CP24 200mg	1	QL (30 caps / 30 days), PA
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	4	QL (5 bottles / 30 days), NM, LA, PA
<i>ketorolac tromethamine</i> TABS 10mg	1	QL (20 tabs / 30 days), PA; PA if 70 years and older
<i>lofena</i> TABS 25mg	4	QL (120 tabs / 30 days), PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>mefenamic acid</i> CAPS 250mg	1	
<i>meloxicam</i> CAPS 5mg, 10mg	1	QL (30 caps / 30 days), PA
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
NALFON CAPS 400mg	3	QL (240 caps / 30 days), PA
NALFON TABS 600mg	3	QL (150 tabs / 30 days), PA
NAPRELAN TB24 375mg	4	QL (120 tabs / 30 days), PA
NAPRELAN TB24 500mg	4	QL (90 tabs / 30 days), PA
NAPRELAN TB24 750mg	4	QL (60 tabs / 30 days), PA
<i>naproxen</i> SUSP 125mg/5ml	1	QL (1800 mL / 30 days), PA
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>naproxen sodium</i> TB24 375mg	1	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium</i> TB24 500mg	1	QL (90 tabs / 30 days), PA
<i>naproxen sodium</i> TB24 750mg	1	QL (60 tabs / 30 days), PA
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	4	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	4	PA
<i>oxaprozin</i> TABS 600mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	PA
SPRIX SOLN 15.75mg/spray	4	QL (5 bottles / 30 days), NM, LA, PA
<i>sulindac</i> TABS 150mg, 200mg	1	
VIMOVO TAB 375-20MG	4	PA
VIMOVO TAB 500-20MG	4	PA
ZIPSOR CAPS 25mg	4	QL (120 caps / 30 days), PA
ZORVOLEX CAPS 18mg, 35mg	3	QL (90 caps / 30 days), PA

OPIOID ANALGESICS, LONG-ACTING

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL (60 buccal films / 30 days), PA
BELBUCA FILM 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr	3	QL (4 patches / 28 days), PA
BUTRANS PTWK 20mcg/hr	4	QL (4 patches / 28 days), PA
CONZIP CP24 100mg, 200mg, 300mg	3	QL (30 caps / 30 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	QL (60 caps / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg	4	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	3	
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg	1	QL (60 caps / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	1	QL (30 caps / 30 days), PA
MS CONTIN TBCR 15mg, 30mg	3	QL (90 tabs / 30 days), PA
MS CONTIN TBCR 60mg, 100mg, 200mg	4	QL (90 tabs / 30 days), PA
NUCYNTA ER TB12 50mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (60 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>oxymorphone hcl</i> TB12 30mg, 40mg	4	QL (60 tabs / 30 days), PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg	1	QL (30 caps / 30 days), PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	3	QL (60 caps / 30 days), PA
XTAMPZA ER C12A 36mg	4	QL (60 caps / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>acetaminophen-caffeine-dihydrocodeine cap</i> 320.5-30-16 mg	1	QL (300 caps / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	3	
<i>butorphanol tartrate</i> SOLN 10mg/ml	1	QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	3	QL (180 tabs / 30 days)
<i>codeine sulfate</i> TABS 30mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DILAUDID LIQD 1mg/ml	3	QL (600 mL / 30 days)
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg	3	QL (180 tabs / 30 days)
DILAUDID TABS 8mg	4	QL (180 tabs / 30 days)
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	4	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	QL (120 tabs / 30 days), PA
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	4	QL (120 tabs / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
hydromorphone hcl SOLN 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	3	

Drug Name	Drug Tier	Requirements/Limits
NALOCET TAB 2.5-300	4	QL (360 tabs / 30 days), PA
NUCYNTA TABS 50mg, 75mg	3	QL (180 tabs / 30 days)
NUCYNTA TABS 100mg	4	QL (180 tabs / 30 days)
OXAYDO TABS 5mg	3	QL (180 tabs / 30 days)
OXAYDO TABS 7.5mg	4	QL (360 tabs / 30 days)
OXY-ACETAMIN TAB 7.5-300	4	QL (240 tabs / 30 days), PA
OXYCOD-APAP TAB 2.5-300	4	QL (360 tabs / 30 days), PA
OXYCOD/ACETA SOL 10/300MG	4	QL (900 mL / 30 days), PA
OXYCOD/APAP TAB 5-300MG	4	QL (360 tabs / 30 days), PA
OXYCOD/APAP TAB 10-300MG	4	QL (180 tabs / 30 days), PA
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	1	QL (1800 mL / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>oxymorphone hcl</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
PERCOCET TAB 2.5-325	4	QL (360 tabs / 30 days)
PERCOCET TAB 5-325MG	4	QL (360 tabs / 30 days)
PERCOCET TAB 7.5-325	4	QL (240 tabs / 30 days)
PERCOCET TAB 10-325MG	4	QL (180 tabs / 30 days)
PROLATE SOL 10/300MG	4	QL (900 mL / 30 days), PA
PROLATE TAB 5-300MG	4	QL (360 tabs / 30 days), PA
PROLATE TAB 7.5-300	4	QL (240 tabs / 30 days), PA
PROLATE TAB 10-300MG	4	QL (180 tabs / 30 days), PA
ROXICODONE TABS 15mg	3	QL (180 tabs / 30 days)
ROXICODONE TABS 30mg	4	QL (180 tabs / 30 days)
ROXYBOND TABA 5mg, 15mg, 30mg	4	QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SEGLENTIS TAB 56-44MG	3	QL (120 tabs / 30 days), PA
<i>tramadol hcl</i> SOLN 5mg/ml	1	QL (2400 mL / 30 days), PA
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol hcl</i> TABS 100mg	1	QL (120 tabs / 30 days), PA
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>trezix</i>	1	QL (300 caps / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

AEMCOLO TBEC 194mg	3	QL (12 tabs / 30 days)
<i>albendazole</i> TABS 200mg	4	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	NM, LA, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	NM, LA, PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	4	NM, LA, PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
<i>colistimethate sodium SOLR 150mg</i>	1	
COLY-MYCIN M SOLR 150mg	3	
CUBICIN RF SOLR 500mg	4	
DALVANCE SOLR 500mg	4	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>daptomycin SOLR 350mg, 500mg</i>	4	
DAPTOMYCIN SOLR 350mg, 500mg	4	
DARAPRIM TABS 25mg	4	PA
EMVERM CHEW 100mg	4	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL (1800 mL / 180 days)
FLAGYL CAPS 375mg	3	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
HIPREX TABS 1gm	3	
HUMATIN CAPS 250mg	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	4	PA
INVANZ SOLR 1gm	3	
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	4	
KITABIS PAK NEBU 300mg/5ml	4	NM, LA, PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	4	QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
MACROBID CAPS 100mg	3	
MACRODANTIN CAPS 25mg, 50mg, 100mg	3	
MEPRON SUSP 750mg/5ml	4	
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml; TABS 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
NEBUPENT SOLR 300mg	3	B/D
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	4	QL (6 tabs / 30 days)
<i>nitrofurantoin</i> SUSP 25mg/5ml	4	PA
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	2	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	
<i>paromomycin sulfate</i> CAPS 250mg	1	
PENTAM 300 SOLR 300mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
PRIMAXIN IV INJ 500MG	3	
<i>pyrimethamine</i> TABS 25mg	4	PA
RECARBRIO INJ 1.25GM	4	
SIVEXTRO SOLR 200mg; TABS 200mg	4	
SOLOSEC PACK 2gm	3	
<i>streptomycin sulfate</i> SOLR 1gm	4	
STROMECTOL TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>sulfadiazine</i> TABS 500mg	4	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	NM, LA, PA
TOBI PODHALER CAPS 28mg	4	NM, LA, PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	4	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>tobramycin sulfate</i> SOLR 1.2gm	4	PA
<i>trimethoprim</i> TABS 100mg	1	
VABOMERE INJ 2GM(1-1)	4	
VANCOGIN CAPS 125mg	4	QL (80 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
VANCOGIN CAPS 250mg	4	QL (160 caps / 180 days)
VANCOMYCIN SOLN 2000mg/400ml	3	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
<i>vancomycin hcl</i> SOLR 25mg/ml, 50mg/ml	1	QL (1800 mL / 180 days)
<i>vancomycin hcl</i> SOLR 250mg/5ml	3	QL (1800 mL / 180 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	
XENLETA SOLN 150mg/15ml; TABS 600mg	4	NM
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)
ZEMDRI SOLN 500mg/10ml	4	
ZYVOX SOLN 200mg/100ml	4	
ZYVOX SOLN 600mg/300ml	3	
ZYVOX SUSR 100mg/5ml	4	QL (1800 mL / 30 days)
ZYVOX TABS 600mg	4	QL (60 tabs / 30 days)
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	3	B/D
AMBISOME SUSR 50mg	4	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	4	B/D
ANCOBON CAPS 250mg, 500mg	4	PA
CANCIDAS SOLR 50mg, 70mg	4	
<i>casprofungin acetate</i> SOLR 50mg, 70mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	
CRESEMBA CAPS 186mg; SOLR 372mg	4	PA
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 100mg, 150mg	3	
DIFLUCAN TABS 200mg	4	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	4	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>itraconazole</i> SOLN 10mg/ml	4	
<i>ketoconazole</i> TABS 200mg	1	PA
MICAFUNGIN SOLR 50mg, 100mg	4	
<i>micafungin sodium</i> SOLR 50mg, 100mg	4	
MYCAMINE SOLR 50mg, 100mg	4	
NOXAFIL PACK 300mg	4	QL (32 packets / 30 days), PA
NOXAFIL SOLN 300mg/16.7ml	4	
NOXAFIL SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
NOXAFIL TBEC 100mg	4	QL (93 tabs / 30 days), PA
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SOLN 300mg/16.7ml	4	
<i>posaconazole</i> SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	4	QL (93 tabs / 30 days), PA
SPORANOX CAPS 100mg	3	PA
SPORANOX SOLN 10mg/ml	4	
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
TOLSURA CAPS 65mg	4	PA
VFEND SUSR 40mg/ml	4	PA
VFEND TABS 50mg	3	QL (480 tabs / 30 days), PA
VFEND TABS 200mg	3	QL (120 tabs / 30 days), PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	3	QL (18 caps / 84 days), PA
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	4	PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
QUALAQUIN CAPS 324mg	3	PA
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	4	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	4	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	4	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	4	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>etravirine</i> TABS 100mg, 200mg	4	NM
<i>fosamprenavir calcium</i> TABS 700mg	4	NM
FUZEON SOLR 90mg	4	NM, LA
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	4	NM
ISENTRESS CHEW 25mg	3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	NM
ISENTRESS HD TABS 600mg	4	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	4	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	1	NM
NORVIR PACK 100mg	3	NM
PIFELTRO TABS 100mg	4	NM

Drug Name	Drug Tier	Requirements/Limits
PREZISTA SUSP 100mg/ml	4	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days), NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	4	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	4	NM
SELZENTRY TABS 25mg	3	NM
<i>stavudine</i> CAPS 15mg, 20mg, 30mg, 40mg	1	NM
SUNLENCA TBPK 300mg	4	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	4	NM
TIVICAY PD TBSO 5mg	4	NM
TROGARZO SOLN 200mg/1.33ml	4	NM, LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	4	NM
BIKTARVY TAB 50-200-25 MG	4	NM
CIMDUO TAB 300-300	4	NM
COMBIVIR TAB 150-300	4	NM
COMPLERA TAB	4	NM
DELSTRIGO TAB	4	NM
DESCOVY TAB 120-15MG	4	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	4	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	4	NM

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	4	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	4	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	4	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EPZICOM TAB 600-300	4	NM
EVOTAZ TAB 300-150	4	NM
GENVOYA TAB	4	NM
JULUCA TAB 50-25MG	4	NM
KALETRA SOL	3	NM
KALETRA TAB 100-25MG	3	NM
KALETRA TAB 200-50MG	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	4	NM
PREZCOBIX TAB 800-150	4	NM
STRIBILD TAB	4	NM
SYMFI LO TAB	4	NM
SYMFI TAB	4	NM
SYMTUZA TAB	4	NM
TRIUMEQ PD TAB	4	NM
TRIUMEQ TAB	4	NM
TRIZIVIR TAB	4	NM
TRUVADA TAB 100-150	4	QL (30 tabs / 30 days), NM
TRUVADA TAB 133-200	4	QL (30 tabs / 30 days), NM
TRUVADA TAB 167-250	4	QL (30 tabs / 30 days), NM
TRUVADA TAB 200-300	4	QL (30 tabs / 30 days), NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	4	
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
MYAMBUTOL TABS 400mg	3	
MYCOBUTIN CAPS 150mg	4	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
RIFADIN SOLR 600mg	4	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	4	NM, LA, PA
TRECTOR TABS 250mg	3	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	4	NM
<i>cidofovir</i> SOLN 75mg/ml	1	
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	4	NM, PA
EPCLUSA PAK 200-50MG	4	NM, PA
EPCLUSA TAB 200-50MG	4	NM, PA
EPCLUSA TAB 400-100	4	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>foscarnet sodium</i> SOLN 6000mg/250ml	4	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	NM, PA
HARVONI PAK 45-200MG	4	NM, PA
HARVONI TAB 45-200MG	4	NM, PA
HARVONI TAB 90-400MG	4	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	4	QL (112 tabs / 28 days), NM, LA, PA
MAVYRET PAK 50-20MG	4	NM, PA
MAVYRET TAB 100-40MG	4	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	NM, PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS TABS 240mg, 480mg	4	QL (28 tabs / 28 days), PA
RAPIVAB SOLN 200mg/20ml	4	
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg	4	QL (2 tabs / 30 days), PA
TAMIFLU CAPS 30mg	3	QL (168 caps / year)
TAMIFLU CAPS 45mg, 75mg	3	QL (84 caps / year)
TAMIFLU SUSR 6mg/ml	3	QL (1080 mL / year)
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	4	
<i>valganciclovir hcl</i> SOLR 50mg/ml	4	
<i>valganciclovir hcl</i> TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	4	NM
VOSEVI TAB	4	NM, PA
XOFLUZA TBPK 40mg, 80mg	3	QL (1 tab / 180 days)

CEPHALOSPORINS

AVYCAZ INJ 2-0.5GM	4	
<i>cefactor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACTOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	
ZERBAXA INJ 1.5GM	4	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	
<i>e.e.s. 400</i> TABS 400mg	1	
E.E.S. GRANULES SUSR 200mg/5ml	3	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYPED 200 SUSR 200mg/5ml	3	
ERYPED 400 SUSR 400mg/5ml	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml; TABS 400mg	1	
<i>erythromycin ethylsuccinate</i> SUSR 400mg/5ml	4	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
<i>ciprofloxacin</i> SUSR 5gm/100ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 200- 28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400- 57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200- 28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250- 62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600- 42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2- 1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
NAFCILLIN INJ 1GM/50ML	4	
NAFCILLIN INJ 2GM/100	4	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	4	
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
PENICILLIN G PROCAINE SUSP 600000unit/ml	3	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	

Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.50GM	3	

TETRACYCLINES

<i>demeclocycline hcl</i> TABS 150mg, 300mg	1	
DORYX TBEC 50mg, 80mg	3	PA
DORYX MPC TBEC 60mg	3	PA
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
<i>doxycycline (monohydrate)</i> CAPS 75mg, 150mg	1	PA
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>doxycycline hyclate</i> TABS 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 100mg, 150mg, 200mg	1	PA
<i>doxycycline hyclate</i> TBEC 80mg	4	PA
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg	1	
<i>minocycline hcl</i> TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	PA
MINOLIRA TB24 105mg, 135mg	3	PA
NUZYRA SOLR 100mg; TABS 150mg	4	NM, LA
SEYSARA TABS 60mg, 100mg, 150mg	4	PA
SOLODYN TB24 55mg, 65mg, 80mg, 105mg, 115mg	3	PA
<i>targadox</i> TABS 50mg	1	PA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	4	
TIGECYCLINE SOLR 50mg	4	
TYGACIL SOLR 50mg	4	
VIBRAMYCIN CAPS 100mg; SUSR 25mg/5ml	3	
XERAVA SOLR 50mg, 100mg	3	
XIMINO CP24 45mg, 90mg, 135mg	3	PA

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl</i> SOLR 25mg, 100mg	4	B/D, NM
BENDEKA SOLN 100mg/4ml	4	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	4	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	B/D
GLEOSTINE CAPS 10mg, 40mg	3	NM
GLEOSTINE CAPS 100mg	4	NM
IFEX SOLR 3gm	3	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
LEUKERAN TABS 2mg	4	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	4	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
TREANDA SOLR 25mg, 100mg	4	B/D, NM, LA
ZEPZELCA SOLR 4mg	4	NM, LA, PA
ANTIBIOTICS		
<i>bleomycin sulfate</i> SOLR 15unit, 30unit	1	B/D
DOXIL INJ 2mg/ml	4	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	4	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
<i>mitomycin</i> SOLR 5mg	1	B/D
<i>mitomycin</i> SOLR 20mg, 40mg	4	B/D
<i>valrubicin</i> SOLN 40mg/ml	4	B/D, NM
VALSTAR SOLN 40mg/ml	4	B/D, NM, LA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	B/D
<i>azacitidine</i> SUSR 100mg	4	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	1	B/D
<i>decitabine</i> SOLR 50mg	4	B/D, NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	NM, PA
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	3	B/D
INFUGEM SOL 1200MG	4	B/D
INFUGEM SOL 1300MG	4	B/D
INFUGEM SOL 1400MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
INFUGEM SOL 1500MG	4	B/D
INFUGEM SOL 1600MG	4	B/D
INFUGEM SOL 1700MG	4	B/D
INFUGEM SOL 1800MG	4	B/D
INFUGEM SOL 1900MG	4	B/D
INFUGEM SOL 2000MG	4	B/D
INFUGEM SOL 2200MG	4	B/D
INQOVI TAB 35-100MG	4	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	4	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	4	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	4	QL (14 tabs / 28 days), NM, LA, PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	4	B/D
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	4	B/D
PURIXAN SUSP 2000mg/100ml	4	NM, LA
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	4	B/D, NM, LA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	4	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
ARIMIDEX TABS 1mg	4	
AROMASIN TABS 25mg	4	
<i>bicalutamide</i> TABS 50mg	1	
CASODEX TABS 50mg	4	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	NM, PA
EMCYT CAPS 140mg	4	
ERLEADA TABS 60mg	4	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	4	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	4	
<i>exemestane</i> TABS 25mg	1	
FARESTON TABS 60mg	4	
FASLODEX SOSY 250mg/5ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	NM, PA
FIRMAGON SOLR 120mg/vial	4	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	4	B/D
<i>hydroxyprogesterone caproate (antineoplastic)</i> SOLN 1.25gm/5ml	4	B/D
<i>letrozole</i> TABS 2.5mg	1	
LEUPROLIDE ACETATE INJ 22.5mg	3	NM, PA
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	NM, PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	NM, PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	NM, PA
LYSODREN TABS 500mg	4	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	2	
NILANDRON TABS 150mg	4	
<i>nilutamide</i> TABS 150mg	4	
NUBEQA TABS 300mg	4	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	4	NM, LA, PA
ORSERDU TABS 86mg	4	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	4	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	4	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	NM, PA
XTANDI CAPS 40mg	4	QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	4	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	4	QL (60 tabs / 30 days), NM, LA, PA
YONSA TABS 125mg	4	QL (120 tabs / 30 days), NM, LA, PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM, PA
ZYTIGA TABS 250mg	4	QL (120 tabs / 30 days), NM, LA, PA
ZYTIGA TABS 500mg	4	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), NM, LA, PA

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

MISCELLANEOUS

ASPARLAS SOLN 3750unit/5ml	4	NM, LA, PA
BESREMI SOSY 500mcg/ml	4	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
<i>dacarbazine</i> SOLR 100mg	1	B/D
HYDREA CAPS 500mg	3	
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
KISQALI 200 PAK FEMARA	4	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	4	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	4	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	4	NM, LA
<i>mitoxantrone hcl</i> CONC 2mg/ml	1	B/D, NM
NIPENT SOLR 10mg	4	B/D
ONCASPAR SOLN 750unit/ml	4	NM, PA
ONIVYDE INJ 43mg/10ml	4	B/D, NM, LA
RYLAZE SOLN 10mg/0.5ml	4	NM, LA, PA
SYNRIBO SOLR 3.5mg	4	NM, PA
TARGRETIN CAPS 75mg	4	QL (300 caps / 30 days), NM, PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
<i>topotecan hcl</i> SOLN 4mg/4ml; SOLR 4mg	4	B/D
<i>tretinoin (chemotherapy)</i> CAPS 10mg	4	
WELIREG TABS 40mg	4	QL (90 tabs / 30 days), NM, LA, PA

MITOTIC INHIBITORS

ABRAXANE INJ 100MG	4	B/D, NM, LA
<i>docetaxel</i> CONC 20mg/ml	1	B/D
DOCETAXEL CONC 20mg/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
ETOPOPHOS SOLR 100mg	3	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	B/D, NM
IXEMPRA KIT SOLR 15mg, 45mg	4	B/D, NM
JEVTANA SOLN 60mg/1.5ml	4	NM, LA, PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
PACLITAXEL INJ 100MG	4	B/D, NM
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	4	B/D, NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

MOLECULAR TARGET AGENTS

AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	4	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	4	QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	4	QL (240 caps / 30 days), NM, LA, PA
ALIQOPA SOLR 60mg	4	NM, LA, PA
ALUNBRIG TABS 30mg	4	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	4	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	4	QL (30 tabs / 30 days), NM, LA, PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	NM, PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	4	B/D, NM, LA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	4	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	4	QL (56 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 5mg	4	QL (28 tabs / 28 days), NM, LA, PA
BAVENCIO SOLN 200mg/10ml	4	NM, LA, PA
BELEODAQ SOLR 500mg	4	NM, LA, PA
BESPONSA SOLR .9mg	4	NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	4	NM, PA
BOSULIF TABS 100mg	4	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	4	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	4	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	4	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	4	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	4	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	4	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	4	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	4	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	4	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	4	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	4	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	4	QL (63 tabs / 28 days), NM, LA, PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	NM, LA, PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	NM, LA, PA
DARZALEX SOL FASPRO	4	NM, LA, PA
DAURISMO TABS 25mg	4	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	4	QL (30 tabs / 30 days), NM, LA, PA
EMPLICITI SOLR 300mg, 400mg	4	NM, LA, PA
ENHERTU SOLR 100mg	4	NM, LA, PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE CAPS 150mg	4	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	4	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	4	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	4	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	4	QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	4	QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	4	QL (21 caps / 28 days), NM, LA, PA
FYARRO SUSR 100mg	4	NM, LA, PA
GAVRETO CAPS 100mg	4	QL (120 caps / 30 days), NM, LA, PA
GAZYVA SOLN 1000mg/40ml	4	NM, LA, PA
<i>gefitinib</i> TABS 250mg	4	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	QL (30 tabs / 30 days), NM, LA, PA
GLEEVEC TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
GLEEVEC TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	4	NM, LA, PA
HERCEPTIN SOLR 150mg	4	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	4	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	4	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	4	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	4	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	4	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 140mg	4	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	4	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	4	QL (30 tabs / 30 days), NM, LA, PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	NM, LA, PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	NM, LA, PA
INLYTA TABS 1mg	4	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	4	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	4	QL (120 caps / 30 days), NM, LA, PA
IRESSA TABS 250mg	4	QL (30 tabs / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	4	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	4	QL (60 tabs / 30 days), NM, LA, PA
JEMPERLI SOLN 500mg/10ml	4	NM, LA, PA
KADCYLA SOLR 100mg, 160mg	4	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	4	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	4	NM, LA, PA
KIMMTRAK SOLN 100mcg/0.5ml	4	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	4	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	4	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	4	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	4	QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	4	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	4	QL (180 tabs / 30 days), NM, LA, PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	4	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), NM, LA, PA
LIBTAYO SOLN 350mg/7ml	4	NM, LA, PA
LORBRENA TABS 25mg	4	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	4	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	4	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	4	QL (90 tabs / 30 days), NM, LA, PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	NM, LA, PA
LYNPARZA TABS 100mg, 150mg	4	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	4	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	4	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	4	QL (140 tabs / 28 days), NM, LA, PA
MARGENZA SOLN 250mg/10ml	4	NM, LA, PA
MEKINIST SOLR .05mg/ml	4	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	4	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	4	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	4	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	4	NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	NM, LA, PA
MYLOTARG SOLR 4.5mg	4	NM, LA, PA
NERLYNX TABS 40mg	4	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	4	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	4	QL (30 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
OGIVRI SOLR 150mg	4	NM, LA, PA
OGIVRI INJ 420MG	4	NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	4	NM, LA, PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	NM, LA, PA
OPDUALAG SOL	4	NM, LA, PA
PADCEV SOLR 20mg, 30mg	4	NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	QL (14 tabs / 21 days), NM, LA, PA
PERJETA SOLN 420mg/14ml	4	NM, LA, PA
PHESGO SOL	4	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	4	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	QL (56 tabs / 28 days), NM, PA
POLIVY SOLR 30mg, 140mg	4	NM, LA, PA
PORTRAZZA SOLN 800mg/50ml	4	NM, LA, PA
POTELIGEO SOLN 20mg/5ml	4	NM, LA, PA
QINLOCK TABS 50mg	4	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	4	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	4	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	4	QL (60 caps / 30 days), NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	4	NM, LA, PA
RITUXAN INJ HYCELA	4	NM, LA, PA
ROZLYTREK CAPS 100mg	4	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	4	QL (90 caps / 30 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	4	QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
RYBREVANT SOLN 350mg/7ml	4	NM, LA, PA
RYDAPT CAPS 25mg	4	QL (224 caps / 28 days), NM, PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	NM, LA, PA
SCSEMBLIX TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	4	QL (300 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i> TABS 200mg	4	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	4	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	4	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), NM, PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), NM, LA, PA
TABRECTA TABS 150mg, 200mg	4	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	4	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	4	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	4	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	4	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	4	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	4	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	4	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	4	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	NM, LA, PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	NM, LA, PA
<i>temsirolimus</i> SOLN 25mg/ml	4	B/D, NM
TEPMETKO TABS 225mg	4	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	4	QL (60 tabs / 30 days), NM, LA, PA
TIVDAK SOLR 40mg	4	NM, LA, PA
TORISEL SOLN 25mg/ml	4	B/D, NM
TRAZIMERA SOLR 150mg, 420mg	4	NM, PA
TRODELVY SOLR 180mg	4	NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	NM, PA
TUKYSA TABS 50mg, 150mg	4	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	4	QL (120 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TYKERB TABS 250mg	4	QL (180 tabs / 30 days), NM, LA, PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	B/D, NM, LA
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	NM, PA
VELCADE SOLR 3.5mg	4	NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	4	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	4	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	4	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	4	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	4	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	4	QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	4	QL (120 tabs / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg	4	QL (120 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	4	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	4	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	4	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	4	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	4	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	4	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	4	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	4	QL (8 tabs / 28 days), NM, LA, PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	NM, LA, PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ZEJULA CAPS 100mg	4	QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	4	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	NM, LA, PA
ZOLINZA CAPS 100mg	4	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	4	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	4	QL (84 tabs / 28 days), NM, LA, PA
ZYNLONTA SOLR 10mg	4	NM, LA, PA
ZYNYZ SOLN 500mg/20ml	4	NM, LA, PA

PROTECTIVE AGENTS

<i>dexrazoxane hcl</i> SOLR 250mg, 500mg	4	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	B/D
KHAPZORY SOLR 175mg	4	B/D, NM, LA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
<i>levoleucovorin calcium</i> SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D, NM
MESNEX TABS 400mg	4	

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
LOTREL CAP 5-10MG	3	QL (30 caps / 30 days)
LOTREL CAP 5-20MG	3	QL (30 caps / 30 days)
LOTREL CAP 10-20MG	3	QL (30 caps / 30 days)
LOTREL CAP 10-40MG	3	QL (30 caps / 30 days)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	3	
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate SOLN 1mg/ml; TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
EPANED SOLN 1mg/ml	4	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg	3	
VASOTEC TABS 20mg	4	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
<i>eplerenone</i> TABS 25mg, 50mg	1	
INSPIRA TABS 25mg, 50mg	3	
KERENDIA TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil</i> tab 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan</i> tab 10-320 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	QL (30 tabs / 30 days)
ATACAND HCT TAB 16-12.5	3	QL (60 tabs / 30 days)
ATACAND HCT TAB 32-12.5	3	QL (30 tabs / 30 days)
ATACAND HCT TAB 32-25MG	3	QL (30 tabs / 30 days)
AVALIDE TAB 150-12.5	3	QL (60 tabs / 30 days)
AVALIDE TAB 300-12.5	3	QL (30 tabs / 30 days)
AZOR TAB 5-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 20-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	3	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
DIOVAN HCT TAB 80/12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-25MG	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-25MG	3	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	3	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-25MG	3	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	2	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	2	QL (60 tabs / 30 days)
EXFORGE HCT TAB 5-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 5-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-320-25MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>HYZAAR TAB 50-12.5</i>	3	
<i>HYZAAR TAB 100-12.5</i>	3	
<i>HYZAAR TAB 100-25</i>	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>MICARDIS HCT TAB 40/12.5</i>	3	QL (30 tabs / 30 days)
<i>MICARDIS HCT TAB 80-25MG</i>	3	QL (30 tabs / 30 days)
<i>MICARDIS HCT TAB 80/12.5</i>	3	QL (60 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>TRIBENZOR20- TAB 5-12.5MG</i>	3	QL (30 tabs / 30 days)
<i>TRIBENZOR40- TAB 5-12.5MG</i>	3	QL (30 tabs / 30 days)
<i>TRIBENZOR40- TAB 5-25MG</i>	3	QL (30 tabs / 30 days)
<i>TRIBENZOR40- TAB 10-12.5</i>	3	QL (30 tabs / 30 days)
<i>TRIBENZOR40- TAB 10-25MG</i>	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TABS 4mg, 8mg, 16mg	3	QL (60 tabs / 30 days)
ATACAND TABS 32mg	3	QL (30 tabs / 30 days)
AVAPRO TABS 75mg, 150mg, 300mg	3	QL (30 tabs / 30 days)
BENICAR TABS 5mg	3	QL (60 tabs / 30 days)
BENICAR TABS 20mg, 40mg	3	QL (30 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil</i> TABS 32mg	1	QL (30 tabs / 30 days)
COZAAR TABS 25mg, 50mg, 100mg	3	
DIOVAN TABS 40mg, 80mg, 160mg	3	QL (60 tabs / 30 days)
DIOVAN TABS 320mg	3	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	3	QL (30 tabs / 30 days)
<i>irbesartan</i> TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>losartan potassium</i> TABS 25mg, 50mg, 100mg	1	
MICARDIS TABS 20mg, 40mg, 80mg	3	QL (30 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 5mg	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
VALSARTAN SOLN 4mg/ml	4	QL (2400 mL / 30 days), PA
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	3	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAPS 100mg, 150mg	3	
NORPACE CR CP12 100mg, 150mg	3	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg, 325mg, 425mg	3	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM

ANTILIPEMICS, FIBRATES

ANTARA CAPS 90mg	3	QL (30 caps / 30 days), PA
<i>choline fenofibrate</i> CPDR 45mg, 135mg	1	
<i>fenofibrate</i> CAPS 50mg	1	QL (60 caps / 30 days), PA
<i>fenofibrate</i> CAPS 150mg	1	QL (30 caps / 30 days), PA
<i>fenofibrate</i> TABS 40mg	1	QL (60 tabs / 30 days), PA
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate</i> TABS 120mg	1	QL (30 tabs / 30 days), PA
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>fenofibrate micronized</i> CAPS 90mg, 130mg	1	QL (30 caps / 30 days), PA
FENOGLIDE TABS 40mg	3	QL (60 tabs / 30 days), PA
FENOGLIDE TABS 120mg	4	QL (30 tabs / 30 days), PA
<i>gemfibrozil</i> TABS 600mg	1	
LIPOFEN CAPS 50mg	3	QL (60 caps / 30 days), PA
LIPOFEN CAPS 150mg	3	QL (30 caps / 30 days), PA
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILIPIX CPDR 45mg, 135mg	3	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	4	QL (30 tabs / 30 days), ST
ATORVALIQ SUSP 20mg/5ml	3	QL (600 mL / 30 days), ST
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	3	QL (30 caps / 30 days), ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	QL (300 mL / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	1	QL (30 tabs / 30 days), ST
LESCOL XL TB24 80mg	3	QL (30 tabs / 30 days), ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	3	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZOCOR TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	3	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	NM, LA, PA
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	4	NM, LA, PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days), PA
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days), PA
<i>niacin (antihyperlipidemic) TABS 500mg</i>	1	PA
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>niacor TABS 500mg</i>	1	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	2	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	2	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	2	NM, PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-20MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-40MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-80MG	3	QL (30 tabs / 30 days)
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5- 6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10- 6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50- 25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	3	QL (60 tabs / 30 days)
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg	1	QL (30 caps / 30 days)
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	3	QL (30 caps / 30 days)
CORGARD TABS 20mg, 40mg	3	
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg	1	
LABETALOL HYDROCHLORIDE SOSY 10mg/2ml	3	
LOPRESSOR TABS 50mg, 100mg	3	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	4	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
CONJUPRI TABS 2.5mg, 5mg	3	QL (30 tabs / 30 days), PA
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
<i>levamlodipine maleate</i> TABS 2.5mg, 5mg	1	QL (30 tabs / 30 days), PA
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
NICARDIPINE SOL 20/200ML	3	
NICARDIPINE SOL 40/200ML	3	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	
PROCARDIA XL TB24 30mg, 60mg, 90mg	3	
SULAR TB24 8.5mg, 17mg, 34mg	3	
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

Drug Name	Drug Tier	Requirements/Limits
VERELAN CP24 120mg, 180mg, 240mg, 360mg	3	
VERELAN PM CP24 100mg, 200mg, 300mg	3	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
ALDACTAZIDE TAB 25/25	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>dichlorphenamide</i> TABS 50mg	4	NM, PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECIN TABS 25mg	4	
<i>ethacrynic acid</i> TABS 25mg	1	
FUROSCIX CTKT 80mg/10ml	4	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	4	NM, LA, PA
LASIX TABS 20mg, 40mg, 80mg	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
SOANZ TABS 20mg, 40mg, 60mg	3	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
THALITONE TABS 15mg	3	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> CAPS 50mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium</i> <i>tab 10-80 mg</i>	1	
ASPRUZYO SPRINKLE PACK 500mg, 1000mg	3	PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (30 caps / 30 days), NM, LA, PA
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	2	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
DEMSER CAPS 250mg	4	PA
DIBENZYLINE CAPS 10mg	4	PA
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i> CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	2	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	1	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	
LANOXIN TABS 125mcg, 250mcg	3	QL (30 tabs / 30 days)
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
<i>metyrosine</i> CAPS 250mg	4	PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
NORTHERA CAPS 100mg	4	QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAPS 200mg, 300mg	4	QL (180 caps / 30 days), NM, LA, PA
<i>phenoxybenzamine hcl</i> CAPS 10mg	4	PA
<i>ranolazine</i> TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)
VYNDAMAX CAPS 61mg	4	QL (30 caps / 30 days), NM, LA, PA
VYNDAQEL CAPS 20mg	4	QL (120 caps / 30 days), NM, LA, PA

NITRATES

ISORDIL TITRADOSE TABS 5mg	3	
ISORDIL TITRADOSE TABS 40mg	4	PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide dinitrate</i> TABS 40mg	1	PA
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	2	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL PUMPSPRAY SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	QL (90 tabs / 30 days), NM, LA, PA
alyq TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
bosentan TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), NM, LA, PA
epoprostenol sodium SOLR .5mg, 1.5mg	4	B/D, NM, LA
FLOLAN SOLR .5mg, 1.5mg	4	B/D, NM, LA
LETAIRIS TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
LIQREV SUSP 10mg/ml	4	QL (244 mL / 30 days), NM, PA
OPSUMIT TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	NM, LA, PA
ORENITRAM TBCR .125mg	3	NM, LA, PA
ORENITRAM TAB MONTH 1	4	NM, LA, PA
ORENITRAM TAB MONTH 2	4	NM, LA, PA
ORENITRAM TAB MONTH 3	4	NM, LA, PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, LA, PA
REVATIO SOLN 10mg/12.5ml	4	NM, PA
REVATIO SUSR 10mg/ml	4	QL (784 mL / 30 days), NM, PA
REVATIO TABS 20mg	4	QL (360 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	4	NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml	4	QL (784 mL / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
TADLIQ SUSP 20mg/5ml	4	QL (300 mL / 30 days), NM, PA
TRACLEER TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), NM, LA, PA
TRACLEER TBSO 32mg	4	QL (120 tabs / 30 days), NM, LA, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TYVASO SOLN .6mg/ml	4	NM, LA, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	4	QL (112 cartridges / 28 days), NM, LA, PA
TYVASO DPI POW 16-32-48	4	QL (252 cartridges / 28 days), NM, LA, PA
TYVASO DPI POW 16-32MCG	4	QL (196 cartridges / 28 days), NM, LA, PA
TYVASO DPI POW 32-48MCG	4	QL (224 cartridges / 28 days), NM, LA, PA
UPTRAVI SOLR 1800mcg	4	NM, LA, PA
UPTRAVI TABS 200mcg	4	QL (140 tabs / 28 days), NM, LA, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI PACK TAB 200/800	4	QL (1 pack / 28 days), NM, LA, PA
VELETRI SOLR .5mg, 1.5mg	4	B/D, NM, LA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	4	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>alprazolam</i> TB24 2mg, 3mg	1	QL (90 tabs / 30 days), PA; PA if 65 years and older
<i>alprazolam</i> TB24 .5mg, 1mg	1	QL (150 tabs / 30 days), PA; PA if 65 years and older
<i>alprazolam</i> TBDP .25mg	1	QL (120 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	QL (300 mL / 30 days)
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	4	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg	1	QL (120 caps / 30 days), PA; PA if 65 years and older
<i>fluvoxamine maleate</i> CP24 100mg, 150mg	1	QL (60 caps / 30 days)
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
LOREEV XR CS24 1mg, 1.5mg, 2mg	3	QL (150 caps / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
LOREEV XR CS24 3mg	3	QL (90 caps / 30 days), PA; PA if 65 years and older
<i>oxazepam</i> CAPS 10mg, 15mg, 30mg	1	QL (120 caps / 30 days), PA; PA if 65 years and older
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	QL (150 tabs / 30 days)
XANAX XR TB24 2mg, 3mg	3	QL (90 tabs / 30 days), PA; PA if 65 years and older
XANAX XR TB24 .5mg, 1mg	3	QL (150 tabs / 30 days), PA; PA if 65 years and older

ANTIDEMENTIA

ADLARITY PTWK 5mg/day, 10mg/day	3	QL (4 patches / 28 days), PA
ARICEPT TABS 5mg	3	QL (30 tabs / 30 days)
ARICEPT TABS 10mg, 23mg	3	
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg, 23mg; TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	QL (30 patches / 30 days)
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMENDA TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
NAMENDA TAB 5-10MG	3	PA; PA applies if 29 years and younger
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg	3	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
NAMZARIC CAP PACK	3	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2	
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	PA
APLENZIN TB24 174mg	4	QL (60 tabs / 30 days), PA
APLENZIN TB24 348mg, 522mg	4	QL (30 tabs / 30 days), PA
AUVELITY TAB 45-105MG	3	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>bupropion hcl</i> TB24 450mg	1	QL (30 tabs / 30 days), PA
CELEXA TABS 10mg, 20mg, 40mg	3	
CITALOPRAM HYDROBROMIDE CAPS 30mg	3	QL (30 caps / 30 days), PA
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	3	PA
CYMBALTA CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
DESVENLAFAXINE ER TB24 50mg, 100mg	3	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days)
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	3	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	3	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hcl</i> CPDR 90mg	1	QL (4 caps / 28 days)
<i>fluoxetine hcl</i> TABS 10mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>fluoxetine hcl</i> TABS 20mg	1	QL (120 tabs / 30 days), PA
<i>fluoxetine hcl (p added)</i> TABS 10mg	1	QL (30 tabs / 30 days), PA; (generic of SARAFEM)
<i>fluoxetine hcl (p added)</i> TABS 20mg	1	QL (120 tabs / 30 days), PA; (generic of SARAFEM)
FLUOXETINE HYDROCHLORIDE TABS 60mg	3	QL (30 tabs / 30 days), PA
FORFIVO XL TB24 450mg	3	QL (30 tabs / 30 days), PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3	
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg	3	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; T added 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	4	
PARNATE TABS 10mg	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days)
PAXIL SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	2	PA; PA if 70 years and older
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	PA; PA if 70 years and older
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine-amitriptyline tab 4-25 mg</i>	2	PA; PA if 70 years and older
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	PA; PA if 70 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days), PA
<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
PROZAC CAPS 10mg, 20mg	3	
PROZAC CAPS 40mg	4	
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	3	QL (30 caps / 30 days), PA
SPRAVATO SOL 56MG DOS	4	NM, LA, PA
SPRAVATO SOL 84MG DOS	4	NM, LA, PA
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	3	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	3	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days)
VENLAFAXINE BESYLATE ER TB24 112.5mg	3	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TB24 225mg	1	QL (30 tabs / 30 days), PA
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	3	QL (2 starter packs / year)
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3	QL (60 tabs / 30 days), PA
WELLBUTRIN XL TB24 150mg	4	QL (60 tabs / 30 days), PA
WELLBUTRIN XL TB24 300mg	4	QL (30 tabs / 30 days), PA
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	3	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	
NOURIANZ TABS 20mg, 40mg	4	QL (30 tabs / 30 days), NM, LA
ONGENTYS CAPS 25mg, 50mg	3	QL (30 caps / 30 days), PA
OSMOLEX ER TB24 129mg, 193mg	3	QL (30 tabs / 30 days), NM, LA, PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	2	PA; PA if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	1	PA; PA if 70 years and older
XADAGO TABS 50mg, 100mg	4	
ZELAPAR TBDP 1.25mg	4	
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (30 tabs / 30 days)
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	4	QL (1 syringe / 56 days), PA
ABILIFY MAINTENA PRSY 300mg, 400mg	4	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	4	QL (1 injection / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days), PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days), PA
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	4	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	4	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
CLOZARIL TABS 25mg, 50mg	3	
CLOZARIL TABS 100mg	4	QL (270 tabs / 30 days)
CLOZARIL TABS 200mg	4	QL (120 tabs / 30 days)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK	3	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
GEODON SOLR 20mg	3	QL (6 injections / 3 days)
HALDOL DECANOATE 100 SOLN 100mg/ml	3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 1.5mg, 3mg, 9mg	3	QL (30 tabs / 30 days)
INVEGA TB24 6mg	3	QL (60 tabs / 30 days)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	4	QL (30 tabs / 30 days), PA
LYBALVI TAB 10-10MG	4	QL (30 tabs / 30 days), PA
LYBALVI TAB 15-10MG	4	QL (30 tabs / 30 days), PA
LYBALVI TAB 20-10MG	4	QL (30 tabs / 30 days), PA
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL SOLN 1mg/ml	3	QL (240 mL / 30 days)
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg, 25mg	3	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	4	QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
SAPHRIS SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
SEROQUEL TABS 25mg	3	QL (180 tabs / 30 days)
SEROQUEL TABS 50mg, 100mg, 200mg	3	QL (90 tabs / 30 days)
SEROQUEL TABS 300mg	3	QL (60 tabs / 30 days)
SEROQUEL TABS 400mg	4	QL (60 tabs / 30 days)
SEROQUEL XR TB24 50mg, 300mg, 400mg	3	QL (60 tabs / 30 days), PA
SEROQUEL XR TB24 150mg, 200mg	3	QL (30 tabs / 30 days), PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	4	QL (1 syringe / 30 days), PA
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	QL (1 syringe / 60 days), PA
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	4	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	4	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	3	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA SOLR 10mg	3	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
ZYPREXA TABS 7.5mg	3	QL (30 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	4	QL (30 tabs / 30 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	4	QL (1 vial / 28 days), NM, PA
ZYPREXA ZYDIS TBDP 5mg	3	QL (30 tabs / 30 days)
ZYPREXA ZYDIS TBDP 10mg	3	QL (60 tabs / 30 days)
ZYPREXA ZYDIS TBDP 15mg, 20mg	4	QL (30 tabs / 30 days)

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
BANZEL TABS 200mg	4	QL (480 tabs / 30 days), PA
BANZEL TABS 400mg	4	QL (240 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg	4	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	4	QL (180 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250mg	4	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	4	QL (180 packets / 30 days), NM, LA, PA
DIASTAT ACUDIAL GEL 10mg, 20mg	3	
DIASTAT PEDIATRIC GEL 2.5mg	3	
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	4	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	3	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	4	
<i>felbamate</i> TABS 400mg, 600mg	1	
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	4	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	4	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	
KLONOPIN TABS 2mg	3	QL (300 tabs / 30 days)
KLONOPIN TABS .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	4	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	4	
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg	3	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	4	
LAMICTAL XR KIT	3	
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	1	
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	
<i>levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA
LYRICA CAPS 200mg	3	QL (90 caps / 30 days), PA
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA
LYRICA SOLN 20mg/ml	3	QL (900 mL / 30 days), PA
<i>methsuximide CAPS 300mg</i>	1	
MYSOLINE TABS 50mg, 250mg	4	
NAYZILAM SOLN 5mg/0.1ml	3	
NEURONTIN CAPS 100mg, 300mg, 400mg	3	QL (180 caps / 30 days)
NEURONTIN SOLN 250mg/5ml	3	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4	QL (120 tabs / 30 days)
ONFI SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
ONFI TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg</i>	1	
OXTELLAR XR TB24 150mg, 300mg	3	
OXTELLAR XR TB24 600mg	4	
<i>phenobarbital ELIX 20mg/5ml</i>	3	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	3	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	3	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	1	
<i>phenytoin sodium SOLN 50mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
QUDEXY XR CS24 25mg	3	QL (480 caps / 30 days), PA
QUDEXY XR CS24 50mg	3	QL (240 caps / 30 days), PA
QUDEXY XR CS24 100mg	3	QL (120 caps / 30 days), PA
QUDEXY XR CS24 150mg, 200mg	4	QL (60 caps / 30 days), PA
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	4	QL (240 tabs / 30 days), PA
SABRIL PACK 500mg	4	QL (180 packets / 30 days), NM, LA, PA
SABRIL TABS 500mg	4	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TB3D 250mg	3	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	3	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	3	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	3	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>subvenite starter kit/blu</i> KIT 25mg	1	
<i>subvenite starter kit/gre</i>	1	
<i>subvenite starter kit/ora</i>	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	4	QL (60 films / 30 days), PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg	3	

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS 50mg, 100mg, 200mg	4	
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	
<i>topiramate</i> CP24 25mg; CS24 25mg	1	QL (480 caps / 30 days), PA
<i>topiramate</i> CP24 50mg; CS24 50mg	1	QL (240 caps / 30 days), PA
<i>topiramate</i> CP24 100mg	4	QL (120 caps / 30 days), PA
<i>topiramate</i> CP24 200mg; CS24 150mg, 200mg	4	QL (60 caps / 30 days), PA
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> CS24 100mg	1	QL (120 caps / 30 days), PA
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	
TRILEPTAL TABS 150mg	3	
TROKENDI XR CP24 25mg	3	QL (480 caps / 30 days), PA
TROKENDI XR CP24 50mg	3	QL (240 caps / 30 days), PA
TROKENDI XR CP24 100mg	4	QL (120 caps / 30 days), PA
TROKENDI XR CP24 200mg	4	QL (60 caps / 30 days), PA
VALIUM TABS 2mg, 5mg, 10mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	
<i>vigabatrin</i> PACK 500mg	4	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	4	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	4	QL (180 packets / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	3	
VIMPAT TABS 50mg	3	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TABS 50mg, 100mg	4	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	4	QL (28 tabs / 28 days)
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONEGRAN CAPS 25mg, 100mg	4	
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	4	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

ADDERALL TAB 5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 7.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 10MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 12.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 15MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 20MG	3	QL (90 tabs / 30 days), PA
ADDERALL TAB 30MG	3	QL (60 tabs / 30 days), PA
ADDERALL XR CAP 5MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 10MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 15MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 20MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 25MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 30MG	3	QL (30 caps / 30 days), PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg	3	QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg	3	QL (30 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
APTENSIO XR CP24 40mg, 50mg, 60mg	3	QL (30 caps / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
AZSTARYS CAP 26.1-5.2	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	3	QL (30 caps / 30 days), PA
CONCERTA TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
CONCERTA TBCR 54mg	3	QL (30 tabs / 30 days), PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL (60 tabs / 30 days), PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	QL (30 patches / 30 days), PA
DEXEDRINE CP24 10mg	4	QL (150 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DEXEDRINE CP24 15mg	4	QL (120 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg	1	QL (150 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> CP24 15mg	1	QL (120 caps / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 15mg	1	QL (120 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 20mg	1	QL (90 tabs / 30 days), PA
<i>dextroamphetamine sulfate</i> TABS 30mg	1	QL (60 tabs / 30 days), PA
DYANAVAL XR CHER 5mg	3	QL (60 tabs / 30 days), PA
DYANAVAL XR CHER 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days), PA
DYANAVAL XR SUER 2.5mg/ml	3	QL (240 mL / 30 days), PA
FOCALIN TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
FOCALIN TABS 10mg	3	QL (60 tabs / 30 days), PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	3	QL (60 caps / 30 days), PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	3	QL (30 caps / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	2	QL (60 tabs / 30 days), PA; PA if 70 years and older
INTUNIV TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
INTUNIV TB24 3mg	3	QL (60 tabs / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
JORNAY PM CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	3	QL (30 caps / 30 days), PA
METHYLIN SOLN 5mg/5ml	3	QL (1800 mL / 30 days), PA
METHYLIN SOLN 10mg/5ml	3	QL (900 mL / 30 days), PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL (30 patches / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> CP24 10mg, 15mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
<i>methylphenidate hcl</i> CP24 40mg, 50mg, 60mg; CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days), PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 54mg	1	QL (30 tabs / 30 days), PA
METHYLPHENIDATE HYDROCHLO TBCR 45mg, 63mg, 72mg	3	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	3	QL (30 caps / 30 days), PA
QELBREE CP24 100mg	3	QL (120 caps / 30 days), PA
QELBREE CP24 150mg	3	QL (60 caps / 30 days), PA
QELBREE CP24 200mg	3	QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	3	QL (60 tabs / 30 days), PA
QUILLICHEW ER CHER 40mg	3	QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	3	QL (360 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
RELEXXII TBCR 45mg, 63mg, 72mg	3	QL (30 tabs / 30 days), PA
RITALIN TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
RITALIN TABS 20mg	3	QL (90 tabs / 30 days), PA
RITALIN LA CP24 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
RITALIN LA CP24 40mg	3	QL (30 caps / 30 days), PA
STRATTERA CAPS 10mg, 18mg, 25mg	3	QL (120 caps / 30 days)
STRATTERA CAPS 40mg	3	QL (60 caps / 30 days)
STRATTERA CAPS 60mg, 80mg, 100mg	3	QL (30 caps / 30 days)
VYVANSE CAPS 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 30 days), PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	QL (30 patches / 30 days), PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
zenzedi TABS 15mg	1	QL (120 tabs / 30 days), PA
zenzedi TABS 20mg	1	QL (90 tabs / 30 days), PA
zenzedi TABS 30mg	1	QL (60 tabs / 30 days), PA

HYPNOTICS

AMBIEN TABS 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
AMBIEN CR TBCR 6.25mg, 12.5mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDLUAR SUBL 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>estazolam</i> TABS 1mg, 2mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HALCION TABS .25mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	4	QL (30 caps / 30 days), NM, LA, PA
HETLIOZ LQ SUSP 4mg/ml	4	QL (158 ml / 30 days), NM, LA, PA
LUNESTA TABS 1mg, 2mg, 3mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
QUVIVIQ TABS 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	1	QL (30 tabs / 30 days)
RESTORIL CAPS 7.5mg, 22.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA if 65 years and older
RESTORIL CAPS 15mg	4	QL (60 caps / 30 days), PA; PA if 65 years and older
ROZEREM TABS 8mg	3	QL (30 tabs / 30 days)
SILENOR TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	4	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam</i> TABS .25mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>triazolam</i> TABS .125mg	2	QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
ZOLPIDEM TARTRATE CAPS 7.5mg	3	QL (30 caps / 30 days), PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), NM, PA
AJOVY SOAJ 225mg/1.5ml	3	QL (3 pens / 90 days), NM, PA
AJOVY SOSY 225mg/1.5ml	3	QL (3 syringes / 90 days), NM, PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg	1	QL (12 tabs / 30 days)
CAMBIA PACK 50mg	4	QL (9 packets / 30 days), PA
<i>diclofenac potassium (migraine)</i> PACK 50mg	1	QL (9 packets / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	4	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg	1	QL (12 tabs / 30 days)
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	4	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
FROVA TABS 2.5mg	4	QL (18 tabs / 30 days)
<i>frovatriptan succinate</i> TABS 2.5mg	1	QL (18 tabs / 30 days)
IMITREX SOLN 5mg/act	3	QL (24 units / 30 days)
IMITREX SOLN 20mg/act	3	QL (12 units / 30 days)
IMITREX TABS 25mg, 50mg, 100mg	3	QL (12 tabs / 30 days)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml	4	QL (12 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	4	QL (18 injections / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	4	QL (12 injections / 30 days)
MAXALT TABS 10mg	3	QL (18 tabs / 30 days)
MAXALT-MLT TBDP 10mg	3	QL (18 tabs / 30 days)
<i>migergot</i>	4	QL (20 suppositories / 28 days), PA
MIGRANAL SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA
ONZETRA XSAIL EXHP 11mg/nosepc	4	QL (16 nosepieces / 30 days), ST
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
RELPAX TABS 20mg	3	QL (12 tabs / 30 days)
RELPAX TABS 40mg	4	QL (12 tabs / 30 days)
REYVOW TABS 50mg	3	QL (4 tabs / 30 days), PA
REYVOW TABS 100mg	3	QL (8 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	1	QL (9 tabs / 30 days), PA
TOSYMRA SOLN 10mg/act	3	QL (18 units / 30 days), ST
TREXIMET TAB 85-500MG	4	QL (9 tabs / 30 days), PA
TRUDHESA AERS .725mg/act	4	QL (12 inhalers / 28 days), PA
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
VYEPTI SOLN 100mg/ml	4	QL (3 vials / 90 days), NM, LA, PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	4	QL (24 pens / 30 days), ST
<i>zolmitriptan</i> SOLN 2.5mg, 5mg	1	QL (12 units / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST
ZOMIG SOLN 2.5mg, 5mg	3	QL (12 units / 30 days)
ZOMIG TABS 2.5mg, 5mg	4	QL (12 tabs / 30 days), ST

MISCELLANEOUS

AMVUTTRA SOSY 25mg/0.5ml	4	QL (1 syringe / 90 days), NM, LA, PA
AUSTEDO TABS 6mg	4	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	4	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	4	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	4	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	4	QL (60 tabs / 30 days), NM, PA
DAYBUE SOLN 200mg/ml	4	QL (3600 mL / 30 days), NM, LA, PA
ENSPRYNG SOSY 120mg/ml	4	NM, LA, PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	4	NM, LA, PA
EXSERVAN FILM 50mg	4	QL (60 films / 30 days), NM, LA, PA
FIRDAPSE TABS 10mg	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GRALISE TABS 300mg	3	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	3	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	3	QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	3	QL (60 tabs / 30 days), PA
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
LITHOBID TBCR 300mg	4	
LYRICA CR TB24 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR TB24 330mg	3	QL (60 tabs / 30 days), PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	
MESTINON TIMESPAN TBCR 180mg	4	
NUDEXTA CAP 20-10MG	3	QL (60 caps / 30 days), PA
<i>paroxetine mesylate (vasomotor)</i> CAPS 7.5mg	3	QL (30 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg	1	QL (90 tabs / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 330mg	1	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml	4	
<i>pyridostigmine bromide</i> TABS 30mg, 60mg; TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	4	NM, LA, PA
RADICAVA ORS SUSP 105mg/5ml	4	QL (70 mL / 28 days), NM, LA, PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	QL (70 mL / 28 days), NM, LA, PA
RELYVRIO PAK 3-1GM	4	QL (56 packets / 28 days), NM, LA, PA
RILUTEK TABS 50mg	4	
<i>riluzole</i> TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL (60 tabs / 30 days), PA
SAVELLA MIS TITR PAK	3	QL (2 packs / year), PA
SKYCLARYS CAPS 50mg	4	QL (90 caps / 30 days), NM, LA, PA
TEGSEDI SOSY 284mg/1.5ml	4	QL (4 syringes / 28 days), NM, LA, PA
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> TABS 25mg	4	QL (120 tabs / 30 days), NM, PA
TIGLUTIK SUSP 50mg/10ml	4	QL (600 mL / 30 days), NM, LA, PA
UPLIZNA SOLN 100mg/10ml	4	NM, LA, PA
XENAZINE TABS 12.5mg	4	QL (90 tabs / 30 days), NM, LA, PA
XENAZINE TABS 25mg	4	QL (120 tabs / 30 days), NM, LA, PA

MULTIPLE SCLEROSIS AGENTS

AMPYRA TB12 10mg	4	QL (60 tabs / 30 days), NM, LA, PA
AUBAGIO TABS 7mg, 14mg	4	QL (30 tabs / 30 days), NM, LA, PA
AVONEX PSKT 30mcg/0.5ml	4	QL (4 syringes / 28 days), NM, PA
AVONEX PEN AJKT 30mcg/0.5ml	4	QL (4 injections / 28 days), NM, PA
BAFIERTAM CPDR 95mg	4	QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	4	QL (14 syringes / 28 days), NM, PA
BRIUMVI SOLN 150mg/6ml	4	NM, LA, PA
COPAXONE SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>dimethyl fumarate</i> CPDR 120mg	4	QL (14 caps / 7 days), NM, PA
<i>dimethyl fumarate</i> CPDR 240mg	4	QL (60 caps / 30 days), NM, PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	QL (2 packs / year), NM, PA
EXTAVIA KIT .3mg	4	QL (15 syringes / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	4	QL (30 caps / 30 days), NM, PA
GILENYA CAPS .25mg, .5mg	4	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	4	QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 40mg/ml	4	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	4	QL (16 pens / year), NM, LA, PA
LEMTRADA SOLN 12mg/1.2ml	4	NM, LA, PA
MAVENCLAD (4 TABS) TBPK 10mg	4	QL (16 tabs per lifetime), NM, LA, PA
MAVENCLAD (5 TABS) TBPK 10mg	4	QL (20 tabs per lifetime), NM, LA, PA
MAVENCLAD (6 TABS) TBPK 10mg	4	QL (24 tabs per lifetime), NM, LA, PA
MAVENCLAD (7 TABS) TBPK 10mg	4	QL (28 tabs per lifetime), NM, LA, PA
MAVENCLAD (8 TABS) TBPK 10mg	4	QL (32 tabs per lifetime), NM, LA, PA
MAVENCLAD (9 TABS) TBPK 10mg	4	QL (36 tabs per lifetime), NM, LA, PA
MAVENCLAD (10 TABS) TBPK 10mg	4	QL (40 tabs per lifetime), NM, LA, PA
MAYZENT TABS 1mg, 2mg	4	QL (30 tabs / 30 days), NM, LA, PA
MAYZENT TABS .25mg	4	QL (112 tabs / 28 days), NM, LA, PA
MAYZENT STARTER PACK (7) TBPK .25mg	3	QL (2 packs / year), NM, LA, PA
MAYZENT STARTER PACK (12) TBPK .25mg	4	QL (2 packs / year), NM, LA, PA
OCREVUS SOLN 300mg/10ml	4	NM, LA, PA
PLEGRIDY SOPN 125mcg/0.5ml	4	QL (2 pens / 28 days), NM, LA, PA
PLEGRIDY SOSY 125mcg/0.5ml	4	QL (2 syringes / 28 days), NM, LA, PA
PLEGRIDY INJ STARTER	4	QL (2 packs / year), NM, LA, PA
PLEGRIDY PEN INJ STARTER	4	QL (2 packs / year), NM, LA, PA
PONVORY TABS 20mg	4	QL (30 tabs / 30 days), NM, LA, PA
PONVORY TAB STARTER	4	QL (2 packs / year), NM, LA, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	QL (12 syringes / 28 days), NM, PA
REBIF REBIDO INJ TITRATN	4	QL (12 injections / 28 days), NM, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	QL (12 injections / 28 days), NM, PA
REBIF TITRTN INJ PACK	4	QL (12 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TASCENSO ODT TBDP .25mg, .5mg	4	QL (30 tabs / 30 days), NM, LA, PA
TECFIDERA CPDR 120mg	4	QL (14 caps / 7 days), NM, LA, PA
TECFIDERA CPDR 240mg	4	QL (60 caps / 30 days), NM, LA, PA
TECFIDERA MIS STARTER	4	QL (2 packs / year), NM, LA, PA
<i>teriflunomide</i> TABS 7mg, 14mg	4	QL (30 tabs / 30 days), NM, PA
TYSABRI CONC 300mg/15ml	4	NM, LA, PA
VUMERITY CPDR 231mg	4	QL (120 caps / 30 days), NM, LA, PA
ZEPOSIA CAPS .92mg	4	QL (30 caps / 30 days), NM, LA, PA
ZEPOSIA 7DAY CAP STR PACK	4	QL (2 packs / year), NM, LA, PA
ZEPOSIA CAP STR KIT	4	QL (2 packs / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> SUSP 25mg/5ml	4	PA
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	PA
<i>carisoprodol</i> TABS 250mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>carisoprodol</i> TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 7.5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
DANTRIUM CAPS 25mg	3	
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
DYSPORT SOLR 300unit	3	NM, PA
DYSPORT SOLR 500unit	4	NM, PA
FLEQSUVY SUSP 25mg/5ml	4	PA
LYVISPAH PACK 5mg, 10mg	3	PA
LYVISPAH PACK 20mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>metaxalone</i> TABS 400mg	3	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>metaxalone</i> TABS 800mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
METHOCARBAMOL TABS 1000mg	4	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM, PA
MYOBLOC SOLN 10000unit/2ml	4	NM, PA
SOMA TABS 250mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
SOMA TABS 350mg	4	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	1	
<i>vanadom</i> TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
XEOMIN SOLR 50unit	3	NM, LA, PA
XEOMIN SOLR 100unit, 200unit	4	NM, LA, PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
NUVIGIL TABS 50mg	3	QL (60 tabs / 30 days), PA
NUVIGIL TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 100mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 200mg	4	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, LA, PA
SUNOSI TABS 75mg, 150mg	3	QL (30 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	4	QL (60 tabs / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	4	QL (540 mL / 30 days), NM, LA, PA
XYWAV SOL 0.5GM/ML	4	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	

Drug Name	Drug Tier	Requirements/Limits
LUCEMYRA TABS .18mg	4	QL (228 tabs / 14 days), PA
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NARCAN LIQD 4mg/0.1ml	3	
NICOTROL INHALER INHA 10mg	3	
NICOTROL NS SOLN 10mg/ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	NM, LA
SUBOXONE MIS 2-0.5MG	3	QL (90 films / 30 days)
SUBOXONE MIS 4-1MG	3	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	3	QL (90 films / 30 days)
SUBOXONE MIS 12-3MG	3	QL (60 films / 30 days)
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	4	NM
ZIMHI SOSY 5mg/0.5ml	3	
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (30 tabs / 30 days)

ENDOCRINE AND METABOLIC

ANDROGENS

ANDROGEL PUMP GEL 1.62%	3	QL (150 gm / 30 days), PA
AVEED SOLN 750mg/3ml	3	NM, LA, PA
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
FORTESTA GEL 10mg/act	3	QL (120 gm / 30 days), PA
JATENZO CAPS 158mg, 198mg	3	QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	4	QL (60 caps / 30 days), PA
<i>methyltestosterone</i> CAPS 10mg	4	QL (600 caps / 30 days), PA
NATESTO GEL 5.5mg/act	3	QL (21.96 gm / 30 days), PA
TESTIM GEL 1%	3	QL (300 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%, 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL (150 gm / 30 days), PA
<i>testosterone</i> GEL 10mg/act	1	QL (120 gm / 30 days), PA
<i>testosterone</i> SOLN 30mg/act	1	QL (180 mL / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
TLANDO CAPS 112.5mg	3	QL (120 caps / 30 days), PA
VOGELXO GEL 50mg/5gm	3	QL (300 gm / 30 days), PA
VOGELXO PUMP GEL 1%	3	QL (300 gm / 30 days), PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	QL (90 tabs / 30 days)
ACTOS TABS 15mg, 30mg, 45mg	3	QL (30 tabs / 30 days)
<i>alogliptin benzoate</i> TABS 6.25mg, 12.5mg, 25mg	3	QL (30 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	3	QL (60 tabs / 30 days), ST
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	3	QL (60 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	3	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-15 mg</i>	3	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-30 mg</i>	3	QL (30 tabs / 30 days), ST
<i>alogliptin-pioglitazone tab 25-45 mg</i>	3	QL (30 tabs / 30 days), ST
BYDUREON BCISE AUIJ 2mg/0.85ml	2	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	3	QL (1 pen / 30 days), PA
DUETACT TAB 30-2MG	3	QL (30 tabs / 30 days)
DUETACT TAB 30-4MG	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLUCOTROL XL TB24 2.5mg, 5mg	3	QL (90 tabs / 30 days)
GLUCOTROL XL TB24 10mg	3	QL (60 tabs / 30 days)
GLUMETZA TB24 500mg	4	QL (120 tabs / 30 days), PA
GLUMETZA TB24 1000mg	4	QL (60 tabs / 30 days), PA
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TABS 100mg	3	QL (60 tabs / 30 days)
INVOKANA TABS 300mg	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	2	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	2	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	2	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
KAZANO 12.5- TAB 500MG	3	QL (60 tabs / 30 days), ST
KAZANO 12.5- TAB 1000MG	3	QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 2.5-1000	3	QL (60 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-500MG	3	QL (30 tabs / 30 days), ST
KOMBIGLYZ XR TAB 5-1000MG	3	QL (30 tabs / 30 days), ST
<i>metformin hcl</i> SOLN 500mg/5ml	1	QL (765 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days), PA; (generic of FORTAMET)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days), PA; (generic of GLUMETZA)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 1000mg	1	QL (60 tabs / 30 days), PA; (generic of FORTAMET)
<i>metformin hcl</i> TB24 1000mg	1	QL (60 tabs / 30 days), PA; (generic of GLUMETZA)
METFORMIN HYDROCHLORIDE TABS 625mg	4	QL (120 tabs / 30 days), PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
NESINA TABS 6.25mg, 12.5mg, 25mg	3	QL (30 tabs / 30 days), ST
ONGLYZA TABS 2.5mg, 5mg	3	QL (30 tabs / 30 days), ST
OSENI TAB 12.5-30	3	QL (30 tabs / 30 days), ST
OSENI TAB 25-15MG	3	QL (30 tabs / 30 days), ST
OSENI TAB 25-30MG	3	QL (30 tabs / 30 days), ST
OSENI TAB 25-45MG	3	QL (30 tabs / 30 days), ST
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	2	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	2	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-glimepiride tab</i> 30-2 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
QTERN TAB 5-5MG	3	QL (30 tabs / 30 days)
QTERN TAB 10-5MG	3	QL (30 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	2	QL (30 tabs / 30 days), PA
SEGLUROMET TAB 2.5-500	3	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000	3	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500	3	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000	3	QL (60 tabs / 30 days)
STEGLATRO TABS 5mg	3	QL (90 tabs / 30 days)
STEGLATRO TABS 15mg	3	QL (30 tabs / 30 days)
STEGLUJAN TAB 5-100MG	3	QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	3	QL (30 tabs / 30 days)
SYMLINPEN 60 SOPN 1500mcg/1.5ml	4	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	4	PA
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
TZIELD SOLN 2mg/2ml	4	NM, LA, PA
VICTOZA SOPN 18mg/3ml	2	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	2	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	2	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 100unit/ml	3	
INSULIN LISP INJ PROTAMIN	3	
INSULIN LISPRO SOLN 100unit/ml	3	
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
INSULIN PEN NEEDLES: BD/NOVO	2	
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES: BD	2	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXPEN SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
LYUMJEV TEMPO PEN SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	3	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	
NOVOLOG SOLN 100unit/ml	2	
NOVOLOG FLEXPEN SOPN 100unit/ml	2	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	3	
OMNIPOD 5 G6 KIT INTRO	3	QL (1 kit / year), PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 MIS PODS	3	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	3	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	3	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	3	QL (15 pods / 30 days), PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	3	
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	2	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT	3	QL (30 devices / 30 days), PA
V-GO 30 KIT	3	QL (30 devices / 30 days), PA
V-GO 40 KIT	3	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
AELVIA TBEC 35mg	3	
BINOSTO TBEF 70mg	3	ST
<i>calcitonin (salmon) inj</i> SOLN 200unit/ml	4	B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	NM, PA
FORTEO SOPN 600mcg/2.4ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml	1	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	4	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	3	QL (1 syringe / 180 days), NM
RECLAST SOLN 5mg/100ml	3	B/D, NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	4	NM, PA
TYMLOS SOPN 3120mcg/1.56ml	4	NM, PA
XGEVA SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	4	
CUVRIOR TABS 300mg	4	NM, LA, PA
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg	4	NM, PA
<i>deferasirox</i> TABS 90mg; TBSO 125mg	1	NM, PA
<i>deferiprone</i> TABS 500mg, 1000mg	4	NM, LA, PA
<i>deferoxamine mesylate</i> SOLR 2gm, 500mg	1	NM, PA
DEPEN TITRATABS TABS 250mg	4	NM
DESFERAL SOLR 500mg	3	NM, PA
EXJADE TBSO 125mg, 250mg, 500mg	4	NM, LA, PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	4	NM, LA, PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	NM, LA, PA
JADENU TABS 90mg, 180mg, 360mg	4	NM, LA, PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	NM, LA, PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> TABS 250mg	4	NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl</i> CAPS 250mg	4	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	2	

CONTRACEPTIVES

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA MIS	3	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA TAB 0.1-20	3	
<i>balziva</i>	1	
BEYAZ TAB	3	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>dolishale</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>gemmily</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LO LOESTRIN TAB 1-10-10	3	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
LOSEASONIQUE TAB	3	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
MIRCETTE TAB 28 DAY	3	
<i>mono-linyah</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NATAZIA TAB	3	
<i>necon 0.5/35-28</i>	1	
NEXTSTELLIS TAB 3-14.2MG	3	PA
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
NUVARING MIS	3	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
PHEXXI GEL	3	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
QUARTETTE TAB	3	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
SAFYRAL TAB	3	

Drug Name	Drug Tier	Requirements/Limits
SEASONIQUE TAB	3	
<i>setlakin</i>	1	
<i>sharobel</i> TABS .35mg	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
SLYND TABS 4mg	3	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TAYTULLA CAP 1MG/20MC	3	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
TYBLUME CHW 0.1-0.02	3	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
ORLISSA TABS 150mg, 200mg	4	PA
SYNAREL SOLN 2mg/ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ACTIVELLA TAB 1-0.5MG	3	
<i>amabelz</i>	2	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3	
<i>estradiol</i> GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
ESTROGEL GEL .06%	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
<i>jinteli</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
MENEST TABS .3mg, .625mg, 1.25mg, 2.5mg	3	
MENOSTAR PTWK 14mcg/24hr	3	
<i>mimvey</i>	2	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	2	
PREFEST TAB	3	
PREMARIN CREA .625mg/gm; SOLR 25mg	3	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	NM, LA, PA
ALKINDI SPRINKLE CPSP .5mg	3	NM, LA, PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
CORTISONE ACETATE TABS 25mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
DEXABLISS TBPK 1.5mg	3	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
<i>dexamethasone</i> TBPK 1.5mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	

Drug Name	Drug Tier	Requirements/Limits
DXEVO 11-DAY TBPK 1.5mg	3	
<i>fludrocortisone acetate</i> TABS .1mg	1	
HEMADY TABS 20mg	3	PA
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>millipred</i> TABS 5mg	1	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	3	B/D
RAYOS TBEC 1mg, 2mg, 5mg	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>taperdex 6-day</i> TBPK 1.5mg	1	
<i>taperdex 7-day</i> TBPK 1.5mg	1	
<i>taperdex 12-day</i> TBPK 1.5mg	1	
<i>triamcinolone acetonide</i> SUSP 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D, NM, LA
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
<i>diazoxide</i> SUSP 50mg/ml	4	
GLUCAGEN HYPOKIT SOLR 1mg	3	
<i>glucagon (rdna)</i> KIT 1mg	1	
GLUCAGON EMERGENCY KIT KIT 1mg	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	

MISCELLANEOUS

ACTHAR GEL 80unit/ml	4	QL (1.5 mL / 1 day), NM, LA, PA
ALDURAZYME SOLN 2.9mg/5ml	4	NM, LA, PA
<i>betaine powder for oral solution</i>	4	NM, LA
BUPHENYL POWD 3gm/tsp; TABS 500mg	4	NM, LA, PA
<i>cabergoline</i> TABS .5mg	1	
CARBAGLU TBSO 200mg	4	NM, LA, PA
<i>carglumic acid</i> TBSO 200mg	4	NM, LA, PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	NM, LA, PA
CEREZYME SOLR 400unit	4	NM, LA, PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CORTROPHIN GEL 80unit/ml	4	QL (1.5 mL / 1 day), NM, LA, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	NM, LA, PA
CYSTADANE POW	4	NM, LA
CYSTAGON CAPS 50mg, 150mg	3	NM, LA, PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	
DDAVP TABS .1mg	3	
<i>desmopressin acetate</i> SOLN 4mcg/ml	4	
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
DOJOLVI LIQD 100%	4	NM, LA, PA
EGRIFTA SV SOLR 2mg	4	NM, LA, PA
ELAPRASE SOLN 6mg/3ml	4	NM, LA, PA
ELELYSO SOLR 200unit	4	NM, LA, PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	NM, LA, PA
FENSOLVI KIT 45mg	4	NM, LA, PA
GALAFOLD CAPS 123mg	4	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	NM, PA
HUMATROPE CART 6mg, 12mg, 24mg	4	NM, PA
INCRELEX SOLN 40mg/4ml	4	NM, LA, PA
ISTURISA TABS 1mg, 5mg, 10mg	4	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	4	NM, LA, PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	NM, LA, PA
JYNARQUE PAK 30-15MG	4	NM, LA, PA
JYNARQUE PAK 45-15MG	4	NM, LA, PA
JYNARQUE PAK 60-30MG	4	NM, LA, PA
JYNARQUE PAK 90-30MG	4	NM, LA, PA
KANUMA SOLN 20mg/10ml	4	NM, LA, PA
KORLYM TABS 300mg	4	NM, LA, PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	NM, LA, PA
LAMZEDE SOLR 10mg	4	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	4	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	NM, PA
<i>methergine</i> TABS .2mg	4	PA
<i>methylergonovine maleate</i> TABS .2mg	4	PA
<i>miglustat</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
MYALEPT SOLR 11.3mg	4	NM, LA, PA
MYCAPSSA CPDR 20mg	4	QL (112 caps / 28 days), NM, LA, PA
MYFEMBREE TAB	4	PA
NAGLAZYME SOLN 1mg/ml	4	NM, LA, PA
NEXVIAZYME SOLR 100mg	4	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	4	NM, PA
NITYR TABS 2mg, 5mg, 10mg	4	NM, LA, PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	4	NM, PA
NOVAREL SOLR 5000unit, 10000unit	3	NM, PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	4	NM, LA, PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	4	NM, LA, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	4	NM, PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	NM, LA, PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	NM, LA, PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	NM, LA, PA
ORIAHNN CAP	4	PA
OSPHENA TABS 60mg	3	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	NM, LA, PA
PHEBURANE PLLT 483mg/gm	4	NM, LA, PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM, PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	NM, LA, PA
<i>raloxifene hcl</i> TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	NM, LA, PA
RECORLEV TABS 150mg	4	NM, LA, PA
REVCOVI SOLN 2.4mg/1.5ml	4	NM, LA, PA
SAMSCA TABS 15mg, 30mg	4	NM, LA, PA
SANDOSTATIN SOLN 50mcg/ml	3	NM, PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	4	NM, PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	4	NM, PA
SENSIPAR TABS 30mg	3	B/D, QL (60 tabs / 30 days), NM
SENSIPAR TABS 60mg	4	B/D, QL (60 tabs / 30 days), NM
SENSIPAR TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
SEROSTIM SOLR 4mg, 5mg, 6mg	4	NM, LA, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	NM, LA, PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	NM, LA, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	4	NM, PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	NM, LA, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	NM, LA, PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	NM, LA, PA
TEPEZZA SOLR 500mg	4	NM, LA, PA
<i>tolvaptan</i> TABS 15mg, 30mg	4	NM, PA
VIJOICE TBPK 50mg, 125mg	4	QL (28 tabs / 28 days), NM, LA, PA
VIJOICE TAB 250MG	4	QL (56 tabs / 28 days), NM, LA, PA
VIMIZIM SOLN 5mg/5ml	4	NM, LA, PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	NM, LA, PA
VPRIV SOLR 400unit	4	NM, LA, PA
XENPOZYME SOLR 20mg	4	NM, LA, PA
ZAVESCA CAPS 100mg	4	QL (90 caps / 30 days), NM, LA, PA
ZOMACTON SOLR 5mg	3	NM, PA
ZOMACTON SOLR 10mg	4	NM, PA
ZORBTIVE SOLR 8.8mg	4	NM, PA
PHOSPHATE BINDER AGENTS		
AURYXIA TABS 210mg	4	PA
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
FOSRENOL CHEW 500mg, 1000mg	4	QL (90 tabs / 30 days), PA
FOSRENOL CHEW 750mg	4	QL (180 tabs / 30 days), PA
FOSRENOL PACK 750mg	4	QL (180 packs / 30 days), PA
FOSRENOL PACK 1000mg	4	QL (90 packs / 30 days), PA
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days), PA
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days), PA
REVELA PACK 2.4gm	4	QL (180 packets / 30 days)
REVELA PACK .8gm	4	QL (540 packets / 30 days)
REVELA TABS 800mg	4	QL (540 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
<i>sevelamer hcl</i> TABS 400mg, 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	4	QL (180 tabs / 30 days)

PROGESTINS

AYGESTIN TABS 5mg	3	
CRINONE GEL 4%, 8%	3	PA
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	2	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	

THYROID AGENTS

CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
ERMEZA SOLN 150mcg/5ml	3	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D

GASTROINTESTINAL

ANTIEMETICS

AKYNZEO CAP 300-0.5	3	B/D
AKYNZEO INJ 235-0.25	3	NM, LA
AKYNZEO INJ 235-0.25MG/20ML	3	NM, LA
ANTIVERT CHEW 25mg	3	QL (120 tabs / 30 days), PA
ANTIVERT TABS 50mg	3	QL (60 tabs / 30 days), PA
APONVIE EMUL 32mg/4.4ml	3	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
<i>compro</i> SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	3	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
EMEND CAPS 80mg	3	B/D
EMEND SOLR 150mg	3	

Drug Name	Drug Tier	Requirements/Limits
EMEND SUSR 125mg/5ml	4	B/D
EMEND TRIPAC PAK 80 & 125	3	B/D
<i>fosaprepitant dimeglumine</i> SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
MARINOL CAPS 2.5mg	3	B/D, QL (60 caps / 30 days)
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>meclizine hcl</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg; TBDP 5mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	2	PA; PA if 70 years and older
<i>promethazine hcl</i> SUPP 12.5mg, 25mg	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg	3	PA; PA if 70 years and older
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	4	QL (4 patches / 28 days)
<i>scopolamine</i> PT72 1mg/3days	3	QL (10 patches / 30 days), PA; PA if 70 years and older
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml	4	B/D, QL (120 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP PT72 1mg/3days	3	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>trimethobenzamide hcl</i> CAPS 300mg	1	
VARUBI TBPk 90mg	3	B/D, NM

ANTISPASMODICS

<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
DARTISLA ODT TBPk 1.7mg	3	QL (120 tabs / 30 days), PA
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	2	
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	3	
GLYCATE TABS 1.5mg	4	QL (90 tabs / 30 days), PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg	4	QL (90 tabs / 30 days), PA
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	1	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg	3	PA; PA if 70 years and older
ROBINUL TABS 1mg	3	QL (90 tabs / 30 days), PA
ROBINUL FORTE TABS 2mg	4	QL (120 tabs / 30 days), PA

H2-RECEPTOR ANTAGONISTS

<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	1	
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
PEPCID TABS 20mg	3	QL (120 tabs / 30 days)
PEPCID TABS 40mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	3	QL (120 caps / 30 days)
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	4	QL (30 tabs / 30 days), PA
<i>budesonide (intrarectal)</i> FOAM 2mg	1	
CANASA SUPP 1000mg	4	
COLAZAL CAPS 750mg	4	
CORTENEMA ENEM 100mg/60ml	3	
DELZICOL CPDR 400mg	3	QL (180 caps / 30 days)
DIPENTUM CAPS 250mg	4	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	QL (120 tabs / 30 days)
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPCR 500mg	1	QL (240 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine</i> TBEC 800mg	1	QL (180 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
PENTASA CPCR 250mg	3	QL (480 caps / 30 days)
PENTASA CPCR 500mg	4	QL (240 caps / 30 days)
ROWASA KIT 4gm	4	
SFROWASA ENEM 4gm/60ml	4	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	4	QL (30 tabs / 30 days), PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/160ML	3	
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
KRISTALOSE PACK 10gm	3	QL (30 packets / 30 days), PA
KRISTALOSE PACK 20gm	3	QL (60 packets / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
LACTULOSE PACK 10gm	4	QL (30 packets / 30 days), PA
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
OSMOPREP TAB 1.5GM	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>peg-3350/electrolytes/asc</i>	1	
PLENVU SOL	3	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
AMITIZA CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
BYLVAY CAPS 400mcg, 1200mcg	4	NM, LA, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	NM, LA, PA
CARAFATE SUSP 1gm/10ml	3	QL (1200 mL / 30 days), PA
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	NM, LA, PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	2	
GASTROCROM CONC 100mg/5ml	4	
GATTEX KIT 5mg	4	NM, LA, PA
HELIDAC MIS THERAPY	4	
IBSRELA TABS 50mg	4	QL (60 tabs / 30 days), PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
LIVMARLI SOLN 9.5mg/ml	4	NM, LA, PA
LOMOTIL TAB 2.5MG	3	
<i>loperamide hcl</i> CAPS 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
LOTRONEX TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
<i>lubiprostone</i> CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
OICALIVA TABS 5mg, 10mg	4	QL (30 tabs / 30 days), NM, LA, PA
PYLERA CAP	4	
REBYOTA SUSP 150ml	4	NM, LA, PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	4	QL (28 syringes / 28 days), PA
RELISTOR TABS 150mg	4	QL (90 tabs / 30 days), PA
RELTONE CAPS 200mg, 400mg	4	PA
SUCRAID SOLN 8500unit/ml	4	NM, LA, PA
<i>sucralfate</i> SUSP 1gm/10ml	1	QL (1200 mL / 30 days), PA
<i>sucralfate</i> TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL (30 tabs / 30 days)
TALICIA CAP	3	
TRULANCE TABS 3mg	3	QL (30 tabs / 30 days)
URSO 250 TABS 250mg	3	
URSO FORTE TABS 500mg	3	
URSODIOL CAPS 200mg, 400mg	4	PA
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VIBERZI TABS 75mg, 100mg	4	PA
VOWST CAP	4	NM, LA, PA
XERMELO TABS 250mg	4	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	4	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	4	
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	

PROTON PUMP INHIBITORS

ACIPHEX TBEC 20mg	3	QL (30 tabs / 30 days)
DEXILANT CPDR 30mg, 60mg	3	QL (30 caps / 30 days)
<i>dexlansoprazole</i> CPDR 30mg, 60mg	1	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium</i> PACK 10mg, 20mg, 40mg	1	QL (30 packets / 30 days)
<i>esomeprazole sodium</i> SOLR 40mg	1	
KONVOMEF SUS 2-84/ML	3	QL (600 mL / 30 days), PA
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	1	QL (60 tabs / 30 days), ST
NEXIUM CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg	3	QL (30 packets / 30 days)
NEXIUM I.V. SOLR 40mg	3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	4	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	4	QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	4	QL (30 packets / 30 days), PA
<i>pantoprazole sodium</i> PACK 40mg	1	QL (30 packets / 30 days), ST
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 30mg	3	QL (60 caps / 30 days)
PREVACID SOLUTAB TBDD 15mg, 30mg	3	QL (60 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX PACK 40mg	3	QL (30 packets / 30 days), ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
ZEGERID CAP 20-1100	4	QL (30 caps / 30 days), PA
ZEGERID CAP 40-1100	4	QL (30 caps / 30 days), PA
ZEGERID POW 20-1680	4	QL (30 packets / 30 days), PA
ZEGERID POW 40-1680	4	QL (30 packets / 30 days), PA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
AVODART CAPS .5mg	3	QL (30 caps / 30 days)
CARDURA XL TB24 4mg, 8mg	3	QL (30 tabs / 30 days), ST
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	QL (30 caps / 30 days)
ENTADFI CAP 5-5MG	3	QL (30 caps / 30 days), PA
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
FLOMAX CAPS .4mg	3	QL (60 caps / 30 days)
PROSCAR TABS 5mg	3	QL (30 tabs / 30 days)
RAPAFLO CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	1	QL (30 caps / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
UROXATRAL TB24 10mg	3	QL (30 tabs / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg	4	QL (90 caps / 30 days)
FILSPARI TABS 200mg, 400mg	4	QL (30 tabs / 30 days), NM, LA, PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
<i>neomycin-polymyxin b gu irrigation soln</i>	1	
OXLUMO SOLN 94.5mg/0.5ml	4	NM, LA, PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
RIMSO-50 SOLN 50%	3	
TARPEYO CPDR 4mg	4	QL (120 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
THIOLA TABS 100mg	4	NM, LA
THIOLA EC TBEC 100mg, 300mg	4	NM, LA
<i>tiopronin</i> TABS 100mg	4	NM
UROKIT-K 5 TBCR 540mg	3	
UROKIT-K 10 TBCR 1080mg	3	
UROKIT-K 15 TBCR 15meq	3	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
DETROL TABS 1mg, 2mg	3	QL (60 tabs / 30 days)
DETROL LA CP24 2mg, 4mg	3	QL (30 caps / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GELNIQUE GEL 10%	3	QL (30 gm / 30 days), ST
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
OXYBUTYNIN CHLORIDE SOLN 5mg/5ml	3	QL (600 mL / 30 days), PA
<i>oxybutynin chloride</i> SYRP 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 2.5mg	1	QL (90 tabs / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	3	QL (8 patches / 28 days), ST
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	1	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VESICARE TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
VESICARE LS SUSP 5mg/5ml	3	QL (300 mL / 30 days)

VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%; SUPP 100mg	3	
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>miconazole 3</i> SUPP 200mg	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
VANDAZOLE GEL .75%	3	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 9500unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NAACL INJ 12500UNT	2	
HEP SOD/NAACL INJ 25000UNT	2	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NAACL INJ 25000UNT	2	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml	3	
LOVENOX SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
PRADAXA CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	3	QL (120 caps / 30 days)
PRADAXA PACK 20mg, 150mg	4	QL (60 packets / 30 days), PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg	4	QL (120 packets / 30 days), PA
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	2	QL (620 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5mg	2	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM, PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	NM, PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
EPOGEN SOLN 20000unit/ml	4	NM, PA
FULPHILA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
FYLNETRA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
LEUKINE SOLR 250mcg	4	NM, PA
MOZOBIL SOLN 24mg/1.2ml	4	NM, LA, PA
NEULASTA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	NM, PA
NYVEPRIA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
<i>plerixafor</i> SOLN 24mg/1.2ml	4	NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	NM, PA
RELEUKO SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	NM, PA

Drug Name	Drug Tier	Requirements/Limits
RETACRIT SOLN 40000unit/ml	4	NM, PA
ROLVEDON SOSY 13.2mg/0.6ml	4	QL (2 syringes / 28 days), NM, LA, PA
UDENYCA SOAJ 6mg/0.6ml	4	QL (2 pens / 28 days), NM, PA
UDENYCA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), NM, PA

MISCELLANEOUS

ADAKVEO SOLN 100mg/10ml	4	NM, PA
AGRYLIN CAPS .5mg	3	
<i>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	4	
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	4	QL (24 boxes / 30 days), NM, LA, PA
CABLIVI KIT 11mg	4	NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	4	QL (20 vials / 30 days), NM, LA, PA
DOPTELET TABS 20mg	4	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	2	
EMPAVELI SOLN 1080mg/20ml	4	NM, LA, PA
ENDARI PACK 5gm	4	NM, LA, PA
ENJAYMO SOLN 1100mg/22ml	4	NM, LA, PA
FIRAZYR SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
GIVLAARI SOLN 189mg/ml	4	NM, LA, PA
HAEGARDA SOLR 2000unit	4	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	4	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, PA
KALBITOR SOLN 10mg/ml	4	QL (18 mL / 30 days), NM, LA, PA
MULPLETA TABS 3mg	4	NM, PA
ORLADEYO CAPS 110mg, 150mg	4	QL (28 caps / 28 days), NM, LA, PA
OXBRYTA TABS 300mg, 500mg; TBSO 300mg	4	NM, LA, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	4	QL (360 packets / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACK 25mg	4	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	4	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	4	QL (60 tabs / 30 days), NM, LA, PA
PYRUKYND TABS 5mg, 20mg, 50mg	4	QL (56 tabs / 28 days), NM, LA, PA
PYRUKYND TAB 20MGX5MG	4	QL (14 tabs / 14 days), NM, LA, PA
PYRUKYND TAB 50MGX20M	4	QL (14 tabs / 14 days), NM, LA, PA
PYRUKYND TAPER PACK TBPK 5mg	4	QL (7 tabs / 7 days), NM, LA, PA
REBLOZYL SOLR 25mg, 75mg	4	NM, LA, PA
RUCONEST SOLR 2100unit	4	QL (12 vials / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	4	QL (9 syringes / 30 days), NM, LA, PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	
SOLIRIS SOLN 300mg/30ml	4	NM, LA, PA
TAKHZYRO SOLN 300mg/2ml	4	QL (2 vials / 28 days), NM, LA, PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	4	QL (2 syringes / 28 days), NM, LA, PA
TAVALISSE TABS 100mg, 150mg	4	QL (60 tabs / 30 days), NM, LA, PA
TAVNEOS CAPS 10mg	4	NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	NM, LA, PA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	2	
<i>clopidogrel bisulfate</i> TABS 75mg, 300mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	2	PA; PA if 70 years and older
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	NM, LA, PA
ACTEMRA SOSY 162mg/0.9ml	4	QL (4 syringes / 28 days), NM, PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	4	QL (4 pens / 28 days), NM, LA, PA
ADBRY SOSY 150mg/ml	4	QL (56 syringes / 365 days), NM, LA, PA
AMJEVITA SOAJ 40mg/0.8ml	4	QL (56 auto-injectors / 365 days), NM, PA
AMJEVITA SOSY 10mg/0.2ml, 20mg/0.4ml	4	QL (26 syringes / 365 days), NM, PA
AMJEVITA SOSY 40mg/0.8ml	4	QL (56 syringes / 365 days), NM, PA
AVSOLA SOLR 100mg	4	NM, LA, PA
CIBINQO TABS 50mg, 100mg, 200mg	4	QL (30 tabs / 30 days), NM, PA
CIMZIA KIT 200mg; PSKT 200mg/ml	4	QL (2 kits / 28 days), NM, PA
CIMZIA STARTER KIT PSKT 200mg/ml	4	QL (2 kits / year), NM, PA
COSENTYX SOSY 75mg/0.5ml	4	QL (16 syringes / 365 days), NM, LA, PA
COSENTYX SOSY 150mg/ml	4	QL (32 syringes / 365 days), NM, LA, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	QL (32 pens / 365 days), NM, LA, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	4	NM, PA
ENBREL SOLN 25mg/0.5ml	4	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	4	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	4	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	4	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	4	QL (8 pens / 28 days), NM, PA
ENTYVIO SOLR 300mg	4	NM, LA, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	4	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	4	QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	4	QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	4	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	4	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml	4	QL (6 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	4	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	4	QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	4	QL (4 pens / 28 days), NM, PA
ILUMYA SOSY 100mg/ml	4	QL (2 syringes / 28 days), NM, LA, PA
INFLECTRA SOLR 100mg	4	NM, LA, PA
INFLIXIMAB SOLR 100mg	4	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	4	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	4	QL (2 syringes / 28 days), NM, PA
KINERET SOSY 100mg/0.67ml	4	QL (28 syringes / 28 days), NM, PA
OLUMIANT TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), NM, LA, PA
ORENCIA SOLR 250mg	4	NM, PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	4	QL (4 syringes / 28 days), NM, PA
ORENCIA CLICKJECT SOAJ 125mg/ml	4	QL (4 autoinjectors / 28 days), NM, PA
OTEZLA TABS 30mg	4	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	4	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	4	NM, LA, PA
RENFLEXIS SOLR 100mg	4	NM, LA, PA
RINVOQ TB24 15mg, 30mg	4	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	4	QL (168 tabs / year), NM, PA
SILIQ SOSY 210mg/1.5ml	4	QL (3 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SIMPONI SOAJ 50mg/0.5ml	4	QL (6 autoinjectors / 28 days), NM, PA
SIMPONI SOAJ 100mg/ml	4	QL (3 autoinjectors / 28 days), NM, PA
SIMPONI SOSY 50mg/0.5ml	4	QL (6 syringes / 28 days), NM, PA
SIMPONI SOSY 100mg/ml	4	QL (3 syringes / 28 days), NM, PA
SIMPONI ARIA SOLN 50mg/4ml	4	NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	4	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	4	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	4	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	4	QL (30 tabs / 30 days), NM, LA, PA
SPEVIGO SOLN 450mg/7.5ml	4	QL (30 mL / 14 days), NM, LA, PA
STELARA SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	4	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	4	QL (3 syringes / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	4	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	4	QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	4	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	4	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	4	QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

ARAVA TABS 10mg, 20mg	4	QL (30 tabs / 30 days)
<i>hydroxychloroquine sulfate</i> TABS 100mg, 200mg, 300mg, 400mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	3	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL TABS 200mg	3	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	NM, PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	4	NM, LA, PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	NM, LA, PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	NM, LA, PA
CYTOGAM INJ 50mg/ml	4	NM
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NM, PA
GAMASTAN INJ	3	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	4	NM, LA, PA
HYQVIA INJ 2.5-200	4	NM, LA, PA
HYQVIA INJ 5-400	4	NM, LA, PA
HYQVIA INJ 10-800	4	NM, LA, PA
HYQVIA INJ 20-1600	4	NM, LA, PA
HYQVIA INJ 30-2400	4	NM, LA, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	NM, PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	NM, LA, PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000unit/0.5ml	4	NM, LA, PA
ARCALYST SOLR 220mg	4	NM, LA, PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	NM, LA, PA
JOENJA TABS 70mg	4	QL (60 tabs / 30 days), NM, LA, PA
ODACTRA SUB	3	PA
ORALAIR SUB 300 IR	3	NM, LA, PA
PALFORZIA CAP ESCALAT	4	NM, LA, PA
PALFORZIA CAP LEVEL 3	4	NM, LA, PA
PALFORZIA CAP LEVEL 7	4	NM, LA, PA
PALFORZIA CAP LEVEL 8	4	NM, LA, PA
PALFORZIA CAP LEVEL 10	4	NM, LA, PA
PALFORZIA LEVEL 1 CSPK 1mg	4	NM, LA, PA
PALFORZIA LEVEL 2 CSPK 1mg	4	NM, LA, PA
PALFORZIA LEVEL 4 CSPK 20mg	4	NM, LA, PA
PALFORZIA LEVEL 5 CSPK 20mg	4	NM, LA, PA
PALFORZIA LEVEL 6 CSPK 20mg	4	NM, LA, PA
PALFORZIA LEVEL 9 CSPK 100mg	4	NM, LA, PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	4	NM, LA, PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	4	NM, LA, PA
RAGWITEK SUBL 12amba1-u	3	PA
VYVGART SOLN 400mg/20ml	4	NM, LA, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	4	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D, NM
ATGAM INJ 50mg/ml	4	B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine TABS 50mg, 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	4	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	4	NM, LA, PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	4	B/D, NM
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
ENVARUSUS XR TB24 4mg	4	B/D, NM
ENVARUSUS XR TB24 .75mg, 1mg	3	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	4	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	NM, LA, PA
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	4	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
MYFORTIC TBEC 180mg	3	B/D, NM
MYFORTIC TBEC 360mg	4	B/D, NM
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D, NM
NULOJIX SOLR 250mg	4	B/D, NM
PROGRAF CAPS 5mg	4	B/D, NM
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D, NM
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	4	B/D, NM
RAPAMUNE TABS .5mg	3	B/D, NM
REZUROCK TABS 200mg	4	NM, LA, PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml, 100mg/ml	3	B/D, NM
SANDIMMUNE CAPS 100mg	4	B/D, NM
SAPHNELO SOLN 300mg/2ml	4	NM, LA, PA
<i>sirolimus</i> SOLN 1mg/ml	4	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	B/D, NM

VACCINES

ACTHIB INJ	1	
ADACEL INJ	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	

Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D10W/NAACL INJ 0.2%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	2	
MG SO4/D5W INJ 10MG/ML	2	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	2	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	4	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

AZASITE SOLN 1%	3	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	2	
CILOXAN OINT .3%	2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN .5%, 1.5%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	3	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
OCUFLOX SOLN .3%	3	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBEX OINT .3%	3	
<i>trifluridine SOLN 1%</i>	1	
VIGAMOX SOLN .5%	3	
ZIRGAN GEL .15%	3	
ZYMAXID SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	
<i>bromfenac sodium (ophth) SOLN .09%</i>	1	
BROMSITE SOLN .075%	3	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
DEXYCU SUSP 9%	3	LA
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
DUREZOL EMUL .05%	3	
EYSUVIS SUSP .25%	3	
FLAREX SUSP .1%	3	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
INVELTYS SUSP 1%	3	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
<i>loteprednol etabonate GEL .5%; SUSP .5%</i>	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED FORTE SUSP 1%	3	

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUSP .12%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	2	
XIPERE SUSP 40mg/ml	3	NM, LA, PA
YUTIQ IMPL .18mg	4	NM, LA

ANTIALLERGICS

ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>bepotastine besilate</i> SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	1	
<i>olopatadine hcl</i> SOLN .1%	1	
ZERVIAE SOLN .24%	3	

ANTIGLAUCOMA

ALPHAGAN P SOLN .1%	2	
ALPHAGAN P SOLN .15%	3	
AZOPT SUSP 1%	3	
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	3	
<i>bimatoprost</i> SOLN .03%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 22.3-6.8	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth sol</i> 22.3-6.8 mg/ml pf	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml	1	
ISTALOL SOLN .5%	3	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
<i>tafluprost</i> SOLN .015mg/ml	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	1	
TIMOPTIC SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TIMOPTIC-XE SOLG .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	NM, LA, PA
BYOOVIZ SOLN .5mg/0.05ml	4	NM, LA, PA
CEQUA SOLN .09%	3	QL (60 single use vials / 30 days), PA
CIMERLI SOLN .3mg/0.05ml	3	NM, LA, PA
CIMERLI SOLN .5mg/0.05ml	4	NM, LA, PA
CYSTADROPS SOLN .37%	4	NM, LA, PA
CYSTARAN SOLN .44%	4	NM, LA, PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	NM, LA, PA
LACRISERT INST 5mg	3	
LUCENTIS SOSY .3mg/0.05ml	4	NM, LA, PA
OXERVATE SOLN .002%	4	NM, LA, PA
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	NM, LA, PA
SYFOVRE SOLN 15mg/0.1ml	4	NM, LA, PA
TYRVAYA SOLN .03mg/act	3	
VABYSMO SOLN 6mg/0.05ml	4	NM, LA, PA
VERKAZIA EMUL .1%	4	QL (120 single use vials / 30 days), PA
XIIDRA SOLN 5%	2	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
CIPRODEX SUS 0.3-0.1%	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac OIL .01%</i>	1	
<i>fluocinolone acetonide (otic) OIL .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic) SOLN .3%</i>	1	
OTOVEL DRO	3	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPTA AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	3	QL (2 inhalers / 30 days)
DUAKLIR AER 400/12	3	QL (1 inhaler / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
STIOLTO AER 2.5-2.5	3	QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL (60 blisters / 30 days)

ANTICHOLINERGICS

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

ANTI-HISTAMINE COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	3	

Drug Name	Drug Tier	Requirements/Limits
DYMISTA SPR 137-50	3	QL (1 bottle / 30 days)
<i>promethazine vc</i>	2	PA; PA if 70 years and older
RYALTRIS SPR 665-25	3	QL (29 gm / 30 days)

ANTI-HISTAMINES

<i>azelastine hcl</i> SOLN .1%	1	
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg	2	PA; PA if 70 years and older
CARBINOXAMINE MALEATE TABS 6mg	3	PA; PA if 70 years and older
<i>cetirizine hcl</i> SOLN 1mg/ml	1	QL (300 mL / 30 days)
CLARINEX TABS 5mg	3	QL (30 tabs / 30 days)
<i>clemastine fumarate</i> SYRP .67mg/5ml	4	QL (1800 mL / 30 days), PA
<i>clemastine fumarate</i> TABS 2.68mg	2	PA; PA if 70 years and older
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	2	PA; PA if 70 years and older
<i>desloratadine</i> TABS 5mg; TDBP 2.5mg, 5mg	1	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg	2	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	1	
QUZYTIR SOLN 10mg/ml	3	
<i>ryclora</i> SOLN 2mg/5ml	1	PA; PA if 70 years and older
RYVENT TABS 6mg	3	PA; PA if 70 years and older
VISTARIL CAPS 25mg, 50mg	3	PA; PA if 70 years and older

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	1	B/D
BROVANA NEBU 15mcg/2ml	4	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	1	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
PERFOROMIST NEBU 20mcg/2ml	4	B/D
PROAIR DIGIHALER AEPB 108mcg/act	3	QL (2 inhalers / 30 days), PA
PROAIR RESPICLICK AEPB 108mcg/act	3	QL (2 inhalers / 30 days)
PROVENTIL HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 30 days)
<i>terbutaline sulfate</i> SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
XOPENEX HFA AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	3	
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
<i>zileuton</i> TB12 600mg	4	QL (120 tabs / 30 days), PA
ZYFLO TABS 600mg	4	QL (120 tabs / 30 days), PA
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	4	NM, LA, PA
BRONCHITOL CAPS 40mg	4	QL (560 caps / 28 days), NM, LA, PA
CINQAIR SOLN 100mg/10ml	4	NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
DALIRESP TABS 250mcg	3	QL (56 tabs / year)
DALIRESP TABS 500mcg	3	QL (30 tabs / 30 days)
<i>elixophyllin</i> ELIX 80mg/15ml	4	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET CAPS 267mg	4	QL (270 caps / 30 days), NM, LA, PA
ESBRIET TABS 267mg	4	QL (270 tabs / 30 days), NM, LA, PA
ESBRIET TABS 801mg	4	QL (90 tabs / 30 days), NM, LA, PA
FASENRA SOSY 30mg/ml	4	NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	4	NM, LA, PA
GLASSIA SOLN 1000mg/50ml	4	NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	4	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	4	QL (60 tabs / 30 days), NM, LA, PA
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 40mg/0.4ml, 100mg/ml	4	NM, LA, PA
OFEV CAPS 100mg, 150mg	4	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	4	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	4	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	4	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	4	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	4	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	4	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	4	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	4	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3	
TEZSPIRE SOAJ 210mg/1.91ml	4	QL (1 pen / 28 days), NM, LA, PA
TEZSPIRE SOSY 210mg/1.91ml	4	QL (1 syringe / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	4	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	4	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	4	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	4	QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	4	NM, LA, PA
ZEMAIRA SOLR 1000mg	4	NM, LA, PA

NASAL STEROIDS

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

STERIOD INHALANTS

ALVESCO AERS 80mcg/act	3	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	3	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	3	QL (1 inhaler / 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	3	QL (8 inhalers / 28 days)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	3	QL (4 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	3	QL (1 inhaler / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
FLOVENT DISKUS AEPB 50mcg/blist	2	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	2	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act	2	QL (2 inhalers / 30 days)
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act	3	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	3	QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days), PA
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days), PA
DULERA AER 50-5MCG	3	QL (1 inhaler / 30 days)
DULERA AER 100-5MCG	3	QL (1 inhaler / 30 days)
DULERA AER 200-5MCG	3	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days), PA
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days), PA
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	PA
ACANYA GEL 1.2-2.5%	3	QL (50 gm / 30 days)
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 5%, 7.5%	3	QL (90 gm / 30 days)
<i>adapalene</i> CREA .1%; GEL .3%	1	QL (45 gm / 30 days), PA
<i>adapalene</i> PADS .1%	4	QL (28 swabs / 28 days), PA
ADAPALENE SOLN .1%	3	QL (120 mL / 30 days), PA
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	1	
AKLIEF CREA .005%	3	QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	3	QL (45 gm / 30 days), PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
AMZEEQ FOAM 4%	3	QL (30 gm / 30 days), PA
ARAZLO LOTN .045%	3	QL (45 gm / 30 days), PA
ATRALIN GEL .05%	3	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AZELEX CREA 20%	3	QL (50 gm / 30 days)
BENZAMYCIN GEL 5-3%	3	QL (46.6 gm / 30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1%	3	QL (60 mL / 30 days)
<i>clindacin</i> FOAM 1%	1	
<i>clindacin etz pledgets</i> SWAB 1%	1	QL (69 pledgets / 30 days)
<i>clindacin-p</i> SWAB 1%	1	QL (69 pledgets / 30 days)
CLINDAGEL GEL 1%	4	QL (75 mL / 30 days), PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) FOAM 1%</i>	1	
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clindamycin phosphate (topical) SWAB 1%</i>	1	QL (69 pledgets / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	QL (50 gm / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	QL (60 gm / 30 days)
<i>dapsone (topical) GEL 5%, 7.5%</i>	1	QL (90 gm / 30 days)
DIFFERIN CREA .1%; GEL .3%	3	QL (45 gm / 30 days), PA
DIFFERIN LOTN .1%	3	QL (118 mL / 30 days), PA
EPIDUO FORTE GEL 0.3-2.5%	3	
EPIDUO GEL 0.1-2.5%	3	
EPSOLAY CREA 5%	3	QL (30 gm / 30 days), PA
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
ERYGEL GEL 2%	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	1	QL (60 mL / 30 days)
FABIOR FOAM .1%	3	QL (100 gm / 30 days), PA
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>isotretinoin</i> CAPS 25mg, 35mg	4	PA
KLARON LOTN 10%	3	QL (118 mL / 30 days)
<i>neuac gel 1.2-5%</i>	1	QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	3	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	QL (45 gm / 30 days), PA
RETIN-A MICRO GEL .04%, .1%	3	QL (50 gm / 30 days), PA
RETIN-A MICRO GEL .06%	4	QL (50 gm / 30 days), PA
RETIN-A MICRO PUMP GEL .08%	4	QL (50 gm / 30 days), PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	3	QL (100 gm / 30 days), PA
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	1	QL (45 gm / 30 days), PA
<i>tretinoin microsphere</i> GEL .04%, .1%	1	QL (50 gm / 30 days), PA
TWYNEO CRE 0.1-3%	3	QL (30 gm / 30 days), PA
VELTIN GEL	3	QL (60 gm / 30 days)
WINLEVI CREA 1%	3	QL (60 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL	3	QL (60 gm / 30 days)
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1%	3	QL (30 gm / 30 days)
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mafenide acetate</i> PACK 5%	1	QL (5 packets / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>mupirocin calcium (topical)</i> CREA 2%	1	QL (30 gm / 30 days), PA
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	3	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	1	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
ERTACZO CREA 2%	4	QL (60 gm / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
EXELDERM CREA 1%	3	QL (60 gm / 30 days), PA
EXELDERM SOLN 1%	3	QL (30 mL / 30 days), PA
JUBLIA SOLN 10%	4	QL (8 mL / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> FOAM 2%	1	QL (100 gm / 30 days), PA
<i>ketodan</i> FOAM 2%	1	QL (100 gm / 30 days), PA
LOPROX SUSP .77%	3	QL (60 mL / 30 days)
LOPROX SHAMPOO SHAM 1%	3	QL (120 mL / 30 days)
<i>luliconazole</i> CREA 1%	1	QL (60 gm / 30 days), ST
LUZU CREA 1%	3	QL (60 gm / 30 days), ST
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	QL (50 gm / 30 days), PA
<i>naftifine hcl</i> CREA 1%	1	QL (90 gm / 30 days)
<i>naftifine hcl</i> CREA 2%; GEL 2%	1	QL (60 gm / 30 days)
NAFTIN GEL 1%	3	QL (90 gm / 30 days)
NAFTIN GEL 2%	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>oxiconazole nitrate</i> CREA 1%	1	QL (90 gm / 30 days), PA
OXISTAT CREA 1%	3	QL (90 gm / 30 days), PA
OXISTAT LOTN 1%	3	QL (60 mL / 30 days), PA
VUSION OIN	3	QL (50 gm / 30 days), PA
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; FOAM .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcitriol (topical)</i> OINT 3mcg/gm	1	QL (800 gm / 28 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	4	
SORILUX FOAM .005%	4	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
tazarotene CREA .1%	1	QL (60 gm / 30 days), PA
tazarotene GEL .05%, .1%	1	QL (100 gm / 30 days), PA
TAZORAC CREA .05%, .1%	3	QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	3	QL (100 gm / 30 days), PA
VECTICAL OINT 3mcg/gm	4	QL (800 gm / 28 days), PA
VTAMA CREA 1%	4	QL (60 gm / 30 days), PA
ZORYVE CREA .3%	3	QL (60 gm / 30 days), PA

DERMATOLOGY, ANTISEBORRHEICS

<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%, 2.5%	1	
ALA-SCALP LOTN 2%	3	QL (60 mL / 30 days)
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>amcinonide</i> LOTN .1%	1	
AMCINONIDE OINT .1%	3	QL (60 gm / 30 days), PA
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
BRYHALI LOTN .01%	3	QL (100 gm / 30 days), PA
<i>calcipotriene-betamethasone dipropionate</i> <i>oint 0.005-0.064%</i>	1	QL (400 gm / 28 days), PA
<i>calcipotriene-betamethasone dipropionate</i> <i>susp 0.005-0.064%</i>	4	QL (400 gm / 28 days), PA
CAPEX SHAM .01%	3	
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> FOAM .05%	1	QL (100 gm / 30 days)
<i>clobetasol propionate</i> LIQD .05%	1	QL (125 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> LOTN .05%; SHAM .05%	1	QL (118 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate emulsion</i> FOAM .05%	1	QL (100 gm / 30 days)
CLOBEX LIQD .05%	3	QL (125 mL / 30 days)
CLOBEX LOTN .05%; SHAM .05%	3	QL (118 mL / 30 days)
<i>clocortolone pivalate</i> CREA .1%	1	QL (90 gm / 30 days), PA
<i>clodan</i> SHAM .05%	1	QL (118 mL / 30 days)
CLODERM CREA .1%	3	QL (90 gm / 30 days), PA
CORDRAN CREA .05%	4	QL (120 gm / 30 days), PA
CORDRAN LOTN .05%	4	QL (120 mL / 30 days), PA
CORDRAN TAPE 4mcg/sqcm	3	QL (1 roll / 30 days), PA
DERMA-SMOOTH/FS BODY OIL .01%	3	QL (118.28 mL / 30 days)
DERMA-SMOOTH/FS SCALP OIL .01%	3	QL (118.28 mL / 30 days)
<i>desonide</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>desonide</i> GEL .05%	1	QL (60 gm / 30 days), PA
<i>desonide</i> LOTN .05%	1	QL (118 mL / 30 days)
DESOWEN CREA .05%	3	QL (60 gm / 30 days), PA
<i>desoximetasone</i> CREA .05%; OINT .05%	1	QL (100 gm / 30 days), PA
<i>desoximetasone</i> CREA .25%; OINT .25%	1	QL (100 gm / 30 days)
<i>desoximetasone</i> GEL .05%	1	QL (60 gm / 30 days), PA
<i>desoximetasone</i> LIQD .25%	1	QL (100 mL / 30 days)
<i>desrx</i> GEL .05%	1	QL (60 gm / 30 days), PA
<i>diflorasone diacetate</i> CREA .05%	4	QL (60 gm / 30 days), PA
<i>diflorasone diacetate</i> OINT .05%	1	QL (60 gm / 30 days), PA
DIPROLENE OINT .05%	3	QL (120 gm / 30 days)
DUOBRII LOT	4	QL (200 gm / 28 days), PA
ENSTILAR AER	3	QL (120 gm / 30 days), PA
EPIFOAM AER 1%	3	
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .1%	4	QL (120 gm / 30 days), PA
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>flurandrenolide</i> CREA .05%	1	QL (120 gm / 30 days), PA
<i>flurandrenolide</i> LOTN .05%	1	QL (120 mL / 30 days), PA
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>fluticasone propionate</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>halcinonide</i> CREA .1%	1	QL (240 gm / 30 days), PA
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
HALOBETASOL PROPIONATE FOAM .05%	3	QL (200 gm / 28 days), PA
HALOG CREA .1%; OINT .1%	3	QL (240 gm / 30 days), PA
HALOG SOLN .1%	3	QL (120 mL / 30 days), PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone butyrate</i> CREA .1%; OINT .1%	1	QL (45 gm / 30 days)
<i>hydrocortisone butyrate</i> LOTN .1%	1	QL (118 mL / 30 days), PA
<i>hydrocortisone butyrate</i> SOLN .1%	1	QL (60 mL / 30 days)
<i>hydrocortisone butyrate hydrophilic lipo base</i> CREA .1%	1	QL (60 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%; OINT .2%	1	QL (60 gm / 30 days)
IMPEKLO LOTN .15mg/act	3	QL (68 gm / 30 days)
KENALOG AERS .147mg/gm	3	QL (100 gm / 30 days), PA
LEXETTE FOAM .05%	3	QL (200 gm / 28 days), PA
LOCOID LOTN .1%	3	QL (118 mL / 30 days), PA
LOCOID LIPOCREAM CREA .1%	3	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
PANDEL CREA .1%	4	QL (80 gm / 30 days)
SYNALAR CREA .025%; OINT .025%	3	QL (120 gm / 30 days)
SYNALAR SOLN .01%	3	QL (90 mL / 30 days)
TACLONEX OIN	4	QL (400 gm / 28 days), PA
TACLONEX SUS	4	QL (400 gm / 28 days), PA
TEXACORT SOLN 2.5%	3	
TOPICORT CREA .05%; OINT .05%	3	QL (100 gm / 30 days), PA
TOPICORT CREA .25%	3	QL (100 gm / 30 days)
TOPICORT GEL .05%	3	QL (60 gm / 30 days), PA
TOPICORT LIQD .25%	3	QL (100 mL / 30 days), PA
<i>tovet</i> FOAM .05%	1	QL (100 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm	1	QL (100 gm / 30 days), PA
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> OINT .05%	1	QL (430 gm / 30 days), PA
<i>trianex</i> OINT .05%	1	QL (430 gm / 30 days), PA
<i>triderm</i> CREA .1%, .5%	1	QL (454 gm / 30 days)
<i>tritocin</i> OINT .05%	1	QL (430 gm / 30 days), PA
ULTRAVATE LOTN .05%	4	QL (120 mL / 30 days), PA
VANOS CREA .1%	4	QL (120 gm / 30 days), PA
VERDESO FOAM .05%	4	QL (100 gm / 30 days), PA
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
LIDODERM PTCH 5%	3	QL (3 patches / 1 day), PA
PLIAGLIS CRE 7-7%	3	QL (30 gm / 30 days), PA
QUTENZA KIT 8% 1-PCH	4	QL (4 patches / 90 days), NM, LA, PA
QUTENZA KIT 8% 2-PCH	4	QL (4 patches / 90 days), NM, LA, PA
QUTENZA KIT 8% 4-PCH	4	QL (4 patches / 90 days), NM, LA, PA
SYNERA DIS 70-70MG	3	PA
ZTLIDO PTCH 1.8%	3	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>acyclovir topical</i> CREA 5%	1	QL (5 gm / 30 days), PA
<i>acyclovir topical</i> OINT 5%	1	QL (30 gm / 30 days)
ANUSOL-HC CREA 2.5%	3	
<i>azelaic acid</i> GEL 15%	1	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	4	QL (60 gm / 30 days), NM, PA
<i>brimonidine tartrate (topical)</i> GEL .33%	1	QL (30 gm / 30 days)
CARAC CREA .5%	4	QL (30 gm / 30 days)
CONDYLOX GEL .5%	3	QL (7 gm / 28 days)
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	QL (5 gm / 30 days)
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	1	QL (100 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days), PA
<i>diclofenac sodium (topical)</i> SOLN 2%	4	QL (224 gm / 28 days), PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	1	QL (45 gm / 30 days), PA
<i>doxycycline (rosacea)</i> CPDR 40mg	1	
EFUDEX CREA 5%	3	QL (40 gm / 30 days)
ELIDEL CREA 1%	3	QL (100 gm / 30 days), PA
EUCRISA OINT 2%	3	QL (120 gm / 30 days), PA
FINACEA FOAM 15%; GEL 15%	3	QL (50 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> CREA .5%	4	QL (30 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
HYFTOR GEL .2%	4	QL (20 gm / 25 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i> CREA 3.75%	4	QL (28 packets / 28 days)
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>imiquimod pump</i> CREA 3.75%	4	QL (7.5 gm / 28 days)
<i>ivermectin (rosacea)</i> CREA 1%	1	QL (45 gm / 30 days)
KLISYRI OINT 1%	4	QL (5 packets / 30 days), PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
METROCREAM CREA .75%	3	QL (45 gm / 30 days)
METROGEL GEL 1%	3	QL (60 gm / 30 days)
METROLOTION LOTN .75%	3	QL (59 mL / 30 days)
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> GEL 1%	1	QL (60 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
MIRVASO GEL .33%	3	QL (30 gm / 30 days)
NORITATE CREA 1%	4	QL (60 gm / 30 days)
OPZELURA CREA 1.5%	4	QL (240 gm / 28 days), PA
ORACEA CPDR 40mg	3	
PANRETIN GEL .1%	4	QL (60 gm / 30 days), PA
<i>penciclovir</i> CREA 1%	1	QL (5 gm / 30 days)
PENNSAID SOLN 2%	4	QL (224 gm / 28 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
PROCTOFOAM AER HC 1%	3	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
PRUDOXIN CREA 5%	3	QL (45 gm / 30 days), PA
QBREXZA PADS 2.4%	3	QL (30 cloths / 30 days), PA
RECTIV OINT .4%	3	QL (30 gm / 30 days)
RHOFADE CREA 1%	3	QL (30 gm / 30 days)
SOOLANTRA CREA 1%	3	QL (45 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
TARGRETIN GEL 1%	4	QL (60 gm / 30 days), NM, PA
VALCHLOR GEL .016%	4	QL (60 gm / 30 days), NM, LA, PA
XERESE CRE 5-1%	4	QL (5 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZILXI FOAM 1.5%	3	QL (30 gm / 30 days), PA
ZONALON CREA 5%	3	QL (45 gm / 30 days), PA
ZOVIRAX CREA 5%	3	QL (5 gm / 30 days), PA
ZOVIRAX OINT 5%	3	QL (30 gm / 30 days)
ZYCLARA CREA 3.75%	4	QL (28 packets / 28 days)
ZYCLARA PUMP CREA 2.5%, 3.75%	4	QL (7.5 gm / 28 days)

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>crotan</i> LOTN 10%	1	QL (454 gm / 30 days)
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
<i>spinosad</i> SUSP .9%	1	

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	4	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	3	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

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MAVYRET TAB 100-40MG	21	METHADONE HCL INJ	10
MAXALT	77	<i>methadone hydrochloride i</i>	10
MAXALT-MLT	77	<i>methazolamide</i>	50
MAXIDEX	130	<i>methenamine hippurate</i>	15
MAXITROL OIN 0.1% OP	129	<i>methergine</i>	103
MAXITROL SUS 0.1% OP	129	<i>methimazole</i>	106
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<i>medroxyprogesterone acetate</i>	106	METHYLIN	73
<i>medroxyprogesterone acetate</i> (contraceptive)	96	<i>methylphenidate</i>	73
<i>mefenamic acid</i>	8	<i>methylphenidate hcl</i>	73
<i>mefloquine hcl</i>	18	METHYLPHENIDATE HYDROCHLO	73
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<i>megestrol acetate (appetite)</i>	106	<i>methylprednisolone acetate</i>	101
MEKINIST	35	<i>methylprednisolone sod succ</i>	101
MEKTOVI	35	<i>methyltestosterone</i>	85
<i>meloxicam</i>	8	<i>metoclopramide hcl</i>	108
<i>memantine hcl</i>	55	<i>metolazone</i>	50
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	55	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	47
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<i>meropenem</i>	15	<i>metronidazole vaginal</i>	115
<i>merzee</i>	96	<i>metyrosine</i>	52
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<i>miconazole-zinc oxide-white</i>		<i>moxifloxacin hcl (ophth)</i>	129
<i>petrolatum oint 0.25-15-81.35%</i>	142	<i>moxifloxacin hcl 400 mg/250ml in</i>	
<i>microgestin 1/20</i>	96	<i>sodium chloride 0.8% inj</i>	24
<i>microgestin 1.5/30</i>	96	MOXIFLOXACIN HYDROCHLORID	24
<i>microgestin 24 fe</i>	96	MOZOBIL	117
<i>microgestin fe 1/20</i>	96	MS CONTIN	10
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<i>minocycline hcl</i>	26	MYCOBUTIN	21
MINOLIRA	26	<i>mycophenolate mofetil</i>	125
<i>minoxidil</i>	52	<i>mycophenolate sodium</i>	125
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<i>molindone hcl</i>	62	<i>nadolol</i>	48
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<i>mometasone furoate (nasal)</i>	137	NAFCILLIN INJ 2GM/100	25
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This formulary was updated on 09/29/2023. For more recent information or other questions, please contact us, FEP Medicare Prescription Drug Program Customer Care at 888-338-7737 (TTY users should call 711) 7 days per week, 24 hours per day, or visit fepblue.org/medicarerx.

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FEP MPDP Standard Option Enhanced Drug Formulary

Effective 01/01/2024

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INTRODUCTION

FEP is pleased to provide the *2024 FEP MPDP Standard Option Enhanced Drug Formulary* as a useful reference for drug product selection. The drugs on the *FEP MPDP Standard Option Enhanced Drug Formulary* have been reviewed by the FEP Pharmacy and Medical Policy Committee and FEP physicians and pharmacists and found appropriate for preferred status.

All the information in the *FEP MPDP Standard Option Enhanced Drug Formulary* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

PREFACE

The formulary is organized by sections, which refer to either a drug class or disease state. Unless exceptions are noted, all dosage forms and strengths of the drug cited are included in the formulary.

FEP may impose restrictions or not reimburse for specific drug products or types of products. For example, certain drugs and supplies for hair removal and hair growth are excluded from the pharmacy benefit. In addition, over-the-counter (**OTC**) products, with the exception of diabetes monitoring products, are generally not included in the pharmacy benefit. Some OTC products are listed in the formulary for informational purposes only.

The formulary is separated by Tiers in the following manner:

TIER	DEFINITION
Tier 1	Generic Drug
Tier 2	Preferred Brand Drug
Tier 3	Non-Preferred Drug
Tier 4	Specialty Tier

All drugs that are preferred are noted in their respective tiers of the drug lists throughout this formulary. Drugs may be reviewed by the FEP Pharmacy and Medical Policy Committee and designated non-preferred. FEP may designate certain drugs as non-preferred, typically if the cost-effectiveness is less than other similar drugs.

PRIOR APPROVAL

Prior approval (**PA**) is required for certain drugs before FEP will cover them. The prescribing physician may request PA by calling toll-free 1-855-344-0930. The list of prior approval medications is subject to change. For a current list of medications that require prior approval please see our **Prior Approval** web page.

QUANTITY LIMITATIONS

Quantity limitations (**QL**) have been established for some of the medications covered by FEP. Requests for quantities greater than allowed can be submitted to the Prior Approval program by the prescribing physician by calling toll-free 1-855-344-0930.

PHARMACY AND MEDICAL POLICY COMMITTEE

The role of the FEP Pharmacy and Medical Policy Committee includes evaluating new medications and making recommendations for the designation of preferred or non-preferred status on the *FEP MPDP Standard Option Enhanced Drug Formulary*. The FEP Pharmacy and Medical Policy Committee is made up of physicians and pharmacists who are not employees or agents of, nor have financial interest in FEP.

PRODUCT SELECTION CRITERIA

The FEP Pharmacy and Medical Policy Committee will consider U.S. Food and Drug Administration (FDA) approved drugs for preferred status designation. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Drug interactions
- Approved indications
- Formulation and administration
- Adverse effects
- Contraindications
- Pharmacokinetics
- Patient compliance considerations
- Medical outcome and pharmacoeconomic studies

When a new drug is considered for preferred status, an attempt will be made to examine the drug relative to similar drugs currently preferred. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in a designation of non-preferred status to drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

Drugs evaluated by the Pharmacy and Medical Policy Committee and not classified as preferred to receive a non-preferred designation in the *FEP MPDP Standard Option Enhanced Drug Formulary*. This designation indicates the Pharmacy and Medical Policy Committee's belief that the drug offers no important clinical or cost advantage over

comparable preferred drugs, or that there is currently insufficient information to determine its appropriate clinical role, or that questions remain regarding safety and effectiveness. In an open formulary environment, non-preferred drugs are covered under FEP's pharmacy benefit. However, there may be additional costs incurred by the patient to receive a non-preferred medication. Physicians are encouraged to prescribe preferred drugs.

All the information in the *FEP MPDP Standard Option Enhanced Drug Formulary* is provided as a reference for drug therapy selection. The final choice of a specific drug selection for an individual patient rests solely with the prescriber.

GENERIC SUBSTITUTION

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

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

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

EDITOR

Your comments and suggestions regarding this *FEP MPDP Standard Option Enhanced Drug Formulary* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

FEP Rx Drug Formulary - MC 145
P.O. Box 52115
Phoenix, AZ 85072-2115

NOTICE

The information contained in this *FEP MPDP Standard Option Enhanced Drug Formulary*, and its appendices is provided by FEP, solely for the convenience of medical providers. FEP does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. The *FEP MPDP Standard Option Enhanced Drug Formulary* is not a complete list of all covered medications. This *FEP MPDP Standard Option Enhanced Drug Formulary* is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. FEP assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult

the drug manufacturer's product literature or standard references for more detailed information.

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

If viewing this formulary via Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

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LEGEND

TERM	DEFINITION
OTC	Over the counter
PA	Prior Authorization (approval): you must have approval from the plan before you can get this drug
QL	Quantity Limit: there is a limit to how much of the medicine we will cover
ST	Step Therapy: you must try another drug before you can get this one

Drug Name Drug Tier Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS

ANOREXIANTS NON-AMPHETAMINE

<i>benzphetamine hcl tabs 50mg</i>	1	PA
<i>diethylpropion hcl tabs 25mg; tb24 75mg</i>	1	PA
LOMAIRA TABS 8mg	3	PA
PHENDIMETRAZINE TARTRATE CP24 105mg	3	PA
<i>phendimetrazine tartrate tabs 35mg</i>	1	PA
<i>phentermine hcl caps 15mg, 30mg; tabs 37.5mg</i>	1	PA
QSYMIA CAP 3.75-23	2	PA
QSYMIA CAP 7.5-46MG	2	PA
QSYMIA CAP 11.25-69	2	PA
QSYMIA CAP 15-92MG	2	PA

ANTI-OBESITY AGENTS

CONTRAVE TAB 8-90MG	3	PA
<i>orlistat caps 120mg</i>	1	PA
SAXENDA SOPN 18mg/3ml	2	PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	2	PA

ANTIANGINAL AGENTS

NITRATES

<i>nitroglycerin cpcr 2.5mg, 6.5mg, 9mg</i>	1	
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ANTIFUNGALS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TABS 150mg	3	ST, QL
-----------------------	---	--------

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

MYLERAN TABS 2mg	2	
<i>temozolomide caps 5mg, 20mg, 100mg, 180mg, 250mg</i>	4	

ANTIMETABOLITES

<i>capecitabine tabs 150mg, 500mg</i>	4	
---------------------------------------	---	--

MITOTIC INHIBITORS

<i>etoposide caps 50mg</i>	4	
----------------------------	---	--

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAPS 1mg	4	
-------------------	---	--

COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL
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COUGH/COLD/ALLERGY COMBINATIONS

<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	QL
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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	1	QL
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TEST STRIPS	2	QL, OTC
CHEMSTRIP K TES	2	OTC
ONETOUCH TEST STRIPS	2	QL, OTC
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	1	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
<i>ofloxacin tabs 400mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADYNOVATE SOLR 2000unit	4	
HEMLIBRA SOLN 60mg/0.4ml, 105mg/0.7ml	4	
JIVI SOLR 500unit, 3000unit	4	
KOGENATE FS KIT 250unit, 500unit, 1000unit	4	
KOVALTRY SOLR 250unit, 3000unit	4	
NUWIQ KIT 500unit, 3000unit	4	
RECOMBINATE SOLR 401-800unit, 801- 1240unit, 1241-1800unit, 1801-2400unit	4	
RIXUBIS SOLR 1000unit	4	
XYNTHA SOLOFUSE KIT 2000unit	4	
HEMATOPOIETIC AGENTS		
IRON		
FERAHEME SOLN 510mg/17ml	3	
FERRLECIT SOLN 12.5mg/ml	3	
VENOFER SOLN 20mg/ml	2	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHEK LANCETS	2	OTC
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA, QL
DEXCOM G6 MIS TRANSMIT	3	PA
FREESTY LIBR KIT 2 SENSOR	2	PA, QL
FREESTY LIBR KIT 3 SENSOR	2	PA, QL
FREESTY LIBR MIS 2 READER	2	PA

OTC - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ONETOUCH LANCETS	2	OTC
MUSCULOSKELETAL THERAPY AGENTS		
<i>VISCOSUPPLEMENTS</i>		
GELSYN-3 SOSY 16.8mg/2ml	4	PA
HYALGAN SOLN 20mg/2ml	4	PA
SUPARTZ FX SOSY 25mg/2.5ml	4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
<i>SYMPATHOMIMETIC DECONGESTANTS</i>		
<i>epinephrine hcl (nasal) soln .1%</i>	1	
THYROID AGENTS		
<i>THYROID HORMONES</i>		
ARMOUR THYROID TABS 30mg, 60mg, 90mg, 120mg, 180mg	3	
VASOPRESSORS		
<i>VASOPRESSORS</i>		
<i>epinephrine soln 1mg/ml</i>	1	
VITAMINS		
<i>OIL SOLUBLE VITAMINS</i>		
<i>ergocalciferol caps 1.25mg</i>	1	

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