

SENIORCARE Advantage

2019 Formulary

**Affordable
Prescriptions**

Managing your
health and your
expenses



Scott & White
HEALTH PLAN



Baylor Scott & White
HEALTH



Scott and White Health Plan

2019 Formulary (List of Covered Drugs)

SeniorCare Advantage (HMO) SeniorCare Advantage (PPO)

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

Scott and White Health Plan and its subsidiary Insurance Company of Scott and White are Medicare Advantage organizations with Medicare contracts. Scott and White Health Plan offers HMO plans. Insurance Company of Scott and White offers PPO plans. Enrollment in Scott and White Health Plan or Insurance Company of Scott and White depends on contract renewal.

This formulary was updated on 11/01/2019. For more recent information or other questions, please contact Scott and White Health Plan Customer Service, at 1-866-334-3141 or, for TTY users, 711, seven days a week, 7 a.m. to 8 p.m., or visit advantage.swhp.org.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Scott and White Health Plan. When it refers to “plan” or “our plan,” it means Scott and White Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2019. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

What is the Scott and White Health Plan Formulary?

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

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.). Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 the steps you may take to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Scott and White Health Plan Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to 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 we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. To get updated information about the drugs covered by Scott and White Health Plan, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes, the formularies will be updated monthly and posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page number 8. 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 148. 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?

Scott and White Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Scott and White Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Scott and

White Health Plan before you fill your prescriptions. If you don't get approval, Scott and White Health Plan may not cover the drug.

- **Quantity Limits:** For certain drugs, Scott and White Health Plan limits the amount of the drug that Scott and White Health Plan will cover. For example, Scott and White Health Plan provides 90 capsules per prescription for Lyrica 100mg capsules. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Scott and White Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Scott and White Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Scott and White Health Plan 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Scott and White Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Scott and White Health Plan formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered.

If you learn that Scott and White Health Plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Scott and White Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Scott and White Health Plan.
- You can ask Scott and White Health Plan 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 Scott and White Health Plan Formulary?

You can ask Scott and White Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Scott and White Health Plan 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, Scott and White Health Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering 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.

For members who experience a level of care change such as changing from one treatment setting to another (e.g. discharge from a hospital to a long-term care facility), an exception for a one-time 31-day supply will be allowed (unless the prescription is written for fewer days).

For more information

For more detailed information about your Scott and White Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at 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>.

Scott and White Health Plan's Formulary

The formulary below provides coverage information about the drugs covered by Scott and White Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 148.

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

The information in the Requirements/Limits column tells you if Scott and White Health Plan has any special requirements for coverage of your drug.

Column Abbreviations:

B/D	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EA	Each
NDS	Non-Extended Day Supply. This prescription drug is not available for an extended days' supply.
PA	Prior Authorization
QL	Quantity Limit
ST	Step Therapy

Drug Tiers and Drug Payment Stages:

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the stage you are in.
- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier has a different copay or coinsurance amount. The chart below shows the different drug tiers.

For more information about drug payment stages and copay or coinsurance amounts for each tier, please review your Evidence of Coverage.

Drug Tier	Description
Tier 1: Preferred Generic	Lower cost, commonly used generic drugs. Most drugs available for up to a 90-day supply.
Tier 2: Generic	Many generic drugs. Most drugs available for up to a 90-day supply.
Tier 3: Preferred Brand	Common brand name drugs called preferred brands and some higher-cost generic drugs. Most drugs available for up to a 90-day supply.
Tier 4: Non-Preferred Drug	Non-preferred generic and non-preferred brand name drugs. Most drugs available for up to a 90-day supply.
Tier 5: Specialty	Unique and/or very high-cost brand and generic drugs. Drugs in Tier 5 are limited to a 30-day supply.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	4	PA
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	4	PA
BUTALBITAL/ACETAMINOPHEN CAPS 300MG; 50MG	4	PA
<i>butalbital/acetaminophen tabs 300mg; 50mg</i>	4	PA
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	4	PA
<i>capacet caps 325mg; 50mg; 40mg</i>	4	PA
<i>cephadyn tabs 650mg; 50mg</i>	4	PA
<i>esgic caps 325mg; 50mg; 40mg</i>	4	PA
<i>margesic caps 325mg; 50mg; 40mg</i>	4	PA
<i>marten-tab tabs 325mg; 50mg</i>	4	PA
<i>phrenilin forte caps 300mg; 50mg; 40mg</i>	4	PA
<i>tencon tabs 325mg; 50mg</i>	4	PA
<i>zebutal caps 325mg; 50mg; 40mg</i>	4	PA
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 100mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib caps 200mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib caps 400mg</i>	2	QL (60 EA per 30 days)
<i>celecoxib caps 50mg</i>	2	QL (60 EA per 30 days)
<i>diclofenac potassium tabs 50mg</i>	4	
<i>diclofenac sodium dr tbec 25mg</i>	4	
<i>diclofenac sodium dr tbec 50mg</i>	4	
<i>diclofenac sodium dr tbec 75mg</i>	4	
<i>diclofenac sodium er tb24 100mg</i>	4	
<i>diclofenac sodium xr tb24 100mg</i>	4	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	4	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	4	
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	5	
<i>diflunisal tabs 500mg</i>	2	
<i>etodolac er tb24 400mg</i>	2	
<i>etodolac er tb24 500mg</i>	2	
<i>etodolac er tb24 600mg</i>	2	
<i>etodolac caps 200mg</i>	2	
<i>etodolac caps 300mg</i>	2	
<i>etodolac tabs 400mg</i>	2	
<i>etodolac tabs 500mg</i>	2	
FENOPROFEN CALCIUM CAPS 400MG	4	
<i>fenopropfen calcium tabs 600mg</i>	4	
<i>flurbiprofen tabs 100mg</i>	2	
<i>flurbiprofen tabs 50mg</i>	2	
<i>ibuprofen susp 100mg/5ml</i>	2	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin er cpcr 75mg</i>	4	
<i>indomethacin sr cpcr 75mg</i>	4	
<i>indomethacin caps 25mg</i>	4	
<i>indomethacin caps 50mg</i>	4	
INDOMETHACIN INJ 1MG	4	PA
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg</i>	2	
<i>ketoprofen caps 50mg</i>	2	
<i>ketoprofen caps 75mg</i>	2	
<i>ketorolac tromethamine inj 15mg/ml</i>	4	
<i>ketorolac tromethamine inj 300mg/10ml</i>	4	PA
<i>ketorolac tromethamine inj 30mg/ml</i>	4	
<i>ketorolac tromethamine inj 30mg/ml</i>	4	
KETOROLAC TROMETHAMINE INJ 60MG/20ML	4	
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days)
<i>meclofenamate sodium caps 100mg</i>	4	
<i>meclofenamate sodium caps 50mg</i>	4	
<i>mefenamic acid caps 250mg</i>	4	
<i>meloxicam susp 7.5mg/5ml</i>	2	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	2	
<i>nabumetone tabs 750mg</i>	2	
<i>naproxen dr tbec 375mg</i>	2	
<i>naproxen dr tbec 500mg</i>	2	
<i>naproxen sodium cr tb24 375mg</i>	2	
<i>naproxen sodium er tb24 375mg</i>	2	
<i>naproxen sodium tabs 275mg</i>	2	
<i>naproxen sodium tabs 550mg</i>	2	
<i>naproxen susp 125mg/5ml</i>	2	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
<i>oxaprozin tabs 600mg</i>	2	
<i>piroxicam caps 10mg</i>	2	
<i>piroxicam caps 20mg</i>	2	
<i>profeno tabs 600mg</i>	4	
SPRIX SOLN 15.75MG/SPRAY	5	QL (5 EA per 30 days)
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
<i>tolmetin sodium caps 400mg</i>	4	
<i>tolmetin sodium tabs 200mg</i>	4	
<i>tolmetin sodium tabs 600mg</i>	4	
Opioid Analgesics, Long-acting		
ARYMO ER TBEA 15MG	4	ST NDS
ARYMO ER TBEA 30MG	5	ST NDS
ARYMO ER TBEA 60MG	5	ST NDS

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl inj 0.3mg/ml</i>	5	
<i>buprenorphine hcl inj 0.3mg/ml</i>	5	
BUPRENORPHINE PTWK 10MCG/HR	3	QL (4 EA per 28 days) NDS
BUPRENORPHINE PTWK 15MCG/HR	3	QL (4 EA per 28 days) NDS
BUPRENORPHINE PTWK 20MCG/HR	3	QL (4 EA per 28 days) NDS
BUPRENORPHINE PTWK 5MCG/HR	3	QL (4 EA per 28 days) NDS
BUPRENORPHINE PTWK 7.5MCG/HR	3	QL (4 EA per 28 days) NDS
BUTRANS PTWK 10MCG/HR	3	QL (4 EA per 28 days) NDS
BUTRANS PTWK 15MCG/HR	3	QL (4 EA per 28 days) NDS
BUTRANS PTWK 20MCG/HR	3	QL (4 EA per 28 days) NDS
BUTRANS PTWK 5MCG/HR	3	QL (4 EA per 28 days) NDS
BUTRANS PTWK 7.5MCG/HR	3	QL (4 EA per 28 days) NDS
EMBEDA CPR 100MG; 4MG	3	NDS
EMBEDA CPR 20MG; 0.8MG	3	NDS
EMBEDA CPR 30MG; 1.2MG	3	NDS
EMBEDA CPR 50MG; 2MG	3	NDS
EMBEDA CPR 60MG; 2.4MG	3	NDS
EMBEDA CPR 80MG; 3.2MG	3	NDS
<i>fentanyl pt72 100mcg/hr</i>	4	NDS
<i>fentanyl pt72 12mcg/hr</i>	4	NDS
<i>fentanyl pt72 25mcg/hr</i>	4	NDS
<i>fentanyl pt72 37.5mcg/hr</i>	4	NDS
<i>fentanyl pt72 50mcg/hr</i>	4	NDS
<i>fentanyl pt72 62.5mcg/hr</i>	4	NDS
<i>fentanyl pt72 75mcg/hr</i>	4	NDS
<i>fentanyl pt72 87.5mcg/hr</i>	5	NDS
<i>hydromorphone hcl er t24a 12mg</i>	4	NDS
<i>hydromorphone hcl er t24a 16mg</i>	5	NDS
<i>hydromorphone hcl er t24a 32mg</i>	5	NDS
<i>hydromorphone hcl er t24a 8mg</i>	4	NDS
<i>hydromorphone hydrochloride er t24a 32mg</i>	5	NDS
INFUMORPH 200 INJ 10MG/ML	4	NDS
INFUMORPH 500 INJ 25MG/ML	4	NDS
<i>levorphanol tartrate tabs 2mg</i>	5	NDS
LEVORPHANOL TARTRATE TABS 3MG	5	NDS
<i>methadone hcl intensol conc 10mg/ml</i>	2	NDS
<i>methadone hcl conc 10mg/ml</i>	2	NDS
<i>methadone hcl inj 10mg/ml</i>	4	NDS
<i>methadone hcl soln 10mg/5ml</i>	2	NDS
<i>methadone hcl soln 5mg/5ml</i>	2	NDS
<i>methadone hcl tabs 10mg</i>	2	NDS
<i>methadone hcl tabs 5mg</i>	2	NDS
<i>methadose sugar-free conc 10mg/ml</i>	2	NDS
<i>methadose conc 10mg/ml</i>	2	NDS
<i>mitigo inj 10mg/ml</i>	2	NDS
<i>mitigo inj 25mg/ml</i>	2	NDS
<i>morphine sulfate cr tbc 60mg</i>	2	NDS
<i>morphine sulfate er cp24 100mg</i>	5	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er cp24 10mg</i>	4	NDS
<i>morphine sulfate er cp24 120mg</i>	4	NDS
<i>morphine sulfate er cp24 20mg</i>	4	NDS
<i>morphine sulfate er cp24 30mg</i>	4	NDS
<i>morphine sulfate er cp24 30mg</i>	4	NDS
<i>morphine sulfate er cp24 40mg</i>	4	
<i>morphine sulfate er cp24 45mg</i>	4	NDS
<i>morphine sulfate er cp24 50mg</i>	4	NDS
<i>morphine sulfate er cp24 60mg</i>	4	NDS
<i>morphine sulfate er cp24 60mg</i>	4	NDS
<i>morphine sulfate er cp24 75mg</i>	4	NDS
<i>morphine sulfate er cp24 80mg</i>	4	NDS
<i>morphine sulfate er cp24 90mg</i>	4	NDS
<i>morphine sulfate er tbc 100mg</i>	2	NDS
<i>morphine sulfate er tbc 15mg</i>	2	NDS
<i>morphine sulfate er tbc 200mg</i>	2	NDS
<i>morphine sulfate er tbc 30mg</i>	2	NDS
<i>morphine sulfate er tbc 60mg</i>	2	NDS
<i>oxymorphone hydrochloride er tb12 10mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 15mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 20mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 30mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 40mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 5mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 7.5mg</i>	4	NDS
<i>oxymorphone hydrochloride er tb12 40mg</i>	4	NDS
<i>tramadol hcl er tb24 100mg</i>	2	NDS
<i>tramadol hcl er tb24 100mg</i>	2	NDS
<i>tramadol hcl er tb24 200mg</i>	2	NDS
<i>tramadol hcl er tb24 200mg</i>	2	NDS
<i>tramadol hcl er tb24 300mg</i>	2	NDS
<i>tramadol hcl er tb24 300mg</i>	2	NDS
XTAMPZA ER C12A 13.5MG	3	NDS
XTAMPZA ER C12A 18MG	3	NDS
XTAMPZA ER C12A 27MG	3	NDS
XTAMPZA ER C12A 36MG	3	NDS
XTAMPZA ER C12A 9MG	3	NDS
Opioid Analgesics, Short-acting		
ABSTRAL SUBL 100MCG	5	PA NDS
ABSTRAL SUBL 200MCG	5	PA NDS
ABSTRAL SUBL 300MCG	5	PA NDS
ABSTRAL SUBL 400MCG	5	PA NDS
ABSTRAL SUBL 600MCG	5	PA NDS
ABSTRAL SUBL 800MCG	5	PA NDS
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	NDS
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	PA NDS
<i>aspirin-caffeine-dihydrocodeine caps 356.4mg; 30mg; 16mg</i>	2	
<i>butalbital compound/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	PA NDS
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	4	PA NDS
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	PA NDS
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	PA NDS
<i>butorphanol tartrate inj 1mg/ml</i>	4	NDS
<i>butorphanol tartrate inj 2mg/ml</i>	4	NDS
<i>butorphanol tartrate soln 10mg/ml</i>	2	NDS
<i>codeine sulfate tabs 15mg</i>	2	NDS
<i>codeine sulfate tabs 15mg</i>	2	NDS
<i>codeine sulfate tabs 30mg</i>	2	NDS
<i>codeine sulfate tabs 60mg</i>	2	NDS
<i>codeine/acetaminophen tabs 300mg; 15mg</i>	2	NDS
<i>codeine/acetaminophen tabs 300mg; 30mg</i>	2	NDS
<i>codeine/acetaminophen tabs 300mg; 60mg</i>	2	NDS
<i>duramorph inj 0.5mg/ml</i>	2	NDS
<i>duramorph inj 1mg/ml</i>	2	NDS
<i>endocet tabs 325mg; 10mg</i>	2	NDS
<i>endocet tabs 325mg; 2.5mg</i>	2	NDS
<i>endocet tabs 325mg; 5mg</i>	2	NDS
<i>endocet tabs 325mg; 7.5mg</i>	2	NDS
<i>endodan tabs 325mg; 4.835mg</i>	2	NDS
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	5	PA NDS
<i>fentanyl citrate inj 1000mcg/20ml</i>	4	B/D NDS
<i>fentanyl citrate inj 1000mcg/20ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 2500mcg/50ml</i>	4	B/D NDS
<i>fentanyl citrate inj 250mcg/5ml</i>	4	B/D NDS
<i>fentanyl citrate inj 250mcg/5ml</i>	4	B/D NDS
<i>fentanyl citrate inj 500mcg/10ml</i>	4	B/D NDS
<i>fentanyl citrate inj 50mcg/ml</i>	4	B/D
<i>fentanyl citrate tabs 100mcg</i>	5	PA
<i>fentanyl citrate tabs 200mcg</i>	5	PA
<i>fentanyl citrate tabs 400mcg</i>	5	PA
<i>fentanyl citrate tabs 600mcg</i>	5	PA
<i>fentanyl citrate tabs 800mcg</i>	5	PA
FENTORA TABS 100MCG	5	PA NDS

Drug Name	Drug Tier	Requirements/Limits
FENTORA TABS 200MCG	5	PA NDS
FENTORA TABS 400MCG	5	PA NDS
FENTORA TABS 600MCG	5	PA NDS
FENTORA TABS 800MCG	5	PA NDS
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	5	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	2	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	2	NDS
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	2	
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	2	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	NDS
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	2	NDS
<i>hydrocodone/ibuprofen tabs 2.5mg; 200mg</i>	2	
<i>hydrocodone/ibuprofen tabs 5mg; 200mg</i>	2	NDS
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	NDS
<i>hydromorphone hcl dosette inj 2mg/ml</i>	2	NDS
<i>hydromorphone hcl dosette inj 2mg/ml</i>	2	NDS
<i>hydromorphone hcl inj 10mg/ml</i>	2	NDS
<i>hydromorphone hcl inj 1mg/ml</i>	2	NDS
<i>hydromorphone hcl inj 2mg/ml</i>	2	NDS
<i>hydromorphone hcl inj 4mg/ml</i>	2	NDS
<i>hydromorphone hcl inj 50mg/5ml</i>	2	NDS
<i>hydromorphone hcl liqd 1mg/ml</i>	2	NDS
<i>hydromorphone hcl tabs 2mg</i>	2	NDS
<i>hydromorphone hcl tabs 4mg</i>	2	NDS
<i>hydromorphone hcl tabs 8mg</i>	2	NDS
<i>hydromorphone hydrochloride inj 1mg/ml</i>	2	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	2	
<i>hydromorphone hydrochloride inj 4mg/ml</i>	2	
<i>ibudone tabs 5mg; 200mg</i>	2	NDS
LAZANDA SOLN 100MCG/ACT	5	PA NDS
LAZANDA SOLN 300MCG/ACT	5	PA NDS
LAZANDA SOLN 400MCG/ACT	5	PA NDS
<i>lorcet hd tabs 325mg; 10mg</i>	2	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	NDS
<i>lorcet tabs 325mg; 5mg</i>	2	NDS
<i>lortab tabs 325mg; 10mg</i>	2	NDS
<i>lortab tabs 325mg; 5mg</i>	2	NDS
<i>lortab tabs 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate inj 0.5mg/ml</i>	2	NDS
<i>morphine sulfate inj 10mg/ml</i>	2	NDS
<i>morphine sulfate inj 10mg/ml</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate inj 10mg/ml</i>	2	NDS
<i>morphine sulfate inj 150mg/30ml</i>	2	B/D NDS
<i>morphine sulfate inj 15mg/ml</i>	2	
<i>morphine sulfate inj 1mg/ml</i>	2	NDS
<i>morphine sulfate inj 1mg/ml</i>	2	B/D NDS
<i>morphine sulfate inj 2mg/ml</i>	2	NDS
<i>morphine sulfate inj 2mg/ml</i>	2	NDS
<i>morphine sulfate inj 2mg/ml</i>	2	NDS
<i>morphine sulfate inj 4mg/ml</i>	2	NDS
<i>morphine sulfate inj 4mg/ml</i>	2	NDS
<i>morphine sulfate inj 4mg/ml</i>	2	NDS
<i>morphine sulfate inj 5mg/ml</i>	2	NDS
<i>morphine sulfate inj 5mg/ml</i>	2	NDS
<i>morphine sulfate inj 8mg/ml</i>	2	NDS
<i>morphine sulfate inj 8mg/ml</i>	2	NDS
<i>morphine sulfate inj 8mg/ml</i>	2	NDS
<i>morphine sulfate soln 100mg/5ml</i>	2	NDS
<i>morphine sulfate soln 10mg/5ml</i>	2	NDS
<i>morphine sulfate soln 20mg/5ml</i>	2	NDS
<i>morphine sulfate tabs 15mg</i>	2	NDS
<i>morphine sulfate tabs 30mg</i>	2	NDS
<i>nalbuphine hcl inj 10mg/ml</i>	4	NDS
<i>nalbuphine hcl inj 20mg/ml</i>	4	NDS
OXAYDO TABA 5MG	5	NDS
OXAYDO TABA 7.5MG	5	NDS
<i>oxycodone hcl caps 5mg</i>	2	NDS
<i>oxycodone hcl conc 100mg/5ml</i>	4	NDS
<i>oxycodone hcl tabs 10mg</i>	2	NDS
<i>oxycodone hcl tabs 20mg</i>	2	NDS
<i>oxycodone hcl tabs 30mg</i>	2	NDS
<i>oxycodone hcl tabs 5mg</i>	2	NDS
<i>oxycodone hydrochloride soln 5mg/5ml</i>	2	NDS
<i>oxycodone hydrochloride tabs 15mg</i>	2	NDS
<i>oxycodone/acetaminophen soln 325mg/5ml; 5mg/5ml</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	NDS
<i>oxycodone/ibuprofen tabs 400mg; 5mg</i>	2	NDS
<i>oxymorphone hydrochloride tabs 10mg</i>	2	NDS
<i>oxymorphone hydrochloride tabs 5mg</i>	2	NDS
<i>pentazocine/naloxone hcl tabs 0.5mg; 50mg</i>	4	NDS
PRIMLEV TABS 300MG; 10MG	5	NDS
PRIMLEV TABS 300MG; 5MG	4	NDS
PRIMLEV TABS 300MG; 7.5MG	4	NDS
<i>reprexain tabs 10mg; 200mg</i>	2	NDS
<i>roxicet soln 325mg/5ml; 5mg/5ml</i>	2	NDS

Drug Name	Drug Tier	Requirements/Limits
ROXYBOND TABA 15MG	5	NDS
ROXYBOND TABA 30MG	5	NDS
ROXYBOND TABA 5MG	5	NDS
<i>tramadol hcl tabs 50mg</i>	1	NDS
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	NDS
<i>verdrocet tabs 325mg; 2.5mg</i>	2	NDS
<i>vicodin es tabs 300mg; 7.5mg</i>	2	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	2	NDS
<i>vicodin tabs 300mg; 5mg</i>	2	NDS
<i>xylon tabs 10mg; 200mg</i>	2	NDS

Anesthetics

Local Anesthetics

<i>7t lido gel gel 2%</i>	2	QL (30 GM per 30 days) PA
<i>bupivacaine fisiopharma inj 2.5mg/ml</i>	4	
<i>bupivacaine fisiopharma inj 5mg/ml</i>	4	
<i>chloroprocaine hydrochloride inj 2%</i>	4	
<i>chloroprocaine hydrochloride inj 3%</i>	4	
<i>glydo prsy 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine and tetracaine cream crea 7%; 7%</i>	4	QL (30 GM per 30 days) PA
<i>lidocaine hcl jelly gel 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl/dextrose soln 7.5%; 5%</i>	4	
<i>lidocaine hcl gel 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl inj 0.5%</i>	2	
<i>lidocaine hcl inj 0.5%</i>	2	
<i>lidocaine hcl inj 1%</i>	2	
<i>lidocaine hcl inj 1%</i>	2	
<i>lidocaine hcl inj 1.5%</i>	2	
<i>lidocaine hcl inj 2%</i>	2	
<i>lidocaine hcl inj 2%</i>	2	
<i>lidocaine hcl inj 2%</i>	2	
<i>lidocaine hcl inj 2%</i>	2	
<i>lidocaine hcl inj 4%</i>	2	
<i>lidocaine hcl prsy 2%</i>	2	QL (30 ML per 30 days) PA
<i>lidocaine hcl soln 4%</i>	2	QL (50 ML per 30 days) PA
<i>lidocaine-prilocaine-cream base crea 2.5%; 2.5%</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine/epinephrine inj 1:100000; 1%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 0.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 1.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:50000; 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	2	QL (30 GM per 30 days) PA
<i>lidocaine oint 5%</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
<i>PLIAGLIS CREA 7%; 7%</i>	4	QL (30 GM per 30 days) PA
<i>polocaine-mpf inj 1%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>polocaine-mpf inj 1.5%</i>	4	
<i>polocaine-mpf inj 2%</i>	4	
<i>polocaine inj 1%</i>	4	
<i>polocaine inj 2%</i>	4	
<i>xylocaine dental inj 1:100000; 2%</i>	1	
<i>xylocaine dental inj 1:50000; 2%</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	2	
<i>disulfiram tabs 250mg</i>	2	
<i>disulfiram tabs 500mg</i>	2	
VIVITROL INJ 380MG	5	
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	3	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	
<i>buprenorphine hcl subl 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL (360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL (180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	2	QL (90 EA per 30 days)
LUCEMYRA TABS 0.18MG	5	QL (480 EA per 30 days)
<i>naltrexone hcl tabs 50mg</i>	2	
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	4	QL (360 EA per 30 days)
SUBOXONE FILM 4MG; 1MG	4	QL (180 EA per 30 days)
SUBOXONE FILM 8MG; 2MG	4	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml</i>	2	
<i>naloxone hcl inj 0.4mg/ml</i>	2	
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	
NARCAN LIQD 4MG/0.1ML	3	
Smoking Cessation Agents		
<i>buproban tb12 150mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABS 1MG	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG	3	QL (504 EA per 365 days)
CHANTIX TABS 1MG	3	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	4	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
Anti-inflammatory Agents		
Glucocorticoids		

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone crea 1%</i>	2	
<i>hydrocortisone crea 2.5%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>procto-pak crea 1%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml</i>	2	
<i>amikacin sulfate inj 500mg/2ml</i>	2	
<i>gentak oint 0.3%</i>	2	
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 10mg/ml</i>	2	
<i>gentamicin sulfate inj 10mg/ml</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>gentamicin sulfate oint 0.3%</i>	2	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml</i>	2	
<i>paromomycin sulfate caps 250mg</i>	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	2	
<i>tobramycin sulfate inj 1.2gm</i>	2	
<i>tobramycin sulfate inj 1.2gm</i>	2	
<i>tobramycin sulfate inj 10mg/ml</i>	2	
<i>tobramycin sulfate inj 40mg/ml</i>	2	
<i>tobramycin sulfate inj 40mg/ml</i>	2	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	
<i>tobramycin sulfate soln 0.3%</i>	1	
TOBEX OINT 0.3%	4	
Antibacterials, Other		
ALTABAX OINT 1%	4	
<i>baciim inj 50000unit</i>	2	
<i>bacitracin inj 50000unit</i>	2	
<i>bacitracin oint 500unit/gm</i>	2	
BACTROBAN NASAL OINT 2%	4	
<i>chloramphenicol sodium succinate inj 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN SUPP 100MG	4	
<i>clindacin etz pledgets swab 1%</i>	2	
<i>clindacin-p swab 1%</i>	2	
<i>clindamycin hcl caps 150mg</i>	2	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hcl caps 75mg</i>	2	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	2	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	2	
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	2	
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	2	
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate inj 150mg/ml</i>	2	
<i>clindamycin phosphate inj 300mg/2ml</i>	2	
<i>clindamycin phosphate inj 600mg/4ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/sodium chloride inj 300mg/50ml; 0.9%</i>	2	
<i>clindamycin/sodium chloride inj 600mg/50ml; 0.9%</i>	2	
<i>clindamycin/sodium chloride inj 900mg/50ml; 0.9%</i>	2	
<i>clindamycin inj 900mg/6ml</i>	2	
CLINDESSE CREA 2%	4	
<i>colistimethate sodium inj 150mg</i>	4	
CORTISPORIN CREA 0.5%; 3.5MG/GM; 10000UNIT/GM	4	
CORTISPORIN OINT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	4	
DALVANCE INJ 500MG	5	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
FLAGYL ER TB24 750MG	4	
IMPAVIDO CAPS 50MG	5	
<i>lincomycin hcl inj 300mg/ml</i>	2	
<i>linezolid inj 600mg/300ml</i>	5	
LINEZOLID INJ 600MG/300ML; 0.9%	5	
<i>linezolid susr 100mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid tabs 600mg</i>	5	QL (56 EA per 28 days)
<i>mafenide acetate pack 5%</i>	4	
<i>methenamine hippurate tabs 1gm</i>	2	
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole caps 375mg</i>	2	
METRONIDAZOLE INJ 500MG/100ML; 0.74%	4	
<i>metronidazole inj 500mg/100ml; 0.79%</i>	2	
<i>metronidazole inj 5mg/ml</i>	2	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	2	
MONUROL PACK 5.631GM	4	
<i>mupirocin calcium crea 2%</i>	2	
<i>mupirocin crea 2%</i>	2	
<i>mupirocin oint 2%</i>	2	
<i>nitrofurantoin macrocrystals caps 100mg</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 25mg</i>	4	QL (1440 EA per 365 days)
<i>nitrofurantoin macrocrystals caps 50mg</i>	4	QL (720 EA per 365 days)
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	2	QL (180 EA per 365 days)
<i>nitrofurantoin monohydrate caps 100mg</i>	2	QL (180 EA per 365 days)
<i>nitrofurantoin caps 100mg</i>	4	QL (360 EA per 365 days)
<i>nitrofurantoin susp 25mg/5ml</i>	4	QL (7200 ML per 365 days)
ORBACTIV INJ 400MG	5	
<i>polymyxin b sulfate inj 500000unit</i>	2	
PRIMSOL SOLN 50MG/5ML	4	
<i>silver sulfadiazine crea 1%</i>	2	
SIVEXTRO INJ 200MG	5	QL (6 EA per 30 days)
SIVEXTRO TABS 200MG	5	QL (6 EA per 30 days)
<i>ssd crea 1%</i>	2	
SULFAMYLON CREA 85MG/GM	4	
SYNERCID INJ 350MG; 150MG	5	
<i>tigecycline inj 50mg</i>	5	
<i>trimethoprim tabs 100mg</i>	1	
TRIMPEX SOLN 50MG/5ML	4	
<i>vancomycin hcl in dextrose inj 5%; 1gm/200ml</i>	2	
<i>vancomycin hcl in dextrose inj 5%; 500mg/100ml</i>	2	
<i>vancomycin hcl in dextrose inj 5%; 750mg/150ml</i>	2	
<i>vancomycin hcl inj 100gm</i>	2	
<i>vancomycin hcl inj 10gm</i>	2	
<i>vancomycin hcl inj 1gm</i>	2	
<i>vancomycin hcl inj 500mg</i>	2	
<i>vancomycin hcl inj 5gm</i>	2	
<i>vancomycin hcl inj 750mg</i>	2	
<i>vancomycin hydrochloride/dextrose inj 5%; 750mg/150ml</i>	2	
<i>vancomycin hydrochloride caps 125mg</i>	4	
<i>vancomycin hydrochloride caps 250mg</i>	5	
<i>vancomycin hydrochloride inj 1.25gm</i>	2	
<i>vancomycin hydrochloride inj 1.5gm</i>	2	
<i>vancomycin hydrochloride inj 250mg</i>	2	
<i>vancomycin hydrochloride inj 5000mg</i>	2	
<i>vancomycin hydrochloride inj 750mg</i>	2	
<i>vancomycin hydrochloride solr 250mg/5ml</i>	4	
<i>vandazole gel 0.75%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
VIBATIV INJ 250MG	4	
VIBATIV INJ 750MG	4	
XENLETA INJ 150MG/15ML	5	
XENLETA TABS 600MG	5	
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ INJ 0.5GM; 2GM	5	
<i>cefaclor er tb12 500mg</i>	4	
<i>cefaclor caps 250mg</i>	4	
<i>cefaclor caps 500mg</i>	4	
<i>cefaclor susr 125mg/5ml</i>	4	
<i>cefaclor susr 250mg/5ml</i>	4	
<i>cefaclor susr 375mg/5ml</i>	4	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml</i>	2	
<i>cefadroxil susr 500mg/5ml</i>	2	
<i>cefadroxil tabs 1gm</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	2	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm</i>	2	
<i>cefazolin sodium inj 10gm</i>	2	
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 20gm</i>	2	
<i>cefazolin sodium inj 300gm</i>	2	
<i>cefazolin sodium inj 500mg</i>	2	
<i>cefazolin inj 2gm/100ml; 4%</i>	2	
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml</i>	2	
<i>cefdinir susr 250mg/5ml</i>	2	
<i>cefditoren pivoxil tabs 200mg</i>	4	
<i>cefditoren pivoxil tabs 400mg</i>	4	
<i>cefepime hydrochloride inj 2gm</i>	2	
<i>cefepime/dextrose inj 1gm/50ml; 5%</i>	2	
<i>cefepime/dextrose inj 2gm/50ml; 5%</i>	2	
<i>cefepime inj 1gm/50ml</i>	2	
<i>cefepime inj 1gm</i>	2	
<i>cefepime inj 2gm/100ml</i>	2	
<i>cefepime inj 2gm</i>	2	
<i>cefixime caps 400mg</i>	3	
<i>cefixime susr 100mg/5ml</i>	4	
<i>cefixime susr 200mg/5ml</i>	4	
<i>cefotaxime sodium inj 10gm</i>	2	
<i>cefotaxime sodium inj 1gm</i>	2	
<i>cefotaxime sodium inj 2gm</i>	2	
<i>cefotaxime sodium inj 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefotetan/dextrose inj 1gm; 3.58%</i>	2	
<i>cefotetan/dextrose inj 2gm; 2.08%</i>	2	
<i>cefotetan inj 10gm</i>	2	
<i>cefotetan inj 1gm</i>	2	
<i>cefotetan inj 2gm</i>	2	
<i>cefoxitin sodium inj 10gm</i>	2	
<i>cefoxitin sodium inj 1gm</i>	2	
<i>cefoxitin sodium inj 1gm; 4%</i>	2	
<i>cefoxitin sodium inj 2gm</i>	2	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	2	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	2	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	2	
<i>cefpodoxime proxetil tabs 100mg</i>	2	
<i>cefpodoxime proxetil tabs 200mg</i>	2	
<i>cefprozil susr 125mg/5ml</i>	2	
<i>cefprozil susr 250mg/5ml</i>	2	
<i>cefprozil tabs 250mg</i>	2	
<i>cefprozil tabs 500mg</i>	2	
<i>ceftazidime/dextrose inj 1gm/50ml; 5%</i>	2	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	2	
<i>ceftazidime inj 1gm</i>	2	
<i>ceftazidime inj 2gm</i>	2	
<i>ceftazidime inj 6gm</i>	2	
<i>ceftibuten caps 400mg</i>	2	
<i>ceftibuten susr 180mg/5ml</i>	2	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	2	
<i>ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0</i>	2	
<i>ceftriaxone sodium inj 100gm</i>	2	
<i>ceftriaxone sodium inj 10gm</i>	2	
<i>ceftriaxone sodium inj 1gm</i>	2	
<i>ceftriaxone sodium inj 1gm</i>	2	
<i>ceftriaxone sodium inj 250mg</i>	2	
<i>ceftriaxone sodium inj 2gm</i>	2	
<i>ceftriaxone sodium inj 2gm</i>	2	
<i>ceftriaxone sodium inj 500mg</i>	2	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	2	
<i>ceftriaxone/dextrose inj 2gm; 2.22%</i>	2	
<i>cefuroxime axetil tabs 250mg</i>	2	
<i>cefuroxime axetil tabs 500mg</i>	2	
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cefuroxime sodium inj 225gm</i>	2	
<i>cefuroxime sodium inj 7.5gm</i>	2	
<i>cefuroxime sodium inj 7.5gm</i>	2	
<i>cefuroxime sodium inj 750mg</i>	2	
<i>cefuroxime sodium inj 75gm</i>	2	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin susr 125mg/5ml</i>	2	
<i>cephalexin susr 250mg/5ml</i>	2	
<i>cephalexin tabs 250mg</i>	2	
<i>cephalexin tabs 500mg</i>	2	
SUPRAX CAPS 400MG	3	
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	
SUPRAX SUSR 500MG/5ML	5	
<i>tazicef inj 1gm</i>	2	
<i>tazicef inj 1gm</i>	2	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 2gm</i>	2	
<i>tazicef inj 6gm</i>	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
<i>zinacef inj 1.5gm; 0</i>	2	
<i>zinacef inj 750mg</i>	2	
Beta-lactam, Other		
<i>azactam in iso-osmotic dextrose inj 1gm/50ml; 0</i>	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM/50ML; 0	4	
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
DORIBAX INJ 250MG	4	
DORIBAX INJ 500MG	4	
DORIPENEM INJ 250MG	4	
DORIPENEM INJ 500MG	4	
<i>ertapenem sodium inj 1gm</i>	2	
<i>ertapenem inj 1gm</i>	2	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	2	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	2	
INVANZ INJ 1GM	4	
INVANZ INJ 1GM	4	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	5	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	2	
<i>meropenem inj 1gm</i>	2	
<i>meropenem inj 500mg</i>	2	
VABOMERE INJ 1GM; 1GM	4	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	2	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	2	
<i>ampicillin sodium inj 125mg</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin sodium inj 250mg</i>	2	
<i>ampicillin sodium inj 2gm</i>	2	
<i>ampicillin sodium inj 2gm</i>	2	
<i>ampicillin sodium inj 500mg</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	2	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	2	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
<i>dicloxacillin sodium caps 250mg</i>	2	
<i>dicloxacillin sodium caps 500mg</i>	2	
<i>nafcillin sodium inj 10gm</i>	5	
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	5	
<i>nafcillin sodium inj 2gm</i>	4	
<i>nafcillin inj 5%; 1gm/50ml</i>	5	
<i>nafcillin inj 5%; 2gm/100ml</i>	5	
<i>oxacillin sodium inj 10gm</i>	4	
<i>oxacillin sodium inj 1gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium inj 2gm</i>	4	
OXACILLIN INJ 1.5GM/50ML; 1GM/50ML	4	
<i>oxacillin inj 1gm</i>	4	
OXACILLIN INJ 300MG/50ML; 2GM/50ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 20000UNIT/ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	4	
<i>penicillin g potassium inj 20000000unit</i>	2	
<i>penicillin g potassium inj 5000000unit</i>	2	
<i>penicillin g sodium inj 5000000unit</i>	5	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>pfizerpen inj 5000000unit</i>	2	
<i>piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	2	
<i>piperacillin sodium/tazobactam inj 12gm; 1.5gm</i>	2	
<i>piperacillin sodium/tazobactam inj 36gm; 4.5gm</i>	2	
<i>piperacillin/tazobactam inj 12gm; 1.5gm</i>	2	
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	2	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	2	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	2	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	4	
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	4	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	4	
Macrolides		
AZASITE SOLN 1%	4	
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin pack 1gm</i>	2	
<i>azithromycin susr 100mg/5ml</i>	2	
<i>azithromycin susr 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 500mg</i>	1	
<i>azithromycin tabs 600mg</i>	1	
<i>clarithromycin er tb24 500mg</i>	2	
<i>clarithromycin susr 125mg/5ml</i>	2	
<i>clarithromycin susr 250mg/5ml</i>	2	
<i>clarithromycin tabs 250mg</i>	2	
<i>clarithromycin tabs 500mg</i>	2	
DIFICID TABS 200MG	5	

Drug Name	Drug Tier	Requirements/Limits
ERY-TAB TBEC 250MG	3	
ERY-TAB TBEC 333MG	3	
ERY-TAB TBEC 500MG	3	
<i>ery pads 2%</i>	2	
ERYPED 400 SUSR 400MG/5ML	5	
<i>erythrocin lactobionate inj 500mg</i>	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base tabs 250mg</i>	4	
<i>erythromycin base tabs 500mg</i>	4	
<i>erythromycin dr tbec 250mg</i>	2	
<i>erythromycin dr tbec 333mg</i>	2	
<i>erythromycin dr tbec 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	4	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate tabs 400mg</i>	4	
<i>erythromycin stearate tabs 250mg</i>	4	
<i>erythromycin cpep 250mg</i>	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin oint 5mg/gm</i>	1	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<i>ilotycin oint 5mg/gm</i>	1	
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	
PCE TBEC 333MG	4	
PCE TBEC 500MG	4	
ZMAX SUSR 2GM	4	
Quinolones		
BAXDELA INJ 300MG	5	
BAXDELA TABS 450MG	5	
BESIVANCE SUSP 0.6%	4	
CILOXAN OINT 0.3%	4	
<i>ciprofloxacin er tb24 1000mg; 0</i>	2	
<i>ciprofloxacin er tb24 500mg; 0</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	
<i>ciprofloxacin inj 200mg/20ml</i>	2	
<i>ciprofloxacin inj 400mg/40ml</i>	2	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>ciprofloxacin susr 250mg/5ml</i>	2	
<i>ciprofloxacin susr 500mg/5ml</i>	2	
<i>gatifloxacin soln 0.5%</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	2	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin soln 0.5%</i>	2	
<i>levofloxacin soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg</i>	2	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	4	
MOXIFLOXACIN HCL INJ 400MG/250ML	4	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>ofloxacin soln 0.3%</i>	2	
<i>ofloxacin soln 0.3%</i>	2	
<i>ofloxacin tabs 300mg</i>	2	
<i>ofloxacin tabs 400mg</i>	2	
Sulfonamides		
<i>sodium sulfacetamide lotn 10%</i>	4	
<i>sodium sulfacetamide soln 10%</i>	2	
<i>sulfacetamide sodium lotn 10%</i>	4	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>sulfadiazine tabs 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	2	
Tetracyclines		
<i>coremino tb24 135mg</i>	2	
<i>coremino tb24 45mg</i>	2	
<i>coremino tb24 90mg</i>	2	
<i>demeclocycline hcl tabs 150mg</i>	2	
<i>demeclocycline hcl tabs 300mg</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
DORYX MPC TBEC 120MG	4	
<i>doxy 100 inj 100mg</i>	4	
<i>doxycycline hyclate dr tbec 100mg</i>	4	
<i>doxycycline hyclate dr tbec 150mg</i>	4	
<i>doxycycline hyclate dr tbec 200mg</i>	4	
<i>doxycycline hyclate dr tbec 50mg</i>	4	
<i>doxycycline hyclate dr tbec 75mg</i>	4	
DOXYCYCLINE HYCLATE DR TBEC 80MG	5	
<i>doxycycline hyclate caps 100mg</i>	2	
<i>doxycycline hyclate caps 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate inj 100mg</i>	4	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline hyclate tabs 150mg</i>	4	
<i>doxycycline hyclate tabs 20mg</i>	2	
<i>doxycycline hyclate tabs 50mg</i>	4	
<i>doxycycline hyclate tabs 75mg</i>	2	
<i>doxycycline monohydrate caps 100mg</i>	2	
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 50mg</i>	2	
<i>doxycycline monohydrate caps 75mg</i>	2	
<i>doxycycline monohydrate tabs 100mg</i>	2	
<i>doxycycline monohydrate tabs 150mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
<i>minocycline hcl er tb24 135mg</i>	2	
<i>minocycline hcl er tb24 45mg</i>	2	
<i>minocycline hcl er tb24 90mg</i>	2	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg</i>	2	
<i>minocycline hcl tabs 50mg</i>	2	
<i>minocycline hcl tabs 75mg</i>	2	
<i>minocycline hydrochloride er tb24 105mg</i>	5	
<i>minocycline hydrochloride er tb24 115mg</i>	5	
MINOCYCLINE HYDROCHLORIDE ER TB24 55MG	5	
<i>minocycline hydrochloride er tb24 80mg</i>	5	
<i>minocycline hydrochloride caps 100mg</i>	2	
<i>minocycline hydrochloride caps 50mg</i>	2	
<i>minocycline hydrochlorideer tb24 65mg</i>	5	
<i>mondoxyne nl caps 100mg</i>	2	
<i>mondoxyne nl caps 50mg</i>	2	
<i>mondoxyne nl caps 75mg</i>	2	
<i>morgidox 1x100mg caps 100mg</i>	2	
<i>morgidox 1x50mg caps 50mg</i>	2	
<i>morgidox 2x100mg caps 100mg</i>	2	
NUZYRA INJ 100MG	5	
NUZYRA TABS 150MG	5	
NUZYRA TABS 150MG	5	
NUZYRA TABS 150MG	5	
<i>okebo caps 100mg</i>	2	
<i>okebo caps 75mg</i>	2	
SEYSARA TABS 100MG	5	
SEYSARA TABS 150MG	5	
SEYSARA TABS 60MG	5	
<i>soloxide tbec 150mg</i>	4	
<i>tetracycline hydrochloride caps 250mg</i>	2	
<i>tetracycline hydrochloride caps 500mg</i>	2	
VIBRAMYCIN SYRP 50MG/5ML	4	

Drug Name	Drug Tier	Requirements/Limits
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTIOM TABS 200MG	5	
APTIOM TABS 400MG	5	
APTIOM TABS 600MG	5	
APTIOM TABS 800MG	5	
BRIVIACT INJ 50MG/5ML	5	
BRIVIACT SOLN 10MG/ML	5	
BRIVIACT TABS 100MG	5	
BRIVIACT TABS 10MG	5	
BRIVIACT TABS 25MG	5	
BRIVIACT TABS 50MG	5	
BRIVIACT TABS 75MG	5	
EPIDIOLEX SOLN 100MG/ML	5	PA
FYCOMPA SUSP 0.5MG/ML	4	
FYCOMPA TABS 10MG	4	
FYCOMPA TABS 12MG	4	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 4MG	4	
FYCOMPA TABS 6MG	4	
FYCOMPA TABS 8MG	4	
<i>levetiracetam er tb24 500mg</i>	2	
<i>levetiracetam er tb24 750mg</i>	2	
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	4	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	4	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	4	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML	4	
LEVETIRACETAM INJ 1500MG/100ML; 540MG/100ML	4	
LEVETIRACETAM INJ 500MG/100ML; 820MG/100ML	4	
<i>levetiracetam inj 500mg/5ml</i>	4	
<i>levetiracetam soln 100mg/ml</i>	2	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
NAYZILAM SOLN 5MG/0.1ML	5	
POTIGA TABS 200MG	5	
POTIGA TABS 300MG	5	
POTIGA TABS 400MG	5	
POTIGA TABS 50MG	5	
<i>roweepra xr tb24 500mg</i>	2	
<i>roweepra xr tb24 750mg</i>	2	
<i>roweepra tabs 1000mg</i>	1	
<i>roweepra tabs 500mg</i>	1	
<i>roweepra tabs 750mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 1000MG	4	
SPRITAM TB3D 250MG	4	
SPRITAM TB3D 500MG	4	
SPRITAM TB3D 750MG	4	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
<i>ethosuximide caps 250mg</i>	2	
<i>ethosuximide soln 250mg/5ml</i>	2	
LYRICA CAPS 100MG	3	QL (90 EA per 30 days)
LYRICA CAPS 150MG	3	QL (90 EA per 30 days)
LYRICA CAPS 200MG	3	QL (90 EA per 30 days)
LYRICA CAPS 225MG	3	QL (90 EA per 30 days)
LYRICA CAPS 25MG	3	QL (90 EA per 30 days)
LYRICA CAPS 300MG	3	QL (60 EA per 30 days)
LYRICA CAPS 50MG	3	QL (90 EA per 30 days)
LYRICA CAPS 75MG	3	QL (90 EA per 30 days)
LYRICA SOLN 20MG/ML	3	QL (900 ML per 30 days)
<i>pregabalin caps 100mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 150mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 225mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 25mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin caps 50mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin caps 75mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	2	QL (900 ML per 30 days)
<i>zonisamide caps 100mg</i>	2	
<i>zonisamide caps 25mg</i>	2	
<i>zonisamide caps 50mg</i>	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam susp 2.5mg/ml</i>	4	
<i>clobazam tabs 10mg</i>	4	
<i>clobazam tabs 20mg</i>	4	
<i>clonazepam odt tbdp 0.125mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 0.25mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 0.5mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 1mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
DIACOMIT CAPS 250MG	5	PA
DIACOMIT CAPS 500MG	5	PA
DIACOMIT PACK 250MG	5	PA
DIACOMIT PACK 500MG	5	PA
DIASTAT ACUDIAL GEL 10MG	4	
DIASTAT ACUDIAL GEL 20MG	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	
<i>diazepam gel 10mg</i>	4	
<i>diazepam gel 2.5mg</i>	4	
<i>diazepam gel 20mg</i>	4	
<i>divalproex sodium dr tbec 125mg</i>	2	
<i>divalproex sodium dr tbec 250mg</i>	2	
<i>divalproex sodium dr tbec 500mg</i>	2	
<i>divalproex sodium er tb24 250mg</i>	2	
<i>divalproex sodium er tb24 500mg</i>	2	
<i>divalproex sodium csdr 125mg</i>	2	
<i>gabapentin caps 100mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 300mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin caps 400mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	2	QL (2160 ML per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days)
GABITRIL TABS 12MG	4	
GABITRIL TABS 16MG	4	
ONFI SUSP 2.5MG/ML	5	
ONFI TABS 10MG	5	
ONFI TABS 20MG	5	
<i>phenobarbital sodium inj 130mg/ml</i>	2	PA
<i>phenobarbital sodium inj 65mg/ml</i>	2	PA
<i>phenobarbital elix 20mg/5ml</i>	4	PA
<i>phenobarbital tabs 100mg</i>	4	PA
<i>phenobarbital tabs 15mg</i>	4	PA
<i>phenobarbital tabs 16.2mg</i>	4	PA
<i>phenobarbital tabs 30mg</i>	4	PA
<i>phenobarbital tabs 32.4mg</i>	4	PA
<i>phenobarbital tabs 60mg</i>	4	PA
<i>phenobarbital tabs 64.8mg</i>	4	PA
<i>phenobarbital tabs 97.2mg</i>	4	PA
<i>primidone tabs 250mg</i>	2	
<i>primidone tabs 50mg</i>	2	
SABRIL TABS 500MG	5	PA
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	4	
<i>tiagabine hydrochloride tabs 12mg</i>	4	
<i>tiagabine hydrochloride tabs 16mg</i>	4	
<i>tiagabine hydrochloride tabs 2mg</i>	4	
<i>tiagabine hydrochloride tabs 4mg</i>	4	
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps 250mg</i>	2	
<i>valproic acid soln 250mg/5ml</i>	2	
<i>vigabatrin pack 500mg</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin tabs 500mg</i>	5	PA
<i>vigadrone pack 500mg</i>	5	PA
Glutamate Reducing Agents		
<i>felbamate susp 600mg/5ml</i>	5	
<i>felbamate tabs 400mg</i>	4	
<i>felbamate tabs 600mg</i>	4	
<i>lamotrigine er tb24 100mg</i>	4	
<i>lamotrigine er tb24 200mg</i>	4	
<i>lamotrigine er tb24 250mg</i>	4	
<i>lamotrigine er tb24 25mg</i>	4	
<i>lamotrigine er tb24 300mg</i>	4	
<i>lamotrigine er tb24 50mg</i>	4	
<i>lamotrigine odt tbdp 100mg</i>	4	
<i>lamotrigine odt tbdp 200mg</i>	4	
<i>lamotrigine odt tbdp 25mg</i>	4	
<i>lamotrigine odt tbdp 50mg</i>	4	
<i>lamotrigine starter kit/blue kit 25mg</i>	2	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	2	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	
<i>lamotrigine chew 25mg</i>	2	
<i>lamotrigine chew 5mg</i>	2	
<i>lamotrigine tabs 100mg</i>	1	
<i>lamotrigine tabs 150mg</i>	1	
<i>lamotrigine tabs 200mg</i>	1	
<i>lamotrigine tabs 25mg</i>	1	
<i>subvenite starter kit/blue kit 25mg</i>	2	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	2	
<i>subvenite tabs 100mg</i>	1	
<i>subvenite tabs 150mg</i>	1	
<i>subvenite tabs 200mg</i>	1	
<i>subvenite tabs 25mg</i>	1	
<i>topiramate er cs24 100mg</i>	4	
<i>topiramate er cs24 150mg</i>	4	
<i>topiramate er cs24 200mg</i>	4	
<i>topiramate er cs24 25mg</i>	4	
<i>topiramate er cs24 50mg</i>	4	
<i>topiramate csp 15mg</i>	2	
<i>topiramate csp 25mg</i>	2	
<i>topiramate tabs 100mg</i>	1	
<i>topiramate tabs 200mg</i>	1	
<i>topiramate tabs 25mg</i>	1	
<i>topiramate tabs 50mg</i>	1	
Sodium Channel Agents		
BANZEL SUSP 40MG/ML	5	

Drug Name	Drug Tier	Requirements/Limits
BANZEL TABS 200MG	5	
BANZEL TABS 400MG	5	
<i>carbamazepine er cp12 100mg</i>	2	
<i>carbamazepine er cp12 200mg</i>	2	
<i>carbamazepine er cp12 300mg</i>	2	
<i>carbamazepine er tb12 100mg</i>	2	
<i>carbamazepine er tb12 200mg</i>	2	
<i>carbamazepine er tb12 400mg</i>	2	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	2	
<i>carbamazepine tabs 200mg</i>	2	
CARBATROL CP12 100MG	4	
CARBATROL CP12 200MG	4	
CARBATROL CP12 300MG	4	
DILANTIN INFATABS CHEW 50MG	4	
DILANTIN-125 SUSP 125MG/5ML	4	
DILANTIN CAPS 100MG	4	
DILANTIN CAPS 30MG	4	
<i>epitol tabs 200mg</i>	2	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	
<i>oxcarbazepine susp 300mg/5ml</i>	4	
<i>oxcarbazepine tabs 150mg</i>	2	
<i>oxcarbazepine tabs 300mg</i>	2	
<i>oxcarbazepine tabs 600mg</i>	2	
PEGANONE TABS 250MG	4	
PHENYTEK CAPS 200MG	4	
PHENYTEK CAPS 300MG	4	
<i>phenytoin sodium extended caps 100mg</i>	2	
<i>phenytoin sodium extended caps 200mg</i>	2	
<i>phenytoin sodium extended caps 300mg</i>	2	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	2	
<i>phenytoin susp 125mg/5ml</i>	2	
TEGRETOL-XR TB12 100MG	4	
TEGRETOL-XR TB12 200MG	4	
TEGRETOL-XR TB12 400MG	4	
TEGRETOL SUSP 100MG/5ML	4	
TEGRETOL TABS 200MG	4	
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOLN 10MG/ML	4	
VIMPAT TABS 100MG	5	
VIMPAT TABS 150MG	5	
VIMPAT TABS 200MG	5	
VIMPAT TABS 50MG	4	

Antidementia Agents

Antidementia Agents, Other

ERGOLOID MESYLATES TABS 1MG	4	
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Drug Name	Drug Tier	Requirements/Limits
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	4	
donepezil hcl tbdp 10mg	1	
donepezil hcl tbdp 5mg	1	
donepezil hydrochloride tabs 10mg	1	
donepezil hydrochloride tabs 5mg	1	
galantamine hydrobromide er cp24 16mg	2	
galantamine hydrobromide er cp24 24mg	2	
galantamine hydrobromide er cp24 8mg	2	
galantamine hydrobromide soln 4mg/ml	4	
galantamine hydrobromide tabs 12mg	2	
galantamine hydrobromide tabs 4mg	2	
galantamine hydrobromide tabs 8mg	2	
rivastigmine tartrate caps 1.5mg	2	
rivastigmine tartrate caps 3mg	2	
rivastigmine tartrate caps 4.5mg	2	
rivastigmine tartrate caps 6mg	2	
rivastigmine transdermal system pt24 13.3mg/24hr	4	
rivastigmine transdermal system pt24 4.6mg/24hr	4	
rivastigmine transdermal system pt24 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hcl tabs 10mg	2	
memantine hcl tabs 5mg	2	
memantine hydrochloride er cp24 14mg	2	QL (30 EA per 30 days)
memantine hydrochloride er cp24 21mg	2	QL (30 EA per 30 days)
memantine hydrochloride er cp24 28mg	2	QL (30 EA per 30 days)
memantine hydrochloride er cp24 7mg	2	QL (30 EA per 30 days)
memantine hydrochloride soln 2mg/ml	2	
Antidepressants		
Antidepressants, Other		
APLENZIN TB24 174MG	5	QL (30 EA per 30 days) ST
APLENZIN TB24 348MG	5	QL (30 EA per 30 days) ST
APLENZIN TB24 522MG	5	QL (30 EA per 30 days) ST
bupropion hcl tabs 100mg	2	
bupropion hydrochloride er (sr) tb12 100mg	1	QL (90 EA per 30 days)
bupropion hydrochloride er (sr) tb12 150mg	1	QL (90 EA per 30 days)
bupropion hydrochloride er (sr) tb12 200mg	1	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL (90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 300mg	2	QL (30 EA per 30 days)
bupropion hydrochloride tabs 75mg	2	
mirtazapine odt tbdp 15mg	2	
mirtazapine odt tbdp 30mg	2	
mirtazapine odt tbdp 45mg	2	
mirtazapine tabs 15mg	1	
mirtazapine tabs 30mg	2	
mirtazapine tabs 45mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tabs 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOPK 0	5	PA
SPRAVATO 84MG DOSE SOPK 0	5	PA
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR	5	QL (30 EA per 30 days) ST
EMSAM PT24 6MG/24HR	5	QL (30 EA per 30 days) ST
EMSAM PT24 9MG/24HR	5	QL (30 EA per 30 days) ST
MARPLAN TABS 10MG	4	
<i>phenelzine sulfate tabs 15mg</i>	2	
<i>tranylcypromine sulfate tabs 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln 10mg/5ml</i>	2	
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 20mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine er tb24 25mg</i>	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG	4	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG	4	QL (90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days)
DRIZALMA SPRINKLE CSDR 60MG	4	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 20mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days)
<i>escitalopram oxalate soln 5mg/5ml</i>	1	
<i>escitalopram oxalate tabs 10mg</i>	1	
<i>escitalopram oxalate tabs 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	1	
FETZIMA TITRATION PACK C4PK 0	4	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG	4	QL (30 EA per 30 days) ST
FETZIMA CP24 20MG	4	QL (30 EA per 30 days) ST
FETZIMA CP24 40MG	4	QL (30 EA per 30 days) ST
FETZIMA CP24 80MG	4	QL (30 EA per 30 days) ST
<i>fluoxetine dr cpdr 90mg</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl caps 40mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg</i>	1	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	2	
<i>fluoxetine hydrochloride tabs 10mg</i>	2	
<i>fluoxetine hydrochloride tabs 20mg</i>	2	
<i>fluoxetine hydrochloride tabs 60mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine caps 10mg</i>	2	
<i>fluoxetine caps 20mg</i>	2	
<i>fluvoxamine maleate er cp24 100mg</i>	4	QL (60 EA per 30 days)
<i>fluvoxamine maleate er cp24 150mg</i>	4	QL (60 EA per 30 days)
<i>fluvoxamine maleate tabs 100mg</i>	2	
<i>fluvoxamine maleate tabs 25mg</i>	2	
<i>fluvoxamine maleate tabs 50mg</i>	2	
<i>maprotiline hcl tabs 25mg</i>	2	
<i>maprotiline hcl tabs 50mg</i>	2	
<i>maprotiline hcl tabs 75mg</i>	2	
<i>nefazodone hcl tabs 100mg</i>	4	
<i>nefazodone hcl tabs 150mg</i>	4	
<i>nefazodone hydrochloride tabs 200mg</i>	4	
<i>nefazodone hydrochloride tabs 250mg</i>	4	
<i>nefazodone hydrochloride tabs 50mg</i>	4	
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	4	QL (90 EA per 30 days)
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	4	QL (90 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	4	QL (30 EA per 30 days)
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	4	QL (30 EA per 30 days)
<i>paroxetine hcl er tb24 12.5mg</i>	4	
<i>paroxetine hcl er tb24 25mg</i>	4	
<i>paroxetine hcl er tb24 37.5mg</i>	4	
<i>paroxetine hcl tabs 10mg</i>	4	
<i>paroxetine hcl tabs 30mg</i>	4	
<i>paroxetine hcl tabs 40mg</i>	4	
<i>paroxetine hydrochloride tabs 20mg</i>	4	
<i>paroxetine caps 7.5mg</i>	4	QL (30 EA per 30 days)
PAXIL SUSP 10MG/5ML	4	
PEXEVA TABS 10MG	4	QL (30 EA per 30 days)
PEXEVA TABS 20MG	4	QL (30 EA per 30 days)
PEXEVA TABS 30MG	4	QL (60 EA per 30 days)
PEXEVA TABS 40MG	4	QL (30 EA per 30 days)
<i>sertraline hcl conc 20mg/ml</i>	2	
<i>sertraline hcl tabs 25mg</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 100mg</i>	2	
<i>trazodone hydrochloride tabs 150mg</i>	2	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trazodone hydrochloride tabs 50mg</i>	2	
TRINTELLIX TABS 10MG	4	QL (30 EA per 30 days)
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days)
TRINTELLIX TABS 5MG	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er cp24 150mg</i>	2	
<i>venlafaxine hcl er cp24 37.5mg</i>	2	
<i>venlafaxine hcl er cp24 75mg</i>	2	
<i>venlafaxine hcl er tb24 150mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er tb24 225mg</i>	2	
<i>venlafaxine hcl er tb24 37.5mg</i>	2	
<i>venlafaxine hcl er tb24 75mg</i>	2	
<i>venlafaxine hcl tabs 100mg</i>	2	
<i>venlafaxine hcl tabs 25mg</i>	2	
<i>venlafaxine hcl tabs 37.5mg</i>	2	
<i>venlafaxine hcl tabs 50mg</i>	2	
<i>venlafaxine hcl tabs 75mg</i>	2	
<i>venlafaxine hydrochloride er tb24 37.5mg</i>	2	
<i>venlafaxine hydrochloride er tb24 75mg</i>	2	
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days)
VIIBRYD TABS 10MG	4	QL (30 EA per 30 days)
VIIBRYD TABS 20MG	4	QL (30 EA per 30 days)
VIIBRYD TABS 40MG	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg</i>	4	PA
<i>amitriptyline hcl tabs 150mg</i>	4	PA
<i>amitriptyline hcl tabs 25mg</i>	4	PA
<i>amitriptyline hcl tabs 75mg</i>	4	PA
<i>amitriptyline hydrochloride tabs 10mg</i>	4	PA
<i>amitriptyline hydrochloride tabs 50mg</i>	4	PA
<i>amoxapine tabs 100mg</i>	4	
<i>amoxapine tabs 150mg</i>	4	
<i>amoxapine tabs 25mg</i>	4	
<i>amoxapine tabs 50mg</i>	4	
<i>chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg</i>	4	PA
<i>chlordiazepoxide/amitriptyline tabs 25mg; 10mg</i>	4	PA
<i>clomipramine hcl caps 25mg</i>	4	
<i>clomipramine hcl caps 50mg</i>	4	
<i>clomipramine hcl caps 75mg</i>	4	
<i>desipramine hcl tabs 100mg</i>	4	
<i>desipramine hcl tabs 10mg</i>	4	
<i>desipramine hcl tabs 150mg</i>	4	
<i>desipramine hcl tabs 25mg</i>	4	
<i>desipramine hcl tabs 50mg</i>	4	
<i>desipramine hcl tabs 75mg</i>	4	
<i>doxepin hcl caps 100mg</i>	4	PA
<i>doxepin hcl caps 10mg</i>	4	PA
<i>doxepin hcl caps 150mg</i>	4	PA
<i>doxepin hcl caps 50mg</i>	4	PA
<i>doxepin hcl caps 75mg</i>	4	PA
<i>doxepin hcl conc 10mg/ml</i>	4	PA
<i>doxepin hydrochloride caps 25mg</i>	4	PA
<i>imipramine hcl tabs 25mg</i>	4	
<i>imipramine hcl tabs 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>imipramine pamoate caps 100mg</i>	4	
<i>imipramine pamoate caps 125mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate caps 150mg</i>	4	
<i>imipramine pamoate caps 75mg</i>	4	
<i>nortriptyline hcl caps 10mg</i>	2	
<i>nortriptyline hcl caps 25mg</i>	2	
<i>nortriptyline hcl caps 75mg</i>	2	
<i>nortriptyline hcl soln 10mg/5ml</i>	2	
<i>nortriptyline hydrochloride caps 50mg</i>	2	
<i>perphenazine/amitriptyline tabs 10mg; 2mg</i>	4	PA
<i>perphenazine/amitriptyline tabs 10mg; 4mg</i>	4	PA
<i>perphenazine/amitriptyline tabs 25mg; 2mg</i>	4	PA
<i>perphenazine/amitriptyline tabs 25mg; 4mg</i>	4	PA
<i>perphenazine/amitriptyline tabs 50mg; 4mg</i>	4	PA
<i>protriptyline hcl tabs 10mg</i>	2	
<i>protriptyline hcl tabs 5mg</i>	2	
<i>trimipramine maleate caps 100mg</i>	4	
<i>trimipramine maleate caps 25mg</i>	4	
<i>trimipramine maleate caps 50mg</i>	4	

Antiemetics

Antiemetics, Other

<i>AKYNZEO CAPS 300MG; 0.5MG</i>	4	QL (2 EA per 30 days) B/D
<i>compro supp 25mg</i>	2	
<i>doxylamine succinate/pyridoxine hydrochloride tbec 10mg; 10mg</i>	4	QL (120 EA per 30 days)
<i>droperidol inj 2.5mg/ml</i>	2	
<i>meclizine hcl tabs 12.5mg</i>	4	PA
<i>meclizine hcl tabs 25mg</i>	4	PA
<i>phenadoz supp 12.5mg</i>	4	PA
<i>phenadoz supp 25mg</i>	4	PA
<i>phenergan supp 12.5mg</i>	4	PA
<i>phenergan supp 25mg</i>	4	PA
<i>phenergan supp 50mg</i>	4	PA
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	3	PA
<i>promethazine hcl inj 25mg/ml</i>	4	PA
<i>promethazine hcl inj 50mg/ml</i>	4	PA
<i>promethazine hcl supp 12.5mg</i>	4	PA
<i>promethazine hcl supp 25mg</i>	4	PA
<i>promethazine hcl supp 50mg</i>	4	PA
<i>promethazine hcl syrp 6.25mg/5ml</i>	3	PA
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride inj 25mg/ml</i>	4	PA
<i>promethazine hydrochloride tabs 25mg</i>	4	PA
<i>promethazine hydrochloride tabs 50mg</i>	4	PA
<i>promethegan supp 12.5mg</i>	4	PA
<i>promethegan supp 25mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>promethegan supp 50mg</i>	4	PA
<i>scopolamine pt72 1mg/3days</i>	4	
TRANSDERM-SCOP PT72 1MG/3DAYS	4	
<i>trimethobenzamide hydrochloride caps 300mg</i>	4	B/D
Emetogenic Therapy Adjuncts		
ANZEMET INJ 20MG/ML	4	
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
<i>aprepitant caps 0</i>	2	QL (6 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) B/D
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	2	QL (8 EA per 30 days) B/D
CINVANTI INJ 130MG/18ML	4	
DRONABINOL CAPS 10MG	5	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 5mg</i>	4	QL (60 EA per 30 days) PA
EMEND SUSR 125MG	4	QL (6 EA per 30 days) B/D
<i>fosaprepitant dimeglumine inj 150mg</i>	4	
<i>granisetron hcl inj 0.1mg/ml</i>	2	
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hcl tabs 1mg</i>	2	QL (30 EA per 30 days) B/D
<i>granisetron hydrochloride inj 1mg/ml</i>	2	
<i>granisetron hydrochloride inj 1mg/ml</i>	2	
<i>ondansetron hcl soln 4mg/5ml</i>	2	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) B/D
<i>ondansetron hydrochloride inj 40mg/20ml</i>	2	QL (120 ML per 30 days)
<i>ondansetron hydrochloride inj 4mg/2ml</i>	2	QL (240 ML per 30 days)
<i>ondansetron hydrochloride inj 4mg/2ml</i>	2	QL (240 ML per 30 days)
<i>ondansetron hydrochloride tabs 4mg</i>	1	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	1	B/D
<i>ondansetron odt tbdp 4mg</i>	1	B/D
<i>ondansetron odt tbdp 8mg</i>	1	B/D
<i>palonosetron hydrochloride inj 0.25mg/2ml</i>	2	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
SANCUSO PTCH 3.1MG/24HR	5	QL (2 EA per 30 days)
SYNDROS SOLN 5MG/ML	5	QL (120 ML per 30 days) PA

Antifungals

Antifungals

ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	5	B/D
AMPHOTEC INJ 100MG	5	B/D
AMPHOTEC INJ 50MG	5	B/D
<i>amphotericin b inj 50mg</i>	4	B/D
<i>casprofungin acetate inj 50mg</i>	5	
<i>casprofungin acetate inj 70mg</i>	5	

Drug Name	Drug Tier	Requirements/Limits
<i>ciclodan crea 0.77%</i>	2	
<i>ciclodan soln 8%</i>	2	PA
<i>ciclopirox nail lacquer soln 8%</i>	2	PA
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	2	
<i>ciclopirox susp 0.77%</i>	2	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	2	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole lozg 10mg</i>	2	
<i>clotrimazole soln 1%</i>	2	
CRESEMBA CAPS 186MG	5	
CRESEMBA INJ 372MG	5	
<i>econazole nitrate crea 1%</i>	2	
ERAXIS INJ 100MG	5	
ERAXIS INJ 50MG	5	
EXELDERM CREA 1%	4	
EXELDERM SOLN 1%	4	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	2	
<i>fluconazole in nacl inj 100mg/50ml; 0.9%</i>	2	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole susr 10mg/ml</i>	2	
<i>fluconazole susr 40mg/ml</i>	2	
<i>fluconazole tabs 100mg</i>	2	
<i>fluconazole tabs 150mg</i>	2	
<i>fluconazole tabs 200mg</i>	2	
<i>fluconazole tabs 50mg</i>	2	
<i>flucytosine caps 250mg</i>	5	
<i>flucytosine caps 500mg</i>	5	
<i>griseofulvin microsize susp 125mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg</i>	4	
<i>griseofulvin ultramicrosize tabs 250mg</i>	4	
GYNAZOLE-1 CREA 2%	4	
<i>itraconazole caps 100mg</i>	4	PA
<i>itraconazole soln 10mg/ml</i>	5	PA
JUBLIA SOLN 10%	4	
<i>ketoconazole crea 2%</i>	2	
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	1	
<i>ketoconazole tabs 200mg</i>	2	
<i>ketodan foam 2%</i>	4	
LAMISIL PACK 125MG	4	
LAMISIL PACK 187.5MG	4	
MENTAX CREA 1%	4	

Drug Name	Drug Tier	Requirements/Limits
<i>miconazole 3 supp 200mg</i>	2	
MYCAMINE INJ 100MG	5	
MYCAMINE INJ 50MG	5	
NAFTIFINE HCL CREA 1%	4	
<i>naftifine hydrochloride crea 2%</i>	4	
<i>naftifine hydrochloride gel 1%</i>	2	
NAFTIN GEL 1%	4	
NAFTIN GEL 2%	4	
NATACYN SUSP 5%	4	
NOXAFIL INJ 300MG/16.7ML	5	
NOXAFIL SUSP 40MG/ML	5	
NOXAFIL TBEC 100MG	5	
<i>nyamyc powd 100000unit/gm</i>	2	
<i>nyata powd 100000unit/gm</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	2	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	2	
<i>nystop powd 100000unit/gm</i>	2	
ONMEL TABS 200MG	5	PA
<i>oxiconazole nitrate crea 1%</i>	4	
OXISTAT LOTN 1%	4	
<i>posaconazole dr tbec 100mg</i>	5	
SPORANOX SOLN 10MG/ML	5	PA
<i>terbinafine hcl tabs 250mg</i>	1	QL (84 EA per 180 days)
<i>terconazole crea 0.4%</i>	2	
<i>terconazole crea 0.8%</i>	2	
<i>terconazole supp 80mg</i>	2	
TOLSURA CAPS 65MG	5	PA
<i>voriconazole inj 200mg</i>	5	
<i>voriconazole susr 40mg/ml</i>	5	
<i>voriconazole tabs 200mg</i>	5	
<i>voriconazole tabs 50mg</i>	5	
<i>zazole crea 0.4%</i>	2	
<i>zazole crea 0.8%</i>	2	
<i>zazole supp 80mg</i>	2	

Antigout Agents

Antigout Agents

<i>allopurinol sodium inj 500mg</i>	4	
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
COLCHICINE CAPS 0.6MG	3	
COLCHICINE TABS 0.6MG	3	
COLCRYS TABS 0.6MG	3	
<i>febuxostat tabs 40mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tabs 80mg</i>	2	
KRYSTEXXA INJ 8MG/ML	5	PA
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	
<i>probenecid tabs 500mg</i>	2	
ULORIC TABS 40MG	3	ST
ULORIC TABS 80MG	3	ST

Antimigraine Agents

Ergot Alkaloids

<i>dihydroergotamine mesylate inj 1mg/ml</i>	5	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL (8 ML per 30 days)
ERGOMAR SUBL 2MG	3	
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	2	
MIGERGOT SUPP 100MG; 2MG	5	

Prophylactic

AIMOVIG INJ 140MG/ML	4	QL (1 ML per 30 days) PA
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 30 days) PA

Serotonin (5-HT) 1b/1d Receptor Agonists

<i>almotriptan malate tabs 12.5mg</i>	4	QL (12 EA per 30 days)
<i>almotriptan malate tabs 6.25mg</i>	4	QL (12 EA per 30 days)
<i>almotriptan tabs 12.5mg</i>	4	QL (12 EA per 30 days)
<i>almotriptan tabs 6.25mg</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tabs 20mg</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tabs 40mg</i>	4	QL (12 EA per 30 days)
<i>frovatriptan succinate tabs 2.5mg</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 1mg</i>	2	QL (9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	2	QL (9 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium tabs 500mg; 85mg</i>	4	QL (9 EA per 30 days)
SUMATRIPTAN SOLN 20MG/ACT	4	QL (12 EA per 30 days)
SUMATRIPTAN SOLN 5MG/ACT	4	QL (12 EA per 30 days)
TOSYMRA SOLN 10MG/ACT	5	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	2	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
GUANIDINE HCL TABS 125MG	4	
MESTINON SOLN 60MG/5ML	5	
<i>pyridostigmine bromide er tbcr 180mg</i>	4	
<i>pyridostigmine bromide soln 60mg/5ml</i>	5	
<i>pyridostigmine bromide tabs 30mg</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	4	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg</i>	2	
<i>dapsone tabs 25mg</i>	2	
<i>rifabutin caps 150mg</i>	4	
<i>Antituberculars</i>		
CAPASTAT SULFATE INJ 1GM	4	
<i>cycloserine caps 250mg</i>	4	
<i>ethambutol hcl tabs 100mg</i>	2	
<i>ethambutol hydrochloride tabs 400mg</i>	2	
<i>isoniazid inj 100mg/ml</i>	4	
<i>isoniazid syrp 50mg/5ml</i>	2	
<i>isoniazid tabs 100mg</i>	1	
<i>isoniazid tabs 300mg</i>	1	
PASER PACK 4GM	4	
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifampin caps 150mg</i>	2	
<i>rifampin caps 300mg</i>	2	
<i>rifampin inj 600mg</i>	4	
RIFATER TABS 50MG; 300MG; 120MG	4	
SIRTURO TABS 100MG	5	
TRECTOR TABS 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO INJ 100MG/4ML	5	
<i>bendamustine hydrochloride inj 100mg/4ml</i>	5	
BENDEKA INJ 100MG/4ML	5	
BICNU INJ 100MG	5	
<i>busulfan inj 6mg/ml</i>	5	
<i>carboplatin inj 150mg/15ml</i>	2	
<i>carboplatin inj 450mg/45ml</i>	2	
<i>carboplatin inj 50mg/5ml</i>	2	
<i>carboplatin inj 600mg/60ml</i>	2	
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml</i>	2	
<i>cisplatin inj 200mg/200ml</i>	2	
<i>cisplatin inj 50mg/50ml</i>	2	
CYCLOPHOSPHAMIDE CAPS 25MG	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE CAPS 50MG	4	B/D
<i>cyclophosphamide inj 1gm</i>	5	
<i>cyclophosphamide inj 2gm</i>	5	
<i>cyclophosphamide inj 500mg</i>	5	
<i>dacarbazine inj 100mg</i>	2	
<i>dacarbazine inj 200mg</i>	2	
EVOMELA INJ 50MG	5	
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 40MG	4	
GLEOSTINE CAPS 5MG	4	
HEXALEN CAPS 50MG	5	
<i>ifosfamide inj 1gm/20ml</i>	4	
<i>ifosfamide inj 1gm</i>	4	
<i>ifosfamide inj 3gm/60ml</i>	4	
IFOSFAMIDE INJ 3GM	4	
KISQALI FEMARA 200 DOSE TBP 2.5MG; 200MG	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 400 DOSE TBP 2.5MG; 200MG	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 600 DOSE TBP 2.5MG; 200MG	5	QL (91 EA per 28 days) PA
LEUKERAN TABS 2MG	5	
<i>lomustine caps 100mg</i>	4	
<i>lomustine caps 10mg</i>	4	
<i>lomustine caps 40mg</i>	4	
MATULANE CAPS 50MG	5	
<i>melphalan hydrochloride inj 50mg</i>	5	
MUSTARGEN INJ 10MG	5	
<i>oxaliplatin inj 100mg/20ml</i>	4	
<i>oxaliplatin inj 100mg</i>	5	
<i>oxaliplatin inj 50mg/10ml</i>	4	
<i>oxaliplatin inj 50mg</i>	5	
TEMODAR INJ 100MG	4	
TEPADINA INJ 100MG	5	
<i>thiotepa inj 15mg</i>	5	
TREANDA INJ 100MG	5	
TREANDA INJ 180MG/2ML	5	
TREANDA INJ 25MG	5	
TREANDA INJ 45MG/0.5ML	5	
VALCHLOR GEL 0.016%	5	PA
YONDELIS INJ 1MG	5	
ZANOSAR INJ 1GM	5	
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	5	PA
<i>bicalutamide tabs 50mg</i>	2	
ERLEADA TABS 60MG	5	QL (120 EA per 30 days) PA
<i>flutamide caps 125mg</i>	2	
<i>nilutamide tabs 150mg</i>	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
YONSA TABS 125MG	5	PA
ZYTIGA TABS 250MG	5	PA
ZYTIGA TABS 500MG	5	PA
Antiangiogenic Agents		
POMALYST CAPS 1MG	5	PA
POMALYST CAPS 2MG	5	PA
POMALYST CAPS 3MG	5	PA
POMALYST CAPS 4MG	5	PA
REVLIMID CAPS 10MG	5	PA
REVLIMID CAPS 15MG	5	PA
REVLIMID CAPS 2.5MG	5	PA
REVLIMID CAPS 20MG	5	PA
REVLIMID CAPS 25MG	5	PA
REVLIMID CAPS 5MG	5	PA
THALOMID CAPS 100MG	5	PA
THALOMID CAPS 150MG	5	PA
THALOMID CAPS 200MG	5	PA
THALOMID CAPS 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	5	
FARESTON TABS 60MG	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant inj 250mg/5ml</i>	5	
SOLTAMOX SOLN 10MG/5ML	5	
<i>tamoxifen citrate tabs 10mg</i>	2	
<i>tamoxifen citrate tabs 20mg</i>	2	
<i>toremifene citrate tabs 60mg</i>	5	
Antimetabolites		
<i>adrucil inj 2.5gm/50ml</i>	2	B/D
<i>adrucil inj 500mg/10ml</i>	2	B/D
<i>adrucil inj 5gm/100ml</i>	2	B/D
ALIMTA INJ 100MG	5	
ALIMTA INJ 500MG	5	
ARRANON INJ 5MG/ML	5	
<i>cladribine inj 10mg/10ml</i>	5	B/D
<i>clofarabine inj 1mg/ml</i>	5	
<i>cytarabine aqueous inj 100mg/ml</i>	2	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	2	B/D
<i>cytarabine inj 100mg/ml</i>	2	B/D
<i>cytarabine inj 20mg/ml</i>	2	B/D
<i>cytarabine inj 20mg/ml</i>	2	B/D
DEPOCYT INJ 50MG/5ML	5	
DROXIA CAPS 200MG	4	
DROXIA CAPS 300MG	4	
DROXIA CAPS 400MG	4	
<i>floxuridine inj 0.5 gm</i>	5	B/D
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil crea 5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml</i>	2	B/D
<i>fluorouracil inj 2.5gm/50ml</i>	2	B/D
<i>fluorouracil inj 500mg/10ml</i>	2	B/D
<i>fluorouracil inj 5gm/100ml</i>	2	B/D
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
FOLOTYN INJ 20MG/ML	5	PA
FOLOTYN INJ 40MG/2ML	5	PA
<i>gemcitabine hcl inj 1 gm</i>	4	
<i>gemcitabine hcl inj 200mg</i>	4	
<i>gemcitabine hcl inj 2gm</i>	4	
<i>gemcitabine hydrochloride inj 1.5gm/15ml</i>	5	
<i>gemcitabine hydrochloride inj 1 gm/10ml</i>	5	
<i>gemcitabine hydrochloride inj 1 gm/26.3ml</i>	5	
<i>gemcitabine hydrochloride inj 1 gm</i>	4	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	5	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	5	
<i>gemcitabine hydrochloride inj 200mg</i>	4	
<i>gemcitabine hydrochloride inj 2 gm/20ml</i>	5	
<i>gemcitabine hydrochloride inj 2 gm/52.6ml</i>	5	
<i>gemcitabine inj 1 gm/26.3ml</i>	5	
<i>gemcitabine inj 200mg/5.26ml</i>	5	
<i>gemcitabine inj 200mg/5.26ml</i>	5	
<i>gemcitabine inj 2 gm/52.6ml</i>	5	
<i>hydroxyurea caps 500mg</i>	2	
INFUGEM INJ 1200MG/120ML; 0.9%	5	
INFUGEM INJ 1300MG/130ML; 0.9%	5	
INFUGEM INJ 1400MG/140ML; 0.9%	5	
INFUGEM INJ 1500MG/150ML; 0.9%	5	
INFUGEM INJ 1600MG/160ML; 0.9%	5	
INFUGEM INJ 1700MG/170ML; 0.9%	5	
INFUGEM INJ 1800MG/180ML; 0.9%	5	
INFUGEM INJ 1900MG/190ML; 0.9%	5	
INFUGEM INJ 2000MG/200ML; 0.9%	5	
INFUGEM INJ 2200MG/220ML; 0.9%	5	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs 50mg</i>	2	
NIPENT INJ 10MG	5	
PURIXAN SUSP 2000MG/100ML	5	
SIKLOS TABS 1000MG	5	
SIKLOS TABS 100MG	4	
TABLOID TABS 40MG	4	
VYXEOS INJ 100MG; 44MG	5	PA
Antineoplastics, Other		
ABRAXANE INJ 900MG; 100MG	5	
<i>adriamycin inj 10mg</i>	2	B/D
<i>adriamycin inj 2mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>adriamycin inj 50mg</i>	2	B/D
<i>amifostine inj 500mg</i>	5	
<i>arsenic trioxide inj 10mg/10ml</i>	4	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
ASPARLAS INJ 3750UNIT/5ML	5	
<i>azacitidine inj 100mg</i>	5	
BELEODAQ INJ 500MG	5	PA
<i>bleomycin sulfate inj 15unit</i>	2	B/D
<i>bleomycin sulfate inj 30unit</i>	2	B/D
<i>bleomycin inj 15unit</i>	2	B/D
<i>bleomycin inj 30unit</i>	2	B/D
BORTEZOMIB INJ 3.5MG	5	PA
BRAFTOVI CAPS 50MG	5	PA
BRAFTOVI CAPS 75MG	5	PA
CISPLATIN INJ 50MG	5	
COPIKTRA CAPS 15MG	5	PA
COPIKTRA CAPS 25MG	5	PA
COTELLIC TABS 20MG	5	PA
<i>dactinomycin inj 0.5mg</i>	5	
<i>daunorubicin hcl inj 20mg/4ml</i>	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>daunorubicin hydrochloride inj 50mg/10ml</i>	2	
DAUNOXOME INJ 2MG/ML	5	
DAURISMO TABS 100MG	5	PA
DAURISMO TABS 25MG	5	PA
<i>decitabine inj 50mg</i>	5	PA
DOCEFREZ INJ 20MG	5	
<i>docetaxel inj 140mg/7ml</i>	5	
<i>docetaxel inj 160mg/16ml</i>	5	
<i>docetaxel inj 160mg/8ml</i>	5	
DOCETAXEL INJ 200MG/10ML	5	
<i>docetaxel inj 200mg/20ml</i>	5	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>docetaxel inj 20mg/ml</i>	5	
<i>docetaxel inj 80mg/4ml</i>	5	
<i>docetaxel inj 80mg/8ml</i>	5	
<i>doxorubicin hcl inj 10mg</i>	2	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	2	B/D
<i>doxorubicin hcl inj 50mg</i>	2	B/D
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	5	
<i>doxorubicin hydrochloride liposome inj 2mg/ml</i>	5	
ELZONRIS INJ 1000MCG/ML	5	PA
<i>epirubicin hcl inj 200mg/100ml</i>	2	
<i>epirubicin hcl inj 50mg/25ml</i>	2	
ERWINAZE INJ 10000UNIT	5	
FARYDAK CAPS 10MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 20MG	5	PA
<i>fludarabine phosphate inj 50mg</i>	4	
HALAVEN INJ 1MG/2ML	5	PA
IBRANCE CAPS 100MG	5	PA
IBRANCE CAPS 125MG	5	PA
IBRANCE CAPS 75MG	5	PA
<i>idarubicin hcl inj 10mg/10ml</i>	5	
<i>idarubicin hcl inj 20mg/20ml</i>	5	
<i>idarubicin hcl inj 5mg/5ml</i>	5	
<i>idarubicin hydrochloride inj 10mg/10ml</i>	5	
<i>idarubicin hydrochloride inj 20mg/20ml</i>	5	
<i>idarubicin hydrochloride inj 5mg/5ml</i>	5	
INREBIC CAPS 100MG	5	PA
ISTODAX (OVERFILL) INJ 10MG	5	PA
ISTODAX INJ 10MG	5	PA
IXEMPRA KIT INJ 15MG	5	
IXEMPRA KIT INJ 45MG	5	
JEVTANA INJ 60MG/1.5ML	5	PA
KISQALI TBPK 200MG	5	QL (63 EA per 28 days) PA
KISQALI TBPK 200MG	5	QL (63 EA per 28 days) PA
KISQALI TBPK 200MG	5	QL (63 EA per 28 days) PA
<i>leucovorin calcium inj 100mg/10ml</i>	2	
<i>leucovorin calcium inj 100mg</i>	2	
<i>leucovorin calcium inj 200mg</i>	2	
<i>leucovorin calcium inj 350mg</i>	2	
<i>leucovorin calcium inj 500mg/50ml</i>	2	
<i>leucovorin calcium inj 500mg</i>	4	
<i>leucovorin calcium inj 50mg</i>	2	
<i>leucovorin calcium tabs 10mg</i>	2	
<i>leucovorin calcium tabs 15mg</i>	2	
<i>leucovorin calcium tabs 25mg</i>	2	
<i>leucovorin calcium tabs 5mg</i>	2	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	5	
LEVOLEUCOVORIN INJ 175MG	5	
<i>levoleucovorin inj 50mg</i>	5	
<i>lipodox 50 inj 2mg/ml</i>	5	
<i>lipodox inj 2mg/ml</i>	5	
LORBRENA TABS 100MG	5	PA
LORBRENA TABS 25MG	5	PA
LYNPARZA CAPS 50MG	5	PA
LYNPARZA TABS 100MG	5	PA
LYNPARZA TABS 150MG	5	PA
MARQIBO INJ 5MG/31ML	5	
MEKTOVI TABS 15MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>mitomycin inj 20mg</i>	5	
<i>mitomycin inj 40mg</i>	5	
<i>mitomycin inj 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
<i>mitoxantrone hcl inj 2mg/ml</i>	2	PA
<i>mutamycin inj 20mg</i>	5	
<i>mutamycin inj 40mg</i>	5	
<i>mutamycin inj 5mg</i>	5	
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA
NINLARO CAPS 2.3MG	5	PA
NINLARO CAPS 3MG	5	PA
NINLARO CAPS 4MG	5	PA
ONCASPAR INJ 750UNIT/ML	5	
<i>paclitaxel inj 100mg/16.7ml</i>	2	
<i>paclitaxel inj 150mg/25ml</i>	2	
<i>paclitaxel inj 300mg/50ml</i>	2	
<i>paclitaxel inj 30mg/5ml</i>	2	
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA
PROLEUKIN INJ 22000000UNIT	5	
<i>romidepsin inj 10mg</i>	5	PA
ROZLYTREK CAPS 100MG	5	PA
ROZLYTREK CAPS 200MG	5	PA
RYDAPT CAPS 25MG	5	QL (240 EA per 30 days) PA
SYLATRON INJ 200MCG	5	PA
SYLATRON INJ 200MCG	5	PA
SYLATRON INJ 300MCG	5	PA
SYLATRON INJ 300MCG	5	PA
SYLATRON INJ 600MCG	5	PA
SYNRIBO INJ 3.5MG	5	PA
TALZENNA CAPS 0.25MG	5	PA
TALZENNA CAPS 1MG	5	PA
TENIPOSIDE INJ 10MG/ML	5	
THERACYS INJ 81MG/VIAL	5	
TICE BCG INJ 50MG	4	
TRISENOX INJ 10MG/10ML	4	
TRISENOX INJ 12MG/6ML	5	
<i>valrubicin inj 40mg/ml</i>	5	
VALSTAR INJ 40MG/ML	5	
VELCADE INJ 3.5MG	5	PA
VERZENIO TABS 100MG	5	QL (60 EA per 30 days) PA
VERZENIO TABS 150MG	5	QL (60 EA per 30 days) PA
VERZENIO TABS 200MG	5	QL (60 EA per 30 days) PA
VERZENIO TABS 50MG	5	QL (60 EA per 30 days) PA
<i>vinblastine sulfate inj 1mg/ml</i>	2	B/D
<i>vincasar pfs inj 1mg/ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vincristine sulfate inj 1mg/ml</i>	2	B/D
<i>vinorelbine tartrate inj 10mg/ml</i>	2	
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	
VITRAKVI CAPS 100MG	5	PA
VITRAKVI CAPS 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA
ZOLINZA CAPS 100MG	5	PA
ZYKADIA TABS 150MG	5	PA
Antineoplastics		
XPOVIO 100 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	4	
<i>letrozole tabs 2.5mg</i>	1	
Enzyme Inhibitors		
BALVERSA TABS 3MG	5	PA
BALVERSA TABS 4MG	5	PA
BALVERSA TABS 5MG	5	PA
ETOPOPHOS INJ 100MG	5	
<i>etoposide inj 100mg/5ml</i>	2	
<i>etoposide inj 1 gm/50ml</i>	2	
<i>etoposide inj 1 gm/50ml</i>	2	
<i>etoposide inj 500mg/25ml</i>	2	
<i>irinotecan hcl inj 100mg/5ml</i>	2	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	2	
<i>irinotecan hydrochloride inj 40mg/2ml</i>	2	
<i>irinotecan inj 100mg/5ml</i>	2	
<i>irinotecan inj 40mg/2ml</i>	2	
<i>irinotecan inj 500mg/25ml</i>	2	
KYPROLIS INJ 10MG	5	PA
KYPROLIS INJ 30MG	5	PA
KYPROLIS INJ 60MG	5	PA
ONIVYDE INJ 43MG/10ML	5	
<i>toposar inj 100mg/5ml</i>	2	
<i>toposar inj 1 gm/50ml</i>	2	
<i>toposar inj 500mg/25ml</i>	2	
<i>toposar inj 500mg/25ml</i>	2	
<i>topotecan hcl inj 4mg/4ml</i>	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>topotecan hydrochloride inj 4mg/4ml</i>	5	
ZYDELIG TABS 100MG	5	PA
ZYDELIG TABS 150MG	5	PA
Molecular Target Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO 2MG	5	PA
AFINITOR DISPERZ TBSO 3MG	5	PA
AFINITOR DISPERZ TBSO 5MG	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 2.5MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 5MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 7.5MG	5	QL (30 EA per 30 days) PA
ALECENSA CAPS 150MG	5	QL (240 EA per 30 days) PA
ALIQOPA INJ 60MG	5	PA
ALUNBRIG TABS 180MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 90MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TBPk 0	5	QL (60 EA per 365 days) PA
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 400MG	5	PA
BOSULIF TABS 500MG	5	PA
CABOMETYX TABS 20MG	5	PA
CABOMETYX TABS 40MG	5	PA
CABOMETYX TABS 60MG	5	PA
CALQUENCE CAPS 100MG	5	QL (60 EA per 30 days) PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
CAPRELSA TABS 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
GILOTRIF TABS 20MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 30MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 40MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
ICLUSIG TABS 45MG	5	PA
IDHIFA TABS 100MG	5	QL (30 EA per 30 days) PA
IDHIFA TABS 50MG	5	QL (30 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	PA
<i>imatinib mesylate tabs 400mg</i>	5	PA
IMBRUVICA CAPS 140MG	5	PA
IMBRUVICA CAPS 70MG	5	PA
IMBRUVICA TABS 140MG	5	PA
IMBRUVICA TABS 280MG	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 560MG	5	PA
INLYTA TABS 1MG	5	PA
INLYTA TABS 5MG	5	PA
IRESSA TABS 250MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 15MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 20MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 25MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 5MG	5	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
MEKINIST TABS 0.5MG	5	PA
MEKINIST TABS 2MG	5	PA
NEXAVAR TABS 200MG	5	PA
ODOMZO CAPS 200MG	5	PA
RUBRACA TABS 200MG	5	QL (120 EA per 30 days) PA
RUBRACA TABS 250MG	5	QL (120 EA per 30 days) PA
RUBRACA TABS 300MG	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG	5	PA
SPRYCEL TABS 140MG	5	PA
SPRYCEL TABS 20MG	5	PA
SPRYCEL TABS 50MG	5	PA
SPRYCEL TABS 70MG	5	PA
SPRYCEL TABS 80MG	5	PA
STIVARGA TABS 40MG	5	PA
SUTENT CAPS 12.5MG	5	PA
SUTENT CAPS 25MG	5	PA
SUTENT CAPS 37.5MG	5	PA
SUTENT CAPS 50MG	5	PA
TAFINLAR CAPS 50MG	5	PA
TAFINLAR CAPS 75MG	5	PA
TAGRISSE TABS 40MG	5	QL (30 EA per 30 days) PA
TAGRISSE TABS 80MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 150MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA
TASIGNA CAPS 150MG	5	PA
TASIGNA CAPS 200MG	5	PA
TASIGNA CAPS 50MG	5	PA
<i>temsirolimus inj 25mg/ml</i>	5	
TIBSOVO TABS 250MG	5	QL (60 EA per 30 days) PA
TORISEL INJ 25MG/ML	5	
TURALIO CAPS 200MG	5	PA
TYKERB TABS 250MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 100MG	5	PA
VENCLEXTA TABS 10MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50MG	4	PA
VIZIMPRO TABS 15MG	5	PA
VIZIMPRO TABS 30MG	5	PA
VIZIMPRO TABS 45MG	5	PA
VOTRIENT TABS 200MG	5	PA
XALKORI CAPS 200MG	5	PA
XALKORI CAPS 250MG	5	PA
XOSPATA TABS 40MG	5	PA
ZEJULA CAPS 100MG	5	QL (90 EA per 30 days) PA
ZELBORAF TABS 240MG	5	PA
ZYKADIA CAPS 150MG	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ARZERRA INJ 1000MG/50ML	5	PA
ARZERRA INJ 100MG/5ML	5	PA
AVASTIN INJ 100MG/4ML	5	
AVASTIN INJ 400MG/16ML	5	
BAVENCIO INJ 200MG/10ML	5	PA
BESPONSA INJ 0.9MG	5	PA
BLINCYTO INJ 35MCG	5	PA
CAMPATH INJ 30MG/ML	5	
CYRAMZA INJ 100MG/10ML	5	PA
CYRAMZA INJ 500MG/50ML	5	PA
DARZALEX INJ 100MG/5ML	5	PA
DARZALEX INJ 400MG/20ML	5	PA
EMPLICITI INJ 300MG	5	PA
EMPLICITI INJ 400MG	5	PA
ERBITUX INJ 100MG/50ML	5	PA
ERBITUX INJ 200MG/100ML	5	PA
GAZYVA INJ 1000MG/40ML	5	PA
HERCEPTIN HYLECTA INJ 10000UNIT/5ML; 600MG/5ML	5	PA
HERCEPTIN INJ 150MG	5	PA
HERCEPTIN INJ 440MG	5	PA
IMFINZI INJ 120MG/2.4ML	5	PA
IMFINZI INJ 500MG/10ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
KEYTRUDA INJ 50MG	5	PA
LARTRUVO INJ 190MG/19ML	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
LIBTAYO INJ 350MG/7ML	5	PA
LUMOXITI INJ 1MG	5	PA
MYLOTARG INJ 4.5MG	5	PA
OPDIVO INJ 100MG/10ML	5	PA
OPDIVO INJ 240MG/24ML	5	PA
OPDIVO INJ 40MG/4ML	5	PA
PERJETA INJ 420MG/14ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
POLIVY INJ 140MG	5	PA
PORTRAZZA INJ 800MG/50ML	5	QL (100 ML per 21 days) PA
POTELIGEO INJ 20MG/5ML	5	PA
RITUXAN HYCELA INJ 23400UNT/11.7ML; 1400MG/11.7ML	5	PA
RITUXAN HYCELA INJ 26800UNT/13.4ML; 1600MG/13.4ML	5	PA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA
TECENTRIQ INJ 840MG/14ML	5	PA
UNITUXIN INJ 17.5MG/5ML	5	
VECTIBIX INJ 100MG/5ML	5	
VECTIBIX INJ 400MG/20ML	5	
YERVOY INJ 200MG/40ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
ZEVALIN Y-90 INJ 3.2MG/2ML	5	
Retinoids		
<i>bexarotene caps 75mg</i>	5	PA
PANRETIN GEL 0.1%	5	
TARGRETIN GEL 1%	5	PA
<i>tretinoin caps 10mg</i>	5	
Treatment Adjuncts		
<i>dexrazoxane inj 250mg</i>	5	
<i>dexrazoxane inj 500mg</i>	5	
ELITEK INJ 1.5MG	5	
ELITEK INJ 7.5MG	5	
KHAPZORY INJ 175MG	5	
KHAPZORY INJ 300MG	5	
<i>mesna inj 100mg/ml</i>	2	
MESNEX TABS 400MG	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs 200mg</i>	5	
ALBENZA TABS 200MG	5	
BENZNIDAZOLE TABS 100MG	3	
BENZNIDAZOLE TABS 12.5MG	3	
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs 600mg</i>	4	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	5	
ALINIA TABS 500MG	5	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	2	
<i>atovaquone susp 750mg/5ml</i>	5	
<i>chloroquine phosphate tabs 250mg</i>	2	
<i>chloroquine phosphate tabs 500mg</i>	2	
COARTEM TABS 20MG; 120MG	4	

Drug Name	Drug Tier	Requirements/Limits
DARAPRIM TABS 25MG	5	PA
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
<i>mefloquine hcl tabs 250mg</i>	2	
NEBUPENT SOLR 300MG	4	B/D
PENTAM 300 INJ 300MG	4	
<i>pentamidine isethionate inj 300mg</i>	2	
<i>primaquine phosphate tabs 26.3mg</i>	2	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs 250mg</i>	2	
<i>tinidazole tabs 500mg</i>	2	
Pediculicides/Scabicides		
<i>crotan lotn 10%</i>	2	
EURAX CREA 10%	4	
EURAX LOTN 10%	4	
<i>lindane lotn 1%</i>	4	
<i>lindane sham 1%</i>	4	
<i>malathion lotn 0.5%</i>	4	
<i>permethrin crea 5%</i>	2	
SKLICE LOTN 0.5%	4	
ULESFIA LOTN 5%	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate inj 1mg/ml</i>	2	
<i>benztropine mesylate tabs 0.5mg</i>	2	
<i>benztropine mesylate tabs 1mg</i>	2	
<i>benztropine mesylate tabs 2mg</i>	2	
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	2	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	4	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone tabs 200mg</i>	2	
GOCOVRI CP24 137MG	5	PA
GOCOVRI CP24 68.5MG	5	PA
<i>tolcapone tabs 100mg</i>	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps 5mg</i>	4	
<i>bromocriptine mesylate tabs 2.5mg</i>	4	
INBRIJA CAPS 42MG	5	PA
NEUPRO PT24 1MG/24HR	4	ST
NEUPRO PT24 2MG/24HR	4	ST
NEUPRO PT24 3MG/24HR	4	ST
NEUPRO PT24 4MG/24HR	4	ST
NEUPRO PT24 6MG/24HR	4	ST
NEUPRO PT24 8MG/24HR	4	ST
<i>pramipexole dihydrochloride er tb24 0.375mg</i>	4	
<i>pramipexole dihydrochloride er tb24 0.75mg</i>	4	
<i>pramipexole dihydrochloride er tb24 1.5mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride er tb24 2.25mg</i>	4	
<i>pramipexole dihydrochloride er tb24 3.75mg</i>	4	
<i>pramipexole dihydrochloride er tb24 3mg</i>	4	
<i>pramipexole dihydrochloride er tb24 4.5mg</i>	4	
<i>pramipexole dihydrochloride tabs 0.125mg</i>	2	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	2	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	2	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	2	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	2	
<i>pramipexole dihydrochloride tabs 1mg</i>	2	
<i>ropinirole er tb24 12mg</i>	2	
<i>ropinirole er tb24 2mg</i>	2	
<i>ropinirole er tb24 4mg</i>	2	
<i>ropinirole er tb24 6mg</i>	2	
<i>ropinirole er tb24 8mg</i>	2	
<i>ropinirole hcl tabs 0.5mg</i>	2	
<i>ropinirole hcl tabs 1mg</i>	2	
<i>ropinirole hcl tabs 2mg</i>	2	
<i>ropinirole hcl tabs 4mg</i>	2	
<i>ropinirole hcl tabs 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg</i>	2	
<i>ropinirole hydrochloride tabs 3mg</i>	2	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	2	
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	2	
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	4	
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	4	
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	4	
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	4	
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	4	
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	4	
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	4	
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	2	
<i>carbidopa tabs 25mg</i>	5	
RYTARY CPCR 23.75MG; 95MG	4	ST
RYTARY CPCR 36.25MG; 145MG	4	ST
RYTARY CPCR 48.75MG; 195MG	4	ST
RYTARY CPCR 61.25MG; 245MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs 0.5mg</i>	4	
<i>rasagiline mesylate tabs 1mg</i>	4	
<i>selegiline hcl caps 5mg</i>	2	
<i>selegiline hcl tabs 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TBDP 1.25MG	5	
Antipsychotics		
<i>1st Generation/Typical</i>		
<i>chlorpromazine hcl inj 25mg/ml</i>	2	
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl tabs 100mg</i>	4	
<i>chlorpromazine hcl tabs 10mg</i>	4	
<i>chlorpromazine hcl tabs 200mg</i>	4	
<i>chlorpromazine hcl tabs 25mg</i>	4	
<i>chlorpromazine hcl tabs 50mg</i>	4	
<i>fluphenazine decanoate inj 25mg/ml</i>	2	
<i>fluphenazine hcl conc 5mg/ml</i>	2	
<i>fluphenazine hcl inj 2.5mg/ml</i>	2	
<i>fluphenazine hcl tabs 10mg</i>	1	
<i>fluphenazine hcl tabs 1mg</i>	1	
<i>fluphenazine hcl tabs 2.5mg</i>	1	
<i>fluphenazine hcl tabs 5mg</i>	1	
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	2	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	1	
<i>haloperidol tabs 0.5mg</i>	2	
<i>haloperidol tabs 10mg</i>	2	
<i>haloperidol tabs 1mg</i>	2	
<i>haloperidol tabs 20mg</i>	2	
<i>haloperidol tabs 2mg</i>	2	
<i>haloperidol tabs 5mg</i>	2	
<i>loxapine succinate caps 10mg</i>	2	
<i>loxapine succinate caps 25mg</i>	2	
<i>loxapine succinate caps 50mg</i>	2	
<i>loxapine succinate caps 5mg</i>	2	
<i>molindone hydrochloride tabs 10mg</i>	4	
<i>molindone hydrochloride tabs 25mg</i>	4	
<i>molindone hydrochloride tabs 5mg</i>	4	
<i>perphenazine tabs 16mg</i>	2	
<i>perphenazine tabs 2mg</i>	2	
<i>perphenazine tabs 4mg</i>	2	
<i>perphenazine tabs 8mg</i>	2	
<i>pimozide tabs 1mg</i>	4	
<i>pimozide tabs 2mg</i>	4	
<i>thioridazine hcl tabs 100mg</i>	4	PA
<i>thioridazine hcl tabs 10mg</i>	4	PA
<i>thioridazine hcl tabs 25mg</i>	4	PA
<i>thioridazine hcl tabs 50mg</i>	4	PA
<i>thiothixene caps 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene caps 1mg</i>	2	
<i>thiothixene caps 2mg</i>	2	
<i>thiothixene caps 5mg</i>	2	
<i>trifluoperazine hcl tabs 10mg</i>	2	
<i>trifluoperazine hcl tabs 1mg</i>	2	
<i>trifluoperazine hcl tabs 2mg</i>	2	
<i>trifluoperazine hcl tabs 5mg</i>	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY MAINTENA INJ 400MG	5	
ABILIFY MAINTENA INJ 400MG	5	
ABILIFY MYCITE TABS 10MG	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE TABS 15MG	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE TABS 20MG	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE TABS 2MG	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE TABS 30MG	5	QL (30 EA per 30 days) ST
ABILIFY MYCITE TABS 5MG	5	QL (30 EA per 30 days) ST
ABILIFY INJ 9.75MG/1.3ML	4	
<i>aripiprazole odt tbdp 10mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole odt tbdp 15mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole soln 1mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole tabs 10mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 15mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 20mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 2mg</i>	4	QL (60 EA per 30 days)
<i>aripiprazole tabs 30mg</i>	4	QL (30 EA per 30 days)
<i>aripiprazole tabs 5mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML	5	
ARISTADA INJ 441MG/1.6ML	5	
ARISTADA INJ 662MG/2.4ML	5	
ARISTADA INJ 882MG/3.2ML	5	
FANAPT TITRATION PACK TABS 0	4	QL (8 EA per 180 days) ST
FANAPT TABS 10MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	5	QL (60 EA per 30 days) ST
GEODON INJ 20MG	4	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.875ML	5	

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJ 410MG/1.315ML	5	
INVEGA TRINZA INJ 546MG/1.75ML	5	
INVEGA TRINZA INJ 819MG/2.625ML	5	
LATUDA TABS 120MG	5	QL (30 EA per 30 days)
LATUDA TABS 20MG	5	QL (30 EA per 30 days)
LATUDA TABS 40MG	5	QL (30 EA per 30 days)
LATUDA TABS 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID CAPS 34MG	5	QL (30 EA per 30 days) PA
NUPLAZID TABS 10MG	5	QL (30 EA per 30 days) PA
NUPLAZID TABS 17MG	5	QL (60 EA per 30 days) PA
<i>olanzapine odt tbdp 10mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 15mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 20mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine odt tbdp 5mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine inj 10mg</i>	2	
<i>olanzapine tabs 10mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 15mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 2.5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 20mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 5mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine tabs 7.5mg</i>	1	QL (30 EA per 30 days)
<i>paliperidone er tb24 1.5mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 3mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	5	QL (60 EA per 30 days)
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days)
PERSERIS INJ 120MG	5	
PERSERIS INJ 90MG	5	
<i>quetiapine fumarate er tb24 150mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	4	QL (90 EA per 30 days)
<i>quetiapine fumarate er tb24 300mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 400mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate er tb24 50mg</i>	4	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 200mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 25mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate tabs 300mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 400mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate tabs 50mg</i>	2	QL (90 EA per 30 days)
REXULTI TABS 0.25MG	5	QL (30 EA per 30 days)
REXULTI TABS 0.5MG	5	QL (30 EA per 30 days)
REXULTI TABS 1MG	5	QL (30 EA per 30 days)
REXULTI TABS 2MG	5	QL (30 EA per 30 days)
REXULTI TABS 3MG	5	QL (30 EA per 30 days)
REXULTI TABS 4MG	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG	5	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INJ 50MG	5	
<i>risperidone odt tbdp 0.25mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 0.5mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 1mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 2mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 3mg</i>	2	QL (60 EA per 30 days)
<i>risperidone odt tbdp 4mg</i>	2	QL (60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days)
<i>risperidone tabs 0.25mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 0.5mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 1mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 2mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 3mg</i>	1	QL (60 EA per 30 days)
<i>risperidone tabs 4mg</i>	1	QL (60 EA per 30 days)
SAPHRIS SUBL 10MG	5	QL (60 EA per 30 days)
SAPHRIS SUBL 2.5MG	5	QL (60 EA per 30 days)
SAPHRIS SUBL 5MG	5	QL (60 EA per 30 days)
VRAYLAR CAPS 1.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 3MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 4.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 6MG	5	QL (30 EA per 30 days) ST
VRAYLAR CPPK 0	4	QL (14 EA per 365 days) ST
<i>ziprasidone hcl caps 20mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 40mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 60mg</i>	2	QL (60 EA per 30 days)
<i>ziprasidone hcl caps 80mg</i>	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG	5	
ZYPREXA RELPREVV INJ 405MG	5	
Treatment-Resistant		
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine tabs 100mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 25mg</i>	2	QL (270 EA per 30 days)
<i>clozapine tabs 50mg</i>	2	QL (180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen inj 20000mcg/20ml</i>	2	B/D
<i>baclofen inj 40mg/20ml</i>	2	B/D
<i>baclofen inj 500mcg/ml</i>	2	B/D
<i>baclofen tabs 10mg</i>	2	
<i>baclofen tabs 20mg</i>	2	
<i>baclofen tabs 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
<i>dantrolene sodium caps 100mg</i>	2	
<i>dantrolene sodium caps 25mg</i>	2	
<i>dantrolene sodium caps 50mg</i>	2	
GABLOFEN INJ 10000MCG/20ML	4	B/D
GABLOFEN INJ 20000MCG/20ML	4	B/D
GABLOFEN INJ 20000MCG/20ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
GABLOFEN INJ 50MCG/ML	4	B/D
LIRESAL INTRATHECAL INJ 0.05MG/ML	4	B/D
LIRESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIRESAL INTRATHECAL INJ 10MG/5ML	5	B/D
LIRESAL INTRATHECAL INJ 40MG/20ML	5	B/D
<i>tizanidine hcl caps 2mg</i>	2	
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl caps 6mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
XEOMIN INJ 100UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA
XEOMIN INJ 50UNIT	4	PA

Antivirals

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir inj 75mg/ml</i>	5	
<i>ganciclovir inj 500mg/10ml</i>	2	B/D
<i>ganciclovir inj 500mg</i>	2	B/D
PREVYMIS INJ 240MG/12ML	5	
PREVYMIS INJ 480MG/24ML	5	
PREVYMIS TABS 240MG	5	
PREVYMIS TABS 480MG	5	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	
<i>valganciclovir tabs 450mg</i>	5	
ZIRGAN GEL 0.15%	4	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil tabs 10mg</i>	5	
BARACLUDE SOLN 0.05MG/ML	5	QL (600 ML per 30 days)
<i>entecavir tabs 0.5mg</i>	5	QL (30 EA per 30 days)
<i>entecavir tabs 1mg</i>	5	QL (30 EA per 30 days)
EPIVIR HBV SOLN 5MG/ML	4	
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML	5	PA
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 50MU	5	PA
INTRON A INJ 6000000UNIT/ML	5	PA
<i>lamivudine tabs 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TYZEKA TABS 600MG	5	
VEMLIDY TABS 25MG	5	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA TABS 30MG	5	QL (168 EA per 365 days) PA
DAKLINZA TABS 60MG	5	QL (168 EA per 365 days) PA
DAKLINZA TABS 90MG	5	QL (168 EA per 365 days) PA
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA
HARVONI TABS 45MG; 200MG	5	QL (336 EA per 365 days) PA
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA
LEDIPASVIR/SOFOSBUVIR TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA
OLYSIO CAPS 150MG	5	QL (168 EA per 365 days) PA
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA
SOVALDI TABS 200MG	5	QL (336 EA per 365 days) PA
SOVALDI TABS 400MG	5	QL (336 EA per 365 days) PA
TECHNIVIE TABS 12.5MG; 75MG; 50MG	5	QL (168 EA per 365 days) PA
VIEKIRA PAK TBPK 250MG; 12.5MG; 75MG; 50MG	5	QL (672 EA per 365 days) PA
VIEKIRA XR TB24 200MG; 8.33MG; 50MG; 33.33MG	5	QL (504 EA per 365 days) PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
ZEPATIER TABS 50MG; 100MG	5	QL (112 EA per 365 days) PA
Anti-hepatitis C (HCV) Agents, Other		
MODERIBA 1200 DOSE PACK TBPK 600MG	5	
MODERIBA 800 DOSE PACK TBPK 400MG	5	
<i>moderiba tabs 200mg</i>	4	
MODERIBA TBPK 0	5	
MODERIBA TBPK 0	5	
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	5	PA
PEG-INTRON INJ 120MCG/0.5ML	5	PA
PEG-INTRON INJ 150MCG/0.5ML	5	PA
PEG-INTRON INJ 80MCG/0.5ML	5	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
PEGINTRON INJ 120MCG/0.5ML	5	PA
PEGINTRON INJ 150MCG/0.5ML	5	PA
PEGINTRON INJ 50MCG/0.5ML	5	PA
PEGINTRON INJ 80MCG/0.5ML	5	PA
REBETOL SOLN 40MG/ML	5	
RIBASPHERE RIBAPAK TBPK 0	5	
<i>ribasphere ribapak tbpk 0</i>	5	
RIBASPHERE RIBAPAK TBPK 400MG	5	
<i>ribasphere ribapak tbpk 600mg</i>	5	
<i>ribasphere caps 200mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ribasphere tabs 200mg</i>	4	
RIBASPHERE TABS 400MG	5	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin caps 200mg</i>	2	
<i>ribavirin tabs 200mg</i>	4	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 50MG; 200MG; 25MG	5	QL (30 EA per 30 days)
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (30 EA per 30 days)
DOVATO TABS 50MG; 300MG	5	QL (30 EA per 30 days)
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days)
ISENTRESS CHEW 100MG	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS PACK 100MG	5	
JULUCA TABS 50MG; 25MG	5	QL (30 EA per 30 days)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days)
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG	5	
TIVICAY TABS 50MG	5	
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days)
VITEKTA TABS 150MG	5	
VITEKTA TABS 85MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA TABS 600MG; 200MG; 300MG	5	QL (30 EA per 30 days)
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days)
EDURANT TABS 25MG	5	
<i>efavirenz caps 200mg</i>	5	
<i>efavirenz caps 50mg</i>	2	
<i>efavirenz tabs 600mg</i>	5	
INTELENCE TABS 100MG	5	
INTELENCE TABS 200MG	5	
INTELENCE TABS 25MG	4	
<i>nevirapine er tb24 100mg</i>	4	
<i>nevirapine er tb24 400mg</i>	4	
<i>nevirapine susp 50mg/5ml</i>	4	
<i>nevirapine tabs 200mg</i>	2	
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days)
PIFELTRO TABS 100MG	5	
RESCRIPTOR TABS 100MG	4	
RESCRIPTOR TABS 200MG	4	
SUSTIVA CAPS 200MG	5	
SUSTIVA CAPS 50MG	4	
SUSTIVA TABS 600MG	5	
SYMFI LO TABS 400MG; 300MG; 300MG	5	QL (30 EA per 30 days)
SYMFI TABS 600MG; 300MG; 300MG	5	QL (30 EA per 30 days)
VIRAMUNE SUSP 50MG/5ML	4	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	5	QL (60 EA per 30 days)
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	5	QL (30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	4	
<i>abacavir tabs 300mg</i>	4	
CIMDUO TABS 300MG; 300MG	5	QL (30 EA per 30 days)
DESCOVY TABS 200MG; 25MG	5	QL (30 EA per 30 days)
<i>didanosine cpdr 125mg</i>	2	
<i>didanosine cpdr 200mg</i>	2	
<i>didanosine cpdr 250mg</i>	2	
<i>didanosine cpdr 400mg</i>	2	
EMTRIVA CAPS 200MG	4	
EMTRIVA SOLN 10MG/ML	4	
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	QL (60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg</i>	4	
<i>lamivudine tabs 300mg</i>	4	
RETROVIR IV INFUSION INJ 10MG/ML	4	
<i>stavudine caps 15mg</i>	2	
<i>stavudine caps 20mg</i>	2	
<i>stavudine caps 30mg</i>	2	
<i>stavudine caps 40mg</i>	2	
<i>stavudine solr 1mg/ml</i>	2	
TEMIXYS TABS 300MG; 300MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	5	
TRUVADA TABS 100MG; 150MG	5	QL (30 EA per 30 days)
TRUVADA TABS 133MG; 200MG	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG	5	QL (30 EA per 30 days)
TRUVADA TABS 200MG; 300MG	5	QL (30 EA per 30 days)
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC SOLR 2GM	4	
VIDEX PEDIATRIC SOLR 4GM	4	
VIREAD POWD 40MG/GM	5	
VIREAD TABS 150MG	5	
VIREAD TABS 200MG	5	
VIREAD TABS 250MG	5	
ZERIT SOLR 1MG/ML	4	
<i>zidovudine caps 100mg</i>	2	
<i>zidovudine syrp 50mg/5ml</i>	2	
<i>zidovudine tabs 300mg</i>	2	
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	QL (60 EA per 30 days)
ISENTRESS HD TABS 600MG	5	
ISENTRESS TABS 400MG	5	
SELZENTRY SOLN 20MG/ML	5	
SELZENTRY TABS 150MG	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 300MG	5	

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 75MG	5	
TROGARZO INJ 200MG/1.33ML	5	
TYBOST TABS 150MG	3	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS 250MG	5	
APTIVUS SOLN 100MG/ML	5	
<i>atazanavir sulfate caps 150mg</i>	5	
<i>atazanavir sulfate caps 200mg</i>	5	
<i>atazanavir sulfate caps 300mg</i>	5	
<i>atazanavir caps 150mg</i>	5	
<i>atazanavir caps 200mg</i>	5	
<i>atazanavir caps 300mg</i>	5	
CRIXIVAN CAPS 200MG	3	
CRIXIVAN CAPS 400MG	3	
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	5	
INVIRASE CAPS 200MG	5	
INVIRASE TABS 500MG	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP 50MG/ML	4	
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	5	
NORVIR CAPS 100MG	4	
NORVIR PACK 100MG	3	
NORVIR SOLN 80MG/ML	4	
NORVIR TABS 100MG	4	
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days)
PREZISTA SUSP 100MG/ML	5	
PREZISTA TABS 150MG	4	
PREZISTA TABS 600MG	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 800MG	5	
REYATAZ CAPS 150MG	5	
REYATAZ CAPS 200MG	5	
REYATAZ CAPS 300MG	5	
REYATAZ PACK 50MG	5	
<i>ritonavir tabs 100mg</i>	2	
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days)
VIRACEPT TABS 250MG	5	
VIRACEPT TABS 625MG	5	
Anti-influenza Agents		
<i>amantadine hcl caps 100mg</i>	2	
<i>amantadine hcl syrp 50mg/5ml</i>	1	
<i>amantadine hcl tabs 100mg</i>	2	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (1080 ML per 365 days)

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (240 EA per 365 days)
<i>rimantadine hcl tabs 100mg</i>	2	
XOFLUZA TBPB 20MG	3	QL (4 EA per 365 days)
XOFLUZA TBPB 40MG	3	QL (4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium inj 1000mg</i>	4	B/D
<i>acyclovir sodium inj 500mg</i>	4	B/D
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir crea 5%</i>	5	
<i>acyclovir oint 5%</i>	4	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
DENAVIR CREA 1%	5	
<i>famciclovir tabs 125mg</i>	2	
<i>famciclovir tabs 250mg</i>	2	
<i>famciclovir tabs 500mg</i>	2	
<i>trifluridine soln 1%</i>	2	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
ZOVIRAX CREA 5%	5	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	1	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone hydrochloride tabs 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	1	
<i>dexmedetomidine hydrochloride/sodium chloride inj 200mcg/50ml; 0.9%</i>	4	
<i>dexmedetomidine hydrochloride/sodium chloride inj 400mcg/100ml; 0.9%</i>	4	
<i>dexmedetomidine hydrochloride/sodium chloride inj 80mcg/20ml; 0.9%</i>	4	
<i>meprobamate tabs 200mg</i>	4	
<i>meprobamate tabs 400mg</i>	4	
Benzodiazepines		
<i>alprazolam er tb24 0.5mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam er tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam intensol conc 1mg/ml</i>	2	PA
<i>alprazolam odt tbdp 0.25mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 0.5mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 1mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam.xr tb24 0.5mg</i>	2	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam xr tb24 1mg</i>	2	QL (30 EA per 30 days) PA
<i>alprazolam xr tb24 2mg</i>	2	QL (150 EA per 30 days) PA
<i>alprazolam xr tb24 3mg</i>	2	QL (90 EA per 30 days) PA
<i>alprazolam tabs 0.25mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 0.5mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 1mg</i>	1	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 10mg</i>	1	QL (900 EA per 30 days) PA
<i>chlordiazepoxide hcl caps 5mg</i>	1	QL (120 EA per 30 days) PA
<i>chlordiazepoxide hydrochloride caps 25mg</i>	1	QL (360 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>diazepam intensol conc 5mg/ml</i>	2	
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam soln 5mg/5ml</i>	2	
<i>diazepam tabs 10mg</i>	1	QL (120 EA per 30 days)
<i>diazepam tabs 2mg</i>	1	QL (300 EA per 30 days)
<i>diazepam tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>estazolam tabs 1mg</i>	2	QL (30 EA per 30 days) PA
<i>estazolam tabs 2mg</i>	2	QL (30 EA per 30 days) PA
<i>lorazepam intensol conc 2mg/ml</i>	2	PA
<i>lorazepam conc 2mg/ml</i>	2	PA
<i>lorazepam inj 2mg/ml</i>	1	PA
<i>lorazepam inj 4mg/ml</i>	1	PA
<i>lorazepam tabs 0.5mg</i>	1	QL (90 EA per 30 days) PA
<i>lorazepam tabs 1mg</i>	1	QL (90 EA per 30 days) PA
<i>lorazepam tabs 2mg</i>	1	QL (150 EA per 30 days) PA
<i>midazolam hcl inj 10mg/10ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 2mg/2ml</i>	1	
<i>midazolam hcl inj 2mg/2ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl inj 5mg/ml</i>	1	
<i>midazolam hcl syrp 2mg/ml</i>	2	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>oxazepam caps 10mg</i>	2	QL (120 EA per 30 days) PA
<i>oxazepam caps 15mg</i>	2	QL (120 EA per 30 days) PA
<i>oxazepam caps 30mg</i>	2	QL (120 EA per 30 days) PA
<i>temazepam caps 15mg</i>	2	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam caps 22.5mg</i>	4	QL (30 EA per 30 days) PA
<i>temazepam caps 30mg</i>	2	QL (30 EA per 30 days) PA
<i>temazepam caps 7.5mg</i>	4	QL (30 EA per 30 days) PA
Bipolar Agents		
Mood Stabilizers		
EQUETRO CP12 100MG	4	
EQUETRO CP12 200MG	4	
EQUETRO CP12 300MG	4	
<i>lithium carbonate er tbc r 300mg</i>	1	
<i>lithium carbonate er tbc r 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 100mg</i>	2	
<i>acarbose tabs 25mg</i>	2	
<i>acarbose tabs 50mg</i>	2	
BYDUREON BCISE INJ 2MG/0.85ML	3	QL (3.4 ML per 28 days)
BYDUREON PEN INJ 2MG	3	QL (4 EA per 28 days)
BYDUREON INJ 2MG	3	QL (4 EA per 28 days)
CYCLOSET TABS 0.8MG	4	
<i>glimepiride tabs 1mg</i>	1	
<i>glimepiride tabs 2mg</i>	1	
<i>glimepiride tabs 4mg</i>	1	
<i>glipizide er tb24 10mg</i>	1	
<i>glipizide er tb24 2.5mg</i>	1	
<i>glipizide er tb24 5mg</i>	1	
<i>glipizide xl tb24 10mg</i>	1	
<i>glipizide xl tb24 2.5mg</i>	1	
<i>glipizide xl tb24 5mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	1	
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg</i>	2	
<i>glyburide micronized tabs 3mg</i>	2	
<i>glyburide micronized tabs 6mg</i>	2	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg</i>	2	
<i>glyburide/metformin hydrochloride tabs 2.5mg; 500mg</i>	2	
<i>glyburide/metformin hydrochloride tabs 5mg; 500mg</i>	2	
<i>glyburide tabs 1.25mg</i>	2	
<i>glyburide tabs 2.5mg</i>	2	
<i>glyburide tabs 5mg</i>	2	
GLYXAMBI TABS 10MG; 5MG	3	ST

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TABS 25MG; 5MG	3	ST
INVOKAMET XR TB24 150MG; 1000MG	3	ST
INVOKAMET XR TB24 150MG; 500MG	3	ST
INVOKAMET XR TB24 50MG; 1000MG	3	ST
INVOKAMET XR TB24 50MG; 500MG	3	ST
INVOKAMET TABS 150MG; 1000MG	3	ST
INVOKAMET TABS 150MG; 500MG	3	ST
INVOKAMET TABS 50MG; 1000MG	3	ST
INVOKAMET TABS 50MG; 500MG	3	ST
INVOKANA TABS 100MG	3	ST
INVOKANA TABS 300MG	3	ST
JANUMET XR TB24 1000MG; 100MG	3	ST
JANUMET XR TB24 1000MG; 50MG	3	ST
JANUMET XR TB24 500MG; 50MG	3	ST
JANUMET TABS 1000MG; 50MG	3	ST
JANUMET TABS 500MG; 50MG	3	ST
JANUVIA TABS 100MG	3	ST
JANUVIA TABS 25MG	3	ST
JANUVIA TABS 50MG	3	ST
JARDIANCE TABS 10MG	3	ST
JARDIANCE TABS 25MG	3	ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	ST
JENTADUETO XR TB24 5MG; 1000MG	3	ST
JENTADUETO TABS 2.5MG; 1000MG	3	ST
JENTADUETO TABS 2.5MG; 500MG	3	ST
JENTADUETO TABS 2.5MG; 850MG	3	ST
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	ST
KOMBIGLYZE XR TB24 1000MG; 5MG	4	ST
KOMBIGLYZE XR TB24 500MG; 5MG	4	ST
<i>metformin hydrochloride er tb24 500mg</i>	1	
<i>metformin hydrochloride er tb24 750mg</i>	1	
<i>metformin hydrochloride soln 500mg/5ml</i>	2	
<i>metformin hydrochloride tabs 1000mg</i>	1	
<i>metformin hydrochloride tabs 500mg</i>	1	
<i>metformin hydrochloride tabs 850mg</i>	1	
<i>miglitol tabs 100mg</i>	2	
<i>miglitol tabs 25mg</i>	2	
<i>miglitol tabs 50mg</i>	2	
<i>nateglinide tabs 120mg</i>	1	
<i>nateglinide tabs 60mg</i>	1	
ONGLYZA TABS 2.5MG	4	ST
ONGLYZA TABS 5MG	4	ST
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days)
OZEMPIC INJ 2MG/1.5ML	3	QL (3 ML per 28 days)
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	2	
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	2	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	1	
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg</i>	1	
<i>pioglitazone hydrochloride tabs 30mg</i>	1	
<i>repaglinide/metformin hydrochloride tabs 500mg; 1mg</i>	2	
<i>repaglinide/metformin hydrochloride tabs 500mg; 2mg</i>	2	
<i>repaglinide tabs 0.5mg</i>	1	
<i>repaglinide tabs 1mg</i>	1	
<i>repaglinide tabs 2mg</i>	1	
RIOMET SOLN 500MG/5ML	4	
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	PA
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	PA
SYNJARDY XR TB24 10MG; 1000MG	3	ST
SYNJARDY XR TB24 12.5MG; 1000MG	3	ST
SYNJARDY XR TB24 25MG; 1000MG	3	ST
SYNJARDY XR TB24 5MG; 1000MG	3	ST
SYNJARDY TABS 12.5MG; 1000MG	3	ST
SYNJARDY TABS 12.5MG; 500MG	3	ST
SYNJARDY TABS 5MG; 1000MG	3	ST
SYNJARDY TABS 5MG; 500MG	3	ST
<i>tolazamide tabs 250mg</i>	1	
<i>tolazamide tabs 500mg</i>	1	
<i>tolbutamide tabs 500mg</i>	1	
TRADJENTA TABS 5MG	3	ST
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days)
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days)
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days)
Glycemic Agents		
GLUCAGEN HYPOKIT INJ 1MG	4	
GLUCAGON EMERGENCY KIT INJ 1MG	3	
PROGLYCEM SUSP 50MG/ML	5	
Insulins		
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	
INSULIN LISPRO INJ 100UNIT/ML	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	
LEVEMIR INJ 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N RELION INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R RELION INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	

Blood Products/Modifiers/Volume Expanders

Anticoagulants

ARGATROBAN/SODIUM CHLORIDE INJ 50MG/50ML; 0.9%	5	
<i>argatroban inj 125mg/125ml; 0.9%</i>	5	
<i>argatroban inj 250mg/2.5ml</i>	5	
<i>argatroban inj 250mg/250ml; 0.9%</i>	5	
<i>argatroban inj 50mg/50ml</i>	5	
COUMADIN TABS 10MG	4	
COUMADIN TABS 1MG	4	
COUMADIN TABS 2.5MG	4	
COUMADIN TABS 2MG	4	
COUMADIN TABS 3MG	4	
COUMADIN TABS 4MG	4	
COUMADIN TABS 5MG	4	
COUMADIN TABS 6MG	4	
COUMADIN TABS 7.5MG	4	
ELIQUIS STARTER PACK TABS 5MG	3	QL (148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml</i>	4	QL (35 ML per 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 120mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 18000UNIT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 12500unit/250ml; 0.45%</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium/nacl 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml</i>	2	
<i>heparin sodium inj 1000unit/ml</i>	2	
<i>heparin sodium inj 20000unit/ml</i>	2	
<i>heparin sodium inj 2000unit/ml</i>	2	
<i>heparin sodium inj 2500unit/ml</i>	2	
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
PRADAXA CAPS 110MG	4	QL (60 EA per 30 days)
PRADAXA CAPS 150MG	4	QL (60 EA per 30 days)
PRADAXA CAPS 75MG	4	QL (60 EA per 30 days)
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	3	QL (102 EA per 365 days)
XARELTO TABS 10MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days)
XARELTO TABS 20MG	3	QL (30 EA per 30 days)
Blood Formation Modifiers		
<i>anagrelide hydrochloride caps 0.5mg</i>	4	
<i>anagrelide hydrochloride caps 1mg</i>	4	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	5	PA
FULPHILA INJ 6MG/0.6ML	5	PA
GRANIX INJ 300MCG/0.5ML	5	ST
GRANIX INJ 300MCG/ML	5	ST
GRANIX INJ 480MCG/0.8ML	5	ST
GRANIX INJ 480MCG/1.6ML	5	ST
LEUKINE INJ 250MCG	5	PA
MOZOBIL INJ 24MG/1.2ML	5	QL (38.4 ML per 365 days) PA
MULPLETA TABS 3MG	5	PA
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJ 300MCG/0.5ML	5	ST
NEUPOGEN INJ 300MCG/ML	5	ST
NEUPOGEN INJ 480MCG/0.8ML	5	ST
NEUPOGEN INJ 480MCG/1.6ML	5	ST
NIVESTYM INJ 300MCG/0.5ML	5	ST
NIVESTYM INJ 300MCG/ML	5	ST
NIVESTYM INJ 480MCG/0.8ML	5	ST
NIVESTYM INJ 480MCG/1.6ML	5	ST
NPLATE INJ 250MCG	5	PA
NPLATE INJ 500MCG	5	PA
PROCRIT INJ 10000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML	5	PA
PROCRIT INJ 2000UNIT/ML	4	PA
PROCRIT INJ 3000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 4000UNIT/ML	4	PA
PROMACTA PACK 12.5MG	5	PA
PROMACTA TABS 12.5MG	5	PA
PROMACTA TABS 25MG	5	PA
PROMACTA TABS 50MG	5	PA
PROMACTA TABS 75MG	5	PA
UDENYCA INJ 6MG/0.6ML	5	PA
ZARXIO INJ 300MCG/0.5ML	5	
ZARXIO INJ 480MCG/0.8ML	5	
Blood Products/Modifiers/Volume Expanders		
SOLIRIS INJ 300MG/30ML	5	PA
ULTOMIRIS INJ 300MG/30ML	5	PA
Hemostasis Agents		
<i>aminocaproic acid inj 250mg/ml</i>	4	
<i>aminocaproic acid soln 0.25gm/ml</i>	4	
<i>aminocaproic acid syrp 25%</i>	4	
<i>aminocaproic acid tabs 1000mg</i>	4	
<i>aminocaproic acid tabs 500mg</i>	4	
TAVALISSE TABS 100MG	5	QL (60 EA per 30 days) PA
TAVALISSE TABS 150MG	5	QL (60 EA per 30 days) PA
<i>tranexamic acid inj 1000mg/10ml</i>	2	
<i>tranexamic acid tabs 650mg</i>	2	
Platelet Modifying Agents		
AGGRASTAT INJ 0.9%; 5MG/100ML	4	
AGGRASTAT INJ 3.75MG/15ML	4	
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	4	
BRILINTA TABS 60MG	3	
BRILINTA TABS 90MG	3	
CABLIVI INJ 11MG	5	QL (30 EA per 30 days) PA
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tabs 25mg</i>	4	
<i>dipyridamole tabs 50mg</i>	4	
<i>dipyridamole tabs 75mg</i>	4	
<i>prasugrel tabs 10mg</i>	4	
<i>prasugrel tabs 5mg</i>	4	
<i>ticlopidine hcl tabs 250mg</i>	4	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.2mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	
<i>clonidine hcl tabs 0.1mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	1	
<i>clonidine hydrochloride tabs 0.2mg</i>	1	
CLORPRES TABS 15MG; 0.1MG	4	
CLORPRES TABS 15MG; 0.2MG	4	
CLORPRES TABS 15MG; 0.3MG	4	
<i>guanfacine hcl tabs 1mg</i>	4	
<i>guanfacine hcl tabs 2mg</i>	4	
<i>methyldopa/hydrochlorothiazide tabs 15mg; 250mg</i>	4	
<i>methyldopa/hydrochlorothiazide tabs 25mg; 250mg</i>	4	
<i>methyldopa tabs 250mg</i>	4	
<i>methyldopa tabs 500mg</i>	4	
<i>methyldopate hcl inj 250mg/5ml</i>	4	PA
<i>midodrine hcl tabs 10mg</i>	2	
<i>midodrine hcl tabs 2.5mg</i>	2	
<i>midodrine hcl tabs 5mg</i>	2	
<i>phenylephrine hydrochloride inj 10mg/ml</i>	2	
<i>phenylephrine hydrochloride inj 10mg/ml</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride caps 10mg</i>	5	
<i>prazosin hcl caps 1mg</i>	2	
<i>prazosin hcl caps 5mg</i>	2	
<i>prazosin hydrochloride caps 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	1	
<i>candesartan cilexetil tabs 16mg</i>	1	
<i>candesartan cilexetil tabs 32mg</i>	1	
<i>candesartan cilexetil tabs 4mg</i>	1	
<i>candesartan cilexetil tabs 8mg</i>	1	
EDARBI TABS 40MG	4	
EDARBI TABS 80MG	4	
EDARBYCLOR TABS 40MG; 12.5MG	4	
EDARBYCLOR TABS 40MG; 25MG	4	
<i>eprosartan mesylate tabs 600mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	
<i>losartan potassium tabs 50mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	2	
<i>olmesartan medoxomil tabs 20mg</i>	2	
<i>olmesartan medoxomil tabs 40mg</i>	2	
<i>olmesartan medoxomil tabs 5mg</i>	2	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
<i>telmisartan tabs 20mg</i>	1	
<i>telmisartan tabs 40mg</i>	1	
<i>telmisartan tabs 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
<i>valsartan tabs 160mg</i>	1	
<i>valsartan tabs 320mg</i>	1	
<i>valsartan tabs 40mg</i>	1	
<i>valsartan tabs 80mg</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	1	
<i>captopril tabs 12.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril tabs 25mg</i>	1	
<i>captopril tabs 50mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>enalaprilat inj 1.25mg/ml</i>	2	
EPANED SOLN 1MG/ML	5	
EPANED SOLR 1MG/ML	4	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
<i>quinapril hcl tabs 20mg</i>	1	
<i>quinapril hcl tabs 40mg</i>	1	
<i>quinapril hcl tabs 5mg</i>	1	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 2mg; 180mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 2mg; 240mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
Antiarrhythmics		
<i>adenosine inj 12mg/4ml</i>	2	
<i>adenosine inj 6mg/2ml</i>	2	
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl inj 900mg/18ml</i>	2	
<i>amiodarone hcl tabs 100mg</i>	2	
<i>amiodarone hcl tabs 200mg</i>	1	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>amiodarone hydrochloride inj 150mg/3ml</i>	2	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	2	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>disopyramide phosphate caps 100mg</i>	4	
<i>disopyramide phosphate caps 150mg</i>	4	
<i>dofetilide caps 125mcg</i>	4	
<i>dofetilide caps 250mcg</i>	4	
<i>dofetilide caps 500mcg</i>	4	
<i>flecainide acetate tabs 100mg</i>	2	
<i>flecainide acetate tabs 150mg</i>	2	
<i>flecainide acetate tabs 50mg</i>	2	
<i>ibutilide fumarate inj 1mg/10ml</i>	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	1	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	1	
<i>lidocaine hcl inj 100mg/5ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml</i>	2	
<i>lidocaine hcl inj 50mg/5ml</i>	2	
<i>mexiletine hcl caps 150mg</i>	2	
<i>mexiletine hcl caps 200mg</i>	2	
<i>mexiletine hcl caps 250mg</i>	2	
MULTAQ TABS 400MG	3	
NORPACE CR CP12 100MG	4	
NORPACE CR CP12 150MG	4	
<i>pacerone tabs 100mg</i>	2	
<i>pacerone tabs 200mg</i>	1	
<i>pacerone tabs 400mg</i>	2	
<i>procainamide hcl inj 100mg/ml</i>	2	
<i>procainamide hcl inj 500mg/ml</i>	2	
<i>procainamide hydrochloride inj 100mg/ml</i>	2	
<i>procainamide hydrochloride inj 500mg/ml</i>	2	
<i>propafenone hcl tabs 150mg</i>	2	
<i>propafenone hcl tabs 225mg</i>	2	
<i>propafenone hcl tabs 300mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hydrochloride er cp12 225mg</i>	4	
<i>propafenone hydrochloride er cp12 325mg</i>	4	
<i>propafenone hydrochloride er cp12 425mg</i>	4	
<i>quinidine gluconate cr tbcr 324mg</i>	4	
<i>quinidine gluconate er tbcr 324mg</i>	4	
<i>quinidine gluconate inj 80mg/ml</i>	2	
<i>quinidine sulfate er tbcr 300mg</i>	2	
<i>quinidine sulfate tabs 200mg</i>	2	
<i>quinidine sulfate tabs 300mg</i>	2	
<i>sorine tabs 120mg</i>	2	
<i>sorine tabs 160mg</i>	2	
<i>sorine tabs 240mg</i>	2	
<i>sorine tabs 80mg</i>	2	
<i>sotalol hcl (af) tabs 120mg</i>	2	
<i>sotalol hcl (af) tabs 80mg</i>	2	
<i>sotalol hcl af tabs 160mg</i>	2	
<i>sotalol hcl tabs 120mg</i>	2	
<i>sotalol hcl tabs 120mg</i>	2	
<i>sotalol hcl tabs 160mg</i>	2	
<i>sotalol hcl tabs 240mg</i>	2	
<i>sotalol hcl tabs 80mg</i>	2	
<i>sotalol hydrochloride (af) tabs 120mg</i>	2	
<i>sotalol hydrochloride (af) tabs 80mg</i>	2	
<i>sotalol hydrochloride aftabs 160mg</i>	2	
<i>sotalol hydrochloride inj 150mg/10ml</i>	5	
<i>sotalol hydrochloride tabs 120mg</i>	2	
<i>sotalol hydrochloride tabs 120mg</i>	2	
<i>sotalol hydrochloride tabs 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps 200mg</i>	1	
<i>acebutolol hcl caps 400mg</i>	1	
<i>acebutolol hydrochloride caps 400mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>atenolol tabs 100mg</i>	1	
<i>atenolol tabs 25mg</i>	1	
<i>atenolol tabs 50mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	2	
<i>betaxolol hcl tabs 20mg</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate tabs 10mg</i>	2	
<i>bisoprolol fumarate tabs 5mg</i>	2	
BREVIBLOC PREMIXED DOUBLESTRENGTH INJ	4	
2000MG/100ML; 4.1MG/ML		
BREVIBLOC PREMIXED INJ 2500MG/250ML; 5.9MG/ML	4	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
BREVIBLOC INJ 2500MG/250ML; 5.9MG/ML	4	
BYSTOLIC TABS 10MG	3	
BYSTOLIC TABS 2.5MG	3	
BYSTOLIC TABS 20MG	3	
BYSTOLIC TABS 5MG	3	
<i>carvedilol phosphate cp24 10mg</i>	4	
<i>carvedilol phosphate cp24 20mg</i>	4	
<i>carvedilol phosphate cp24 40mg</i>	4	
<i>carvedilol phosphate cp24 80mg</i>	4	
<i>carvedilol tabs 12.5mg</i>	1	
<i>carvedilol tabs 25mg</i>	1	
<i>carvedilol tabs 3.125mg</i>	1	
<i>carvedilol tabs 6.25mg</i>	1	
DUTOPROL TB24 12.5MG; 100MG	4	
DUTOPROL TB24 12.5MG; 25MG	4	
DUTOPROL TB24 12.5MG; 50MG	4	
<i>esmolol hcl inj 100mg/10ml</i>	4	
<i>esmolol hcl inj 100mg/10ml</i>	4	
ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH INJ 2000MG/100ML	4	
ESMOLOL HYDROCHLORIDE IN WATER INJ 2500MG/250ML	4	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2500mg/250ml; 5.9mg/ml</i>	2	
INNOPRAN XL CP24 120MG	4	
INNOPRAN XL CP24 80MG	4	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride tabs 100mg</i>	2	
<i>labetalol hydrochloride tabs 200mg</i>	2	
<i>labetalol hydrochloride tabs 300mg</i>	2	
METOPROLOL SUCCINATE	4	
ER/HYDROCHLOROTHIAZIDE TB24 12.5MG; 25MG		
<i>metoprolol succinate er tb24 100mg</i>	2	
<i>metoprolol succinate er tb24 200mg</i>	2	
<i>metoprolol succinate er tb24 25mg</i>	2	
<i>metoprolol succinate er tb24 50mg</i>	2	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	2	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	2	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nadolol tabs 20mg</i>	2	
<i>nadolol tabs 40mg</i>	2	
<i>nadolol tabs 80mg</i>	2	
<i>pindolol tabs 10mg</i>	2	
<i>pindolol tabs 5mg</i>	2	
<i>propranolol hcl er cp24 120mg</i>	2	
<i>propranolol hcl er cp24 160mg</i>	2	
<i>propranolol hcl er cp24 60mg</i>	2	
<i>propranolol hcl inj 1mg/ml</i>	2	
<i>propranolol hcl soln 20mg/5ml</i>	2	
<i>propranolol hcl soln 40mg/5ml</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hcl tabs 80mg</i>	2	
<i>propranolol hydrochloride er cp24 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg</i>	2	
<i>propranolol hydrochloride tabs 60mg</i>	2	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	2	
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	2	
<i>timolol maleate tabs 10mg</i>	2	
<i>timolol maleate tabs 20mg</i>	2	
<i>timolol maleate tabs 5mg</i>	2	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	2	
<i>afeditab cr tb24 60mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	2	
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	2	
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	1	
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	1	
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	1	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</i>	2	
<i>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	2	
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	2	
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	2	
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg</i>	2	
<i>amlodipine/valsartan/hctz tabs 10mg; 25mg; 160mg</i>	2	
<i>amlodipine/valsartan/hctz tabs 10mg; 25mg; 320mg</i>	2	
<i>amlodipine/valsartan/hctz tabs 5mg; 25mg; 160mg</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	2	
CARDIZEM LA TB24 120MG	4	
<i>cartia xt cp24 120mg</i>	2	
<i>cartia xt cp24 180mg</i>	2	
<i>cartia xt cp24 240mg</i>	2	
<i>cartia xt cp24 300mg</i>	2	
<i>dilt-xr cp24 120mg</i>	2	
<i>dilt-xr cp24 180mg</i>	2	
<i>dilt-xr cp24 240mg</i>	2	
<i>diltiazem cd cp24 120mg</i>	2	
<i>diltiazem cd cp24 180mg</i>	2	
<i>diltiazem cd cp24 240mg</i>	2	
<i>diltiazem cd cp24 300mg</i>	2	
<i>diltiazem hcl cd cp24 360mg</i>	2	
<i>diltiazem hcl er cp12 120mg</i>	2	
<i>diltiazem hcl er cp12 60mg</i>	2	
<i>diltiazem hcl er cp12 90mg</i>	2	
<i>diltiazem hcl er cp24 120mg</i>	2	
<i>diltiazem hcl er cp24 120mg</i>	2	
<i>diltiazem hcl er cp24 180mg</i>	2	
<i>diltiazem hcl er cp24 180mg</i>	2	
<i>diltiazem hcl er cp24 240mg</i>	2	
<i>diltiazem hcl er cp24 240mg</i>	2	
<i>diltiazem hcl er cp24 300mg</i>	2	
<i>diltiazem hcl er cp24 360mg</i>	2	
<i>diltiazem hcl er cp24 420mg</i>	2	
<i>diltiazem hcl er tb24 180mg</i>	2	
<i>diltiazem hcl er tb24 240mg</i>	2	
<i>diltiazem hcl er tb24 300mg</i>	2	
<i>diltiazem hcl er tb24 360mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er tb24 420mg</i>	2	
<i>diltiazem hcl inj 100mg</i>	2	
<i>diltiazem hcl inj 125mg/25ml</i>	2	
<i>diltiazem hcl inj 25mg/5ml</i>	2	
<i>diltiazem hcl inj 50mg/10ml</i>	2	
<i>diltiazem hcl tabs 120mg</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	
<i>diltiazem hcl tabs 60mg</i>	1	
<i>diltiazem hcl tabs 90mg</i>	1	
<i>diltiazem hydrochloride er cp24 120mg</i>	2	
<i>diltiazem hydrochloride er cp24 180mg</i>	2	
<i>diltiazem hydrochloride er cp24 240mg</i>	2	
<i>diltiazem hydrochloride er cp24 300mg</i>	2	
<i>diltiazem hydrochloride er cp24 360mg</i>	2	
<i>diltiazem hydrochloride er cp24 360mg</i>	2	
<i>felodipine er tb24 10mg</i>	2	
<i>felodipine er tb24 2.5mg</i>	2	
<i>felodipine er tb24 5mg</i>	2	
<i>isradipine caps 2.5mg</i>	4	
<i>isradipine caps 5mg</i>	4	
<i>matzim la tb24 180mg</i>	2	
<i>matzim la tb24 240mg</i>	2	
<i>matzim la tb24 300mg</i>	2	
<i>matzim la tb24 360mg</i>	2	
<i>matzim la tb24 420mg</i>	2	
<i>nicardipine hcl caps 20mg</i>	4	
<i>nicardipine hcl caps 30mg</i>	4	
<i>nicardipine hcl inj 2.5mg/ml</i>	4	
<i>nifedical xl tb24 30mg</i>	2	
<i>nifedical xl tb24 60mg</i>	2	
<i>nifedipine er tb24 30mg</i>	2	
<i>nifedipine er tb24 30mg</i>	2	
<i>nifedipine er tb24 60mg</i>	2	
<i>nifedipine er tb24 60mg</i>	2	
<i>nifedipine er tb24 90mg</i>	2	
<i>nifedipine er tb24 90mg</i>	2	
<i>nifedipine caps 10mg</i>	4	PA
<i>nifedipine caps 20mg</i>	4	PA
<i>nimodipine caps 30mg</i>	5	
<i>nisoldipine er tb24 17mg</i>	4	
<i>nisoldipine er tb24 20mg</i>	4	
<i>nisoldipine er tb24 25.5mg</i>	4	
<i>nisoldipine er tb24 30mg</i>	4	
<i>nisoldipine er tb24 34mg</i>	4	
<i>nisoldipine er tb24 40mg</i>	4	
<i>nisoldipine er tb24 8.5mg</i>	4	
NYMALIZE SOLN 30MG/10ML	5	
<i>taztia xt cp24 120mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>taztia xt cp24 180mg</i>	2	
<i>taztia xt cp24 240mg</i>	2	
<i>taztia xt cp24 300mg</i>	2	
<i>taztia xt cp24 360mg</i>	2	
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	2	
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	2	
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	2	
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	2	
<i>verapamil hcl cr tbc 240mg</i>	2	
<i>verapamil hcl er cp24 100mg</i>	2	
<i>verapamil hcl er cp24 120mg</i>	2	
<i>verapamil hcl er cp24 180mg</i>	2	
<i>verapamil hcl er cp24 200mg</i>	2	
<i>verapamil hcl er cp24 240mg</i>	2	
<i>verapamil hcl er cp24 300mg</i>	2	
<i>verapamil hcl er tbc 120mg</i>	2	
<i>verapamil hcl er tbc 180mg</i>	2	
<i>verapamil hcl er tbc 240mg</i>	2	
<i>verapamil hcl sr cp24 120mg</i>	2	
<i>verapamil hcl sr cp24 180mg</i>	2	
<i>verapamil hcl sr cp24 240mg</i>	2	
<i>verapamil hcl sr cp24 360mg</i>	2	
<i>verapamil hcl sr tbc 240mg</i>	2	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	
<i>verapamil hydrochloride inj 2.5mg/ml</i>	2	
<i>verapamil hydrochloride inj 2.5mg/ml</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
ADRENALIN INJ 1MG/ML	4	
ADRENALIN INJ 30MG/30ML	4	
<i>aliskiren tabs 150mg</i>	4	
<i>aliskiren tabs 300mg</i>	4	
<i>atropine sulfate inj 8mg/20ml</i>	2	
CORLANOR SOLN 5MG/5ML	4	QL (450 ML per 30 days) PA
CORLANOR TABS 5MG	4	QL (60 EA per 30 days) PA
CORLANOR TABS 7.5MG	4	QL (60 EA per 30 days) PA
DEMSER CAPS 250MG	5	
<i>digitek tabs 0.125mg</i>	2	QL (30 EA per 30 days)
<i>digitek tabs 0.25mg</i>	4	
<i>digoxin inj 0.25mg/ml</i>	4	
<i>digoxin soln 0.05mg/ml</i>	2	
<i>digoxin tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin tabs 250mcg</i>	4	
<i>digox tabs 125mcg</i>	2	QL (30 EA per 30 days)
<i>digox tabs 250mcg</i>	4	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	2	B/D
<i>dobutamine hcl inj 250mg/20ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine hcl inj 500mg/40ml</i>	2	B/D
<i>dobutamine hydrochloride/dextrose inj 5%; 2mg/ml</i>	2	B/D
<i>dobutamine hydrochloride/dextrose inj 5%; 4mg/ml</i>	2	B/D
<i>dobutamine/dextrose 5% inj 5%; 2mg/ml</i>	2	B/D
<i>dobutamine/dextrose 5% inj 5%; 4mg/ml</i>	2	B/D
<i>dopamine hcl inj 160mg/ml</i>	2	B/D
<i>dopamine hcl inj 40mg/ml</i>	2	B/D
<i>dopamine hcl inj 80mg/ml</i>	2	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml</i>	2	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml</i>	2	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	2	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	2	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	2	B/D
ENTRESTO TABS 24MG; 26MG	3	QL (60 EA per 30 days)
ENTRESTO TABS 49MG; 51MG	3	QL (60 EA per 30 days)
ENTRESTO TABS 97MG; 103MG	3	QL (60 EA per 30 days)
LANOXIN TABS 125MCG	4	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG	4	QL (30 EA per 30 days)
LANOXIN TABS 250MCG	4	
LANOXIN TABS 62.5MCG	4	QL (60 EA per 30 days)
<i>mannitol inj 10%</i>	2	
<i>mannitol inj 15%</i>	2	
<i>mannitol inj 20%</i>	2	
<i>mannitol inj 25%</i>	2	
<i>mannitol inj 5%</i>	2	
<i>milrinone in dextrose inj 5%; 20mg/100ml</i>	4	B/D
<i>milrinone in dextrose inj 5%; 40mg/200ml</i>	4	B/D
<i>milrinone lactate inj 10mg/10ml</i>	4	B/D
<i>milrinone lactate inj 10mg/10ml</i>	4	B/D
<i>milrinone lactate inj 20mg/20ml</i>	5	B/D
<i>milrinone lactate inj 20mg/20ml</i>	5	B/D
<i>milrinone lactate inj 50mg/50ml</i>	4	B/D
<i>milrinone lactate inj 50mg/50ml</i>	4	B/D
<i>norepinephrine bitartrate inj 1mg/ml</i>	2	
NORTHERA CAPS 100MG	5	PA
NORTHERA CAPS 200MG	5	PA
NORTHERA CAPS 300MG	5	PA
<i>osmitrol viaflex inj 10%</i>	2	
<i>osmitrol viaflex inj 15%</i>	2	
<i>osmitrol viaflex inj 20%</i>	2	
<i>osmitrol viaflex inj 5%</i>	2	
<i>pentoxifylline cr tbc 400mg</i>	4	
<i>pentoxifylline er tbc 400mg</i>	4	
PRALUENT INJ 150MG/ML	5	QL (2 ML per 28 days) PA
PRALUENT INJ 150MG/ML	5	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	5	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	5	QL (2 ML per 28 days) PA
RANEXA TB12 1000MG	3	

Drug Name	Drug Tier	Requirements/Limits
RANEXA TB12 500MG	3	
<i>ranolazine er tb12 1000mg</i>	3	
<i>ranolazine er tb12 500mg</i>	3	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	5	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	5	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	5	QL (3 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	5	PA
VYNDAMAX CAPS 61MG	5	QL (30 EA per 30 days) PA
VYNDAQEL CAPS 20MG	5	QL (120 EA per 30 days) PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium inj 500mg</i>	5	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	2	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	
<i>bumetanide tabs 2mg</i>	1	
<i>ethacrynic acid tabs 25mg</i>	5	
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide soln 10mg/ml</i>	2	
<i>furosemide soln 8mg/ml</i>	2	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
<i>toremide inj 20mg/2ml</i>	2	
<i>toremide inj 50mg/5ml</i>	2	
<i>toremide tabs 100mg</i>	1	
<i>toremide tabs 10mg</i>	1	
<i>toremide tabs 20mg</i>	1	
<i>toremide tabs 5mg</i>	1	
Diuretics, Potassium-sparing		
ALDACTAZIDE TABS 50MG; 50MG	4	
<i>amiloride hcl tabs 5mg</i>	2	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
DYRENIUM CAPS 100MG	4	
DYRENIUM CAPS 50MG	4	
<i>eplerenone tabs 25mg</i>	2	
<i>eplerenone tabs 50mg</i>	2	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
<i>triamterene caps 100mg</i>	2	
<i>triamterene caps 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Diuretics, Thiazide		
<i>chlorothiazide sodium inj 500mg</i>	4	
<i>chlorothiazide tabs 250mg</i>	2	
<i>chlorothiazide tabs 500mg</i>	2	
<i>chlorthalidone tabs 25mg</i>	2	
<i>chlorthalidone tabs 50mg</i>	2	
DIURIL SUSP 250MG/5ML	4	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>methyclothiazide tabs 5mg</i>	2	
<i>metolazone tabs 10mg</i>	2	
<i>metolazone tabs 2.5mg</i>	2	
<i>metolazone tabs 5mg</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg</i>	2	
<i>fenofibrate micronized caps 200mg</i>	2	
<i>fenofibrate micronized caps 67mg</i>	2	
<i>fenofibrate caps 130mg</i>	2	
<i>fenofibrate caps 150mg</i>	2	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate caps 50mg</i>	2	
<i>fenofibrate tabs 120mg</i>	2	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	2	
<i>fenofibrate tabs 40mg</i>	2	
<i>fenofibrate tabs 48mg</i>	2	
<i>fenofibrate tabs 54mg</i>	1	
<i>fenofibric acid dr cpdr 135mg</i>	2	
<i>fenofibric acid dr cpdr 45mg</i>	2	
<i>fenofibric acid tabs 105mg</i>	2	
<i>fenofibric acid tabs 35mg</i>	2	
<i>gemfibrozil tabs 600mg</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	2	
<i>fluvastatin caps 20mg</i>	1	
<i>fluvastatin caps 40mg</i>	1	
LIVALO TABS 1MG	3	ST
LIVALO TABS 2MG	3	ST
LIVALO TABS 4MG	3	ST
<i>lovastatin tabs 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg</i>	1	
<i>rosuvastatin calcium tabs 20mg</i>	1	
<i>rosuvastatin calcium tabs 40mg</i>	1	
<i>rosuvastatin calcium tabs 5mg</i>	1	
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	
Dyslipidemics, Other		
<i>cholestyramine light pack 4gm</i>	2	
<i>cholestyramine light powd 4gm/dose</i>	2	
<i>cholestyramine pack 4gm</i>	2	
<i>cholestyramine powd 4gm/dose</i>	2	
<i>colesevelam hydrochloride tabs 625mg</i>	2	
<i>colestipol hcl gran 5gm</i>	2	
<i>colestipol hcl pack 5gm</i>	2	
<i>colestipol hcl tabs 1gm</i>	2	
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	2	
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	2	
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	2	
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	2	
<i>ezetimibe tabs 10mg</i>	2	
JUXTAPID CAPS 10MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 20MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 30MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 40MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 5MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 60MG	5	QL (30 EA per 30 days) PA
KYNAMRO INJ 200MG/ML	5	QL (4 ML per 28 days) PA
KYNAMRO INJ 200MG/ML	5	QL (4 ML per 28 days) PA
<i>niacin er tbc 1000mg</i>	2	
<i>niacin er tbc 500mg</i>	2	
<i>niacin er tbc 750mg</i>	2	
<i>niacin tabs 500mg</i>	2	
<i>niacor tabs 500mg</i>	2	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	4	
<i>prevalite pack 4gm</i>	2	
<i>prevalite powd 4gm/dose</i>	2	
<i>triklo caps 375mg; 465mg; 1gm</i>	4	
VASCEPA CAPS 0.5GM	4	
VASCEPA CAPS 1GM	4	

Drug Name	Drug Tier	Requirements/Limits
Vasodilators, Direct-acting Arterial/Venous		
BIDIL TABS 37.5MG; 20MG	3	
DILATRATE SR CPCR 40MG	4	
ISORDIL TITRADOSE TABS 40MG	5	
<i>isosorbide dinitrate er tbc</i> 40mg	2	
<i>isosorbide dinitrate tabs</i> 10mg	2	
<i>isosorbide dinitrate tabs</i> 20mg	2	
<i>isosorbide dinitrate tabs</i> 30mg	2	
<i>isosorbide dinitrate tabs</i> 5mg	2	
<i>isosorbide mononitrate er tb24</i> 120mg	1	
<i>isosorbide mononitrate er tb24</i> 30mg	1	
<i>isosorbide mononitrate er tb24</i> 60mg	1	
<i>isosorbide mononitrate tabs</i> 10mg	1	
<i>isosorbide mononitrate tabs</i> 20mg	1	
<i>minitran pt24</i> 0.1mg/hr	2	
<i>minitran pt24</i> 0.2mg/hr	2	
<i>minitran pt24</i> 0.4mg/hr	2	
<i>minitran pt24</i> 0.6mg/hr	2	
NITRO-BID OINT 2%	4	
NITRO-DUR PT24 0.3MG/HR	4	
NITRO-DUR PT24 0.8MG/HR	4	
<i>nitroglycerin in 5% dextrose inj</i> 5%; 200mcg/ml	2	
<i>nitroglycerin in 5% dextrose inj</i> 5%; 400mcg/ml	2	
<i>nitroglycerin in 5% dextrose inj</i> 5%; 400mcg/ml	2	
<i>nitroglycerin in dextrose 5% inj</i> 5%; 100mcg/ml	2	
<i>nitroglycerin in dextrose 5% inj</i> 5%; 100mcg/ml	2	
<i>nitroglycerin in dextrose 5% inj</i> 5%; 200mcg/ml	2	
<i>nitroglycerin in dextrose 5% inj</i> 5%; 400mcg/ml	2	
<i>nitroglycerin lingual aers</i> 400mcg/spray	4	
<i>nitroglycerin lingual soln</i> 0.4mg/spray	4	
<i>nitroglycerin transdermal pt24</i> 0.1mg/hr	2	
<i>nitroglycerin transdermal pt24</i> 0.2mg/hr	2	
<i>nitroglycerin transdermal pt24</i> 0.4mg/hr	2	
<i>nitroglycerin transdermal pt24</i> 0.6mg/hr	2	
<i>nitroglycerin inj</i> 5mg/ml	2	
<i>nitroglycerin subl</i> 0.3mg	2	
<i>nitroglycerin subl</i> 0.4mg	2	
<i>nitroglycerin subl</i> 0.6mg	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i> 20mg/ml	4	
<i>hydralazine hcl tabs</i> 10mg	1	
<i>hydralazine hydrochloride tabs</i> 100mg	1	
<i>hydralazine hydrochloride tabs</i> 25mg	1	
<i>hydralazine hydrochloride tabs</i> 50mg	1	
<i>minoxidil tabs</i> 10mg	4	
<i>minoxidil tabs</i> 2.5mg	4	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (30 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (90 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL (90 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (90 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL (90 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (90 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	QL (90 EA per 30 days) PA
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (90 EA per 30 days) PA
<i>dexedrine tabs 10mg</i>	4	QL (180 EA per 30 days) PA
DEXEDRINE TABS 5MG	4	QL (90 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (120 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (60 EA per 30 days) PA
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) PA
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL (180 EA per 30 days) PA
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (90 EA per 30 days) PA
ZENZEDI TABS 10MG	4	QL (180 EA per 30 days) PA
ZENZEDI TABS 15MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 2.5MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 20MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA
ZENZEDI TABS 5MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 7.5MG	4	QL (90 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine caps 100mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	2	QL (60 EA per 30 days)
<i>atomoxetine caps 18mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 25mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 40mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 60mg</i>	2	QL (30 EA per 30 days)
<i>atomoxetine caps 80mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl er tb12 0.1mg</i>	4	
<i>dexmethylphenidate hcl er cp24 10mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 15mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 20mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 25mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 30mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 35mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 40mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl er cp24 5mg</i>	4	QL (30 EA per 30 days) PA
<i>dexmethylphenidate hcl tabs 10mg</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl tabs 2.5mg</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hcl tabs 5mg</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days) PA
<i>dexmethylphenidate hydrochloride tabs 5mg</i>	2	QL (60 EA per 30 days) PA
<i>guanfacine er tb24 1mg</i>	4	
<i>guanfacine er tb24 2mg</i>	4	
<i>guanfacine er tb24 3mg</i>	4	
<i>guanfacine er tb24 4mg</i>	4	
<i>metadate er tbcr 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hcl sr tbcr 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride cd cpcr 10mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride cd cpcr 20mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride cd cpcr 30mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride cd cpcr 50mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride cd cpcr 60mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er (la) cp24 60mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 10mg</i>	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 20mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 30mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cp24 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cpcr 20mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cpcr 30mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er cpcr 40mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 18mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 27mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tb24 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 10mg</i>	4	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 18mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 18mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 20mg</i>	4	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 27mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 27mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 36mg</i>	4	QL (60 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 54mg</i>	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbcr 54mg</i>	4	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tbc</i> 54mg	4	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride er tbc</i> 72mg	2	QL (30 EA per 30 days) PA
<i>methylphenidate hydrochloride chew</i> 10mg	2	QL (180 EA per 30 days) PA
<i>methylphenidate hydrochloride chew</i> 2.5mg	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride chew</i> 5mg	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride soln</i> 10mg/5ml	4	PA
<i>methylphenidate hydrochloride soln</i> 5mg/5ml	4	PA
<i>methylphenidate hydrochloride tabs</i> 10mg	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride tabs</i> 20mg	2	QL (90 EA per 30 days) PA
<i>methylphenidate hydrochloride tabs</i> 5mg	2	QL (90 EA per 30 days) PA
<i>relexxii tbc</i> 72mg	2	QL (30 EA per 30 days) PA
Central Nervous System, Other		
AUSTEDO TABS 12MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 9MG	5	QL (120 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine tabs</i> 325mg; 50mg; 40mg	4	PA
<i>butalbital/aspirin/caffeine caps</i> 325mg; 50mg; 40mg	4	PA
<i>caffeine citrate inj</i> 60mg/3ml	4	
<i>caffeine citrate soln</i> 20mg/ml	4	
<i>caffeine citrate soln</i> 60mg/3ml	4	
<i>clonidine hcl inj</i> 100mcg/ml	4	B/D
<i>clonidine hcl inj</i> 500mcg/ml	4	B/D
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
INGREZZA CAPS 80MG	5	QL (30 EA per 30 days) PA
INGREZZA CPPK 0	5	QL (56 EA per 365 days) PA
NUEDEXTA CAPS 20MG; 10MG	4	PA
RADICAVA INJ 30MG/100ML	5	PA
<i>riluzole tabs</i> 50mg	4	PA
<i>tetrabenazine tabs</i> 12.5mg	5	PA
<i>tetrabenazine tabs</i> 25mg	5	PA
TIGLUTIK SUSP 50MG/10ML	5	PA
<i>vanatol lq soln</i> 325mg/15ml; 50mg/15ml; 40mg/15ml	5	PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG	3	QL (60 EA per 30 days)
SAVELLA TABS 12.5MG	3	QL (60 EA per 30 days)
SAVELLA TABS 25MG	3	QL (60 EA per 30 days)
SAVELLA TABS 50MG	3	QL (60 EA per 30 days)
Multiple Sclerosis Agents		
AMPYRA TB12 10MG	5	QL (60 EA per 30 days) PA
AUBAGIO TABS 14MG	5	QL (30 EA per 30 days) PA
AUBAGIO TABS 7MG	5	QL (30 EA per 30 days) PA
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/VIAL	5	QL (4 EA per 28 days) PA
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine er tb</i> 12 10mg	5	QL (60 EA per 30 days) PA
EXTAVIA INJ 0.3MG	5	QL (15 EA per 30 days) PA
GILENYA CAPS 0.25MG	5	QL (30 EA per 30 days) PA
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA
<i>glatiramer acetate inj</i> 20mg/ml	5	QL (30 ML per 30 days) PA
<i>glatiramer acetate inj</i> 40mg/ml	5	QL (12 ML per 28 days) PA
<i>glatopa inj</i> 20mg/ml	5	QL (30 ML per 30 days) PA
<i>glatopa inj</i> 40mg/ml	5	QL (12 ML per 28 days) PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA
MAYZENT TABS 2MG	5	QL (30 EA per 30 days) PA
OCREVUS INJ 300MG/10ML	5	QL (40 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJ 22MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE INJ 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA
REBIF INJ 22MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF INJ 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
TECFIDERA STARTER PACK MISC 0	5	QL (120 EA per 365 days) PA
TECFIDERA CPDR 120MG	5	QL (60 EA per 30 days) PA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA
TYSABRI INJ 300MG/15ML	5	PA

Dental and Oral Agents

Dental and Oral Agents

ARESTIN MISC 1MG	5	
<i>cevimeline hcl caps</i> 30mg	4	
<i>chlorhexidine gluconate oral rinse soln</i> 0.12%	1	
<i>chlorhexidine gluconate soln</i> 0.12%	1	
KEPIVANCE INJ 6.25MG	5	
<i>lidocaine hcl soln</i> 4%	1	
<i>lidocaine viscous soln</i> 2%	1	
<i>oralone dental paste pste</i> 0.1%	2	
<i>paroex soln</i> 0.12%	1	
<i>periogard soln</i> 0.12%	1	
<i>pilocarpine hcl tabs</i> 7.5mg	2	
<i>pilocarpine hydrochloride tabs</i> 5mg	2	
<i>triamcinolone acetonide dental paste pste</i> 0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>Dermatological Agents</i>		
acitretin caps 10mg	5	
acitretin caps 17.5mg	5	
acitretin caps 25mg	5	
adapalene pump gel 0.3%	4	
adapalene/benzoyl peroxide gel 0.1%; 2.5%	4	
adapalene crea 0.1%	4	
adapalene gel 0.1%	4	
adapalene gel 0.3%	4	
adapalene lotn 0.1%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
amneesteem caps 10mg	4	PA
amneesteem caps 20mg	4	PA
amneesteem caps 40mg	4	PA
avita crea 0.025%	4	PA
avita gel 0.025%	4	PA
azelaic acid gel 15%	2	
calcipotriene/betamethasone dipropionate oint 0.064%; 0.005%	5	QL (400 GM per 30 days)
calcipotriene crea 0.005%	4	
calcipotriene oint 0.005%	4	
calcipotriene soln 0.005%	2	
calcitrene oint 0.005%	2	
calcitrene oint 0.005%	2	
CALCITRIOL OINT 3MCG/GM	4	
claravis caps 10mg	4	PA
claravis caps 20mg	4	PA
claravis caps 30mg	5	PA
claravis caps 40mg	4	PA
clindacin etz kit 0; 1%; 0	2	
clindacin pac kit 0; 1%	2	
clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%	2	
clindamycin phosphate/tretinoin gel 1.2%; 0.025%	4	
clindamycin/benzoyl peroxide gel 5%; 1%	4	
CONDYLOX GEL 0.5%	4	
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA
COSENTYX INJ 150MG/ML	5	PA
dapsone gel 5%	4	
diclofenac sodium soln 1.5%	4	PA
doxepin hydrochloride crea 5%	4	QL (90 GM per 30 days) PA
doxycycline cpdr 40mg	4	
DUOBRII LOTN 0.01%; 0.045%	5	PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ELIDEL CREA 1%	4	
EPIDUO FORTE GEL 0.3%; 2.5%	4	
erythromycin/benzoyl peroxide gel 5%; 3%	4	

Drug Name	Drug Tier	Requirements/Limits
FINACEA FOAM 15%	3	
FINACEA GEL 15%	3	
<i>hydrocortisone acetate/pramoxine crea 1%; 1%</i>	4	
ILUMYA INJ 100MG/ML	5	PA
<i>imiquimod pump crea 3.75%</i>	5	
<i>imiquimod crea 5%</i>	2	
<i>isotretinoin caps 10mg</i>	4	PA
<i>isotretinoin caps 20mg</i>	4	PA
<i>isotretinoin caps 30mg</i>	5	PA
<i>isotretinoin caps 40mg</i>	4	PA
IVERMECTIN CREA 1%	4	
<i>methoxsalen caps 10mg</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
MIRVASO GEL 0.33%	4	PA
<i>myorisan caps 10mg</i>	4	PA
<i>myorisan caps 20mg</i>	4	PA
<i>myorisan caps 30mg</i>	4	PA
<i>myorisan caps 40mg</i>	4	PA
<i>neuac gel 5%; 1.2%</i>	2	
NORITATE CREA 1%	5	
OXSORALEN LOTN 1%	5	
PENNSAID SOLN 2%	5	PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
<i>pimecrolimus crea 1%</i>	2	
<i>podofilox soln 0.5%</i>	2	
<i>pramcort crea 1%; 1%</i>	4	
RECTIV OINT 0.4%	4	
REGRANEX GEL 0.01%	5	PA
<i>rosadan crea 0.75%</i>	2	
<i>rosadan gel 0.75%</i>	2	
SANTYL OINT 250UNIT/GM	4	
<i>selenium sulfide lotn 2.5%</i>	1	
SILIQ INJ 210MG/1.5ML	5	PA
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML	5	PA
STELARA INJ 45MG/0.5ML	5	PA
STELARA INJ 90MG/ML	5	PA
SYNALAR CREAM KIT KIT 0.025%	4	
TACLONEX SUSP 0.064% ; 0.005%	5	QL (400 GM per 30 days)
<i>tacrolimus oint 0.03%</i>	4	
<i>tacrolimus oint 0.1%</i>	4	
TALTZ INJ 80MG/ML	5	PA
TALTZ INJ 80MG/ML	5	PA
<i>tazarotene crea 0.1%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
TAZORAC CREA 0.05%	4	
TAZORAC GEL 0.05%	4	
TAZORAC GEL 0.1%	4	
TREMFYA INJ 100MG/ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
<i>tretinoin microsphere pump gel 0.04%</i>	4	PA
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA
<i>tretinoin microsphere gel 0.04%</i>	4	PA
<i>tretinoin microsphere gel 0.1%</i>	4	PA
<i>tretinoin crea 0.025%</i>	4	PA
<i>tretinoin crea 0.05%</i>	4	PA
<i>tretinoin crea 0.1%</i>	4	PA
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>tretinoin gel 0.05%</i>	4	PA
UVADEX INJ 20MCG/ML	4	
VEREGEN OINT 15%	5	
<i>zenatane caps 10mg</i>	4	PA
<i>zenatane caps 20mg</i>	4	PA
<i>zenatane caps 30mg</i>	5	PA
<i>zenatane caps 40mg</i>	4	PA
ZYCLARA PUMP CREA 2.5%	5	
ZYCLARA PUMP CREA 3.75%	5	
ZYCLARA CREA 3.75%	5	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

AMINOSYN 7%/ELECTROLYTES INJ 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	4	B/D
<i>aminosyn 8.5%/electrolytes inj 142meq/l; 1100mg/100ml; 850mg/100ml; 98meq/l; 1100mg/100ml; 260mg/100ml; 620mg/100ml; 810mg/100ml; 624mg/100ml; 10meq/l; 340mg/100ml; 380mg/100ml; 30meq/l; 65meq/l; 750mg/100ml; 370mg/100ml; 65meq/l; 460mg/100ml; 150mg/100ml; 44mg/100ml; 680mg/100ml</i>	2	B/D
<i>aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	4	B/D
<i>calcium chloride inj 10%</i>	2	
<i>calcium gluconate/sodium chloride inj 1gm/50ml; 0.675%</i>	2	
<i>calcium gluconate inj 10%</i>	2	
CARBAGLU TABS 200MG	5	
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10% INJ 570MG/100ML; 317MG/100ML; 33MG/100ML; 10GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 25% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 25% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX N14G30E INJ 17.6GM/2000ML; 9.78GM/2000ML; 15%; 8.76GM/2000ML; 4.08GM/2000ML; 5.1GM/2000ML; 6.2GM/2000ML; 4.93GM/2000ML; 1.02GM/2000ML; 3.4GM/2000ML; 4.76GM/2000ML; 5.22GM/2000ML; 5.78GM/2000ML; 4.25GM/2000ML; 1.54GM/2000ML; 3.57GM/2000ML; 1.53GM/2000ML; 0.34GM/2000ML; 4.93GM/2000ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX N9G15E INJ 5MMOL/100ML; 570MG/100ML; 317MG/100ML; 0.23MMOL/100ML; 4MMOL/100ML; 7.5GM/100ML; 284MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 200MG/100ML; 0.25MMOL/100ML; 110MG/100ML; 460MG/100ML; 154MG/100ML; 1.5MMOL/100ML; 3MMOL/100ML; 187MG/100ML; 138MG/100ML; 3.5MMOL/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX N9G20E INJ 570MG/100ML; 317MG/100ML; 33MG/100ML; 10GM/100ML; 284MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CRYSVITA INJ 10MG/ML	5	PA
CRYSVITA INJ 20MG/ML	5	PA
CRYSVITA INJ 30MG/ML	5	PA
<i>dextrose 10%/nacl 0.45% inj 10%; 0.45%</i>	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ	4	
24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L		
<i>dextrose 10%/nacl 0.2% inj 10%; 0.2%</i>	2	
<i>dextrose 10% inj 10%</i>	1	
<i>dextrose 2.5%/nacl 0.45% inj 2.5%; 0.45%</i>	2	
<i>dextrose 20% inj 20%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 30% inj 30%</i>	1	
<i>dextrose 40% inj 40%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	2	
<i>dextrose 5%/nacl 0.3% inj 5%; 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	2	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>dextrose 70% inj 70%</i>	1	
<i>dextrose inj 50%</i>	1	
<i>glucose 5% inj 5%</i>	1	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	4	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 4		
3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L		
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 4		
23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML;		
5MEQ/1000ML; 141MEQ/1000ML		
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 4		
5MEQ/L; 140MEQ/L		
<i>k-sol soln 10%</i>	2	
<i>k-sol soln 20%</i>	2	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con 10 tbc 10meq</i>	2	
<i>klor-con 8 tbc 8meq</i>	2	
<i>klor-con m10 tbc 10meq</i>	2	
<i>klor-con m15 tbc 15meq</i>	2	
<i>klor-con m20 tbc 20meq</i>	2	
<i>klor-con sprinkle cpcr 10meq</i>	2	
<i>klor-con sprinkle cpcr 8meq</i>	2	
<i>klor-con pack 20meq</i>	2	
<i>lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l;</i>	2	
<i>4meq/l; 130meq/l</i>		
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l;</i>	2	
<i>130meq/l</i>		
<i>magnesium sulfate in d5w inj 5%; 10gm/500ml</i>	2	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	2	
<i>magnesium sulfate inj 20gm/500ml</i>	2	
<i>magnesium sulfate inj 2gm/50ml</i>	2	
<i>magnesium sulfate inj 40gm/1000ml</i>	2	
<i>magnesium sulfate inj 4gm/100ml</i>	2	
<i>magnesium sulfate inj 4gm/50ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L;	4	
3MEQ/L; 5MEQ/L; 140MEQ/L		
NORMOSOL-M IN D5W INJ 16MEQ/L; 40MEQ/L; 5%;	4	
3MEQ/L; 13MEQ/L; 40MEQ/L		
NORMOSOL-R IN D5W INJ 27MEQ/L; 98MEQ/L; 5%;	4	
23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L		
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L;	4	
3MEQ/L; 5MEQ/L; 140MEQ/L		
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L;	4	
3MEQ/L; 5MEQ/L; 140MEQ/L		

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	4	
<i>potassium acetate inj 2meq/ml</i>	2	
<i>potassium chloride cr tbc 10meq</i>	2	
<i>potassium chloride cr tbc 10meq</i>	2	
<i>potassium chloride cr tbc 20meq</i>	2	
<i>potassium chloride er cpcr 10meq</i>	2	
<i>potassium chloride er cpcr 8meq</i>	2	
<i>potassium chloride er tbc 10meq</i>	2	
<i>potassium chloride er tbc 10meq</i>	2	
<i>potassium chloride er tbc 20meq</i>	2	
<i>potassium chloride er tbc 20meq</i>	2	
<i>potassium chloride er tbc 8meq</i>	2	
<i>potassium chloride sr tbc 8meq</i>	2	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	2	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 20.33%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 20.45%</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	
<i>potassium chloride/dextrose inj 5%; 40meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	2	
<i>potassium chloride inj 10meq/100ml</i>	1	
<i>potassium chloride inj 10meq/50ml</i>	1	
<i>potassium chloride inj 20meq/100ml</i>	1	
<i>potassium chloride inj 20meq/50ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 40meq/100ml</i>	1	
<i>potassium chloride pack 20meq</i>	2	
<i>potassium chloride soln 10%</i>	2	
<i>potassium chloride soln 20%</i>	2	
<i>potassium citrate er tbc 1080mg</i>	2	
<i>potassium citrate er tbc 15meq</i>	2	
<i>potassium citrate er tbc 540mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 3GM/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	4	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>sodium acetate inj 2meq/ml</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	
<i>sodium chloride 0.45% inj 0.45%</i>	1	
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 2.5meq/ml</i>	1	
SODIUM CHLORIDE INJ 23.4%	4	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 4meq/ml</i>	1	
<i>sodium chloride inj 5%</i>	1	
<i>sodium fluoride tabs 1mg</i>	2	
<i>sodium lactate inj 5meq/ml</i>	2	
<i>sodium phosphate inj 142mg/ml; 276mg/ml</i>	1	
<i>tpn electrolytes inj 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 25meq/20ml; 20meq/20ml; 35meq/20ml</i>		
Electrolyte/Mineral/Metal Modifiers		
<i>d-penamamine tabs 125mg</i>	5	
<i>deferasirox tbso 125mg</i>	5	PA
<i>deferasirox tbso 250mg</i>	5	PA
<i>deferasirox tbso 500mg</i>	5	PA
DEPEN TITRATABS TABS 250MG	5	
EXJADE TBSO 125MG	5	PA
EXJADE TBSO 250MG	5	PA
EXJADE TBSO 500MG	5	PA
FERRIPROX SOLN 100MG/ML	5	PA
FERRIPROX TABS 1000MG	5	PA
FERRIPROX TABS 500MG	5	PA
JADENU SPRINKLE PACK 180MG	5	PA
JADENU SPRINKLE PACK 360MG	5	PA
JADENU SPRINKLE PACK 90MG	5	PA
JADENU TABS 180MG	5	PA
JADENU TABS 360MG	5	PA
JADENU TABS 90MG	5	PA
JYNARQUE TABS 15MG	5	QL (60 EA per 30 days)
JYNARQUE TABS 30MG	5	QL (30 EA per 30 days)
JYNARQUE TBPK 0	5	QL (56 EA per 28 days)
JYNARQUE TBPK 0	5	QL (56 EA per 28 days)
JYNARQUE TBPK 0	5	QL (56 EA per 28 days)
<i>kionex powd 0</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>kionex susp 15gm/60ml</i>	2	
LOKELMA PACK 10GM	4	QL (90 EA per 30 days)
LOKELMA PACK 5GM	4	QL (90 EA per 30 days)
SAMSCA TABS 15MG	5	QL (30 EA per 60 days)
SAMSCA TABS 30MG	5	QL (60 EA per 30 days)
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	
<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	2	
<i>sodium polystyrene sulfonate susp 50gm/200ml</i>	2	
<i>sps susp 15gm/60ml</i>	2	
<i>trientine hydrochloride caps 250mg</i>	5	
<i>veltassa pack 16.8gm</i>	5	
<i>veltassa pack 25.2gm</i>	5	
<i>veltassa pack 8.4gm</i>	5	
Phosphate Binders		
AURYXIA TABS 210MG	5	PA
<i>calcium acetate caps 667mg</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
<i>lanthanum carbonate chew 1000mg</i>	5	
<i>lanthanum carbonate chew 500mg</i>	5	
<i>lanthanum carbonate chew 750mg</i>	5	
RENAGEL TABS 400MG	3	
RENAGEL TABS 800MG	3	
<i>sevelamer carbonate pack 0.8gm</i>	5	
<i>sevelamer carbonate pack 2.4gm</i>	5	
<i>sevelamer carbonate tabs 800mg</i>	4	
<i>sevelamer hydrochloride tabs 400mg</i>	3	
<i>sevelamer hydrochloride tabs 800mg</i>	3	
VELPHORO CHEW 500MG	5	
Vitamins		
RAYALDEE CPR 30MCG	5	
<i>vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 2</i>		
<i>15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2.2mg; 6mg;</i>		
<i>30unit; 2500unit; 20mg</i>		
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA SOLN 1MG/5ML	4	
<i>dicyclomine hcl inj 10mg/ml</i>	4	
<i>dicyclomine hcl soln 10mg/5ml</i>	2	
<i>dicyclomine hydrochloride caps 10mg</i>	2	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	4	
<i>dicyclomine hydrochloride tabs 20mg</i>	2	
<i>glycate tabs 1.5mg</i>	4	
<i>glycopyrrolate inj 0.2mg/ml</i>	4	
<i>glycopyrrolate inj 0.2mg/ml</i>	2	
<i>glycopyrrolate inj 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 0.4mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate inj 1mg/5ml</i>	2	
<i>glycopyrrolate inj 1mg/5ml</i>	2	
<i>glycopyrrolate inj 4mg/20ml</i>	4	
<i>glycopyrrolate tabs 1.5mg</i>	4	
<i>glycopyrrolate tabs 1.5mg</i>	4	
<i>glycopyrrolate tabs 1mg</i>	2	
<i>glycopyrrolate tabs 2mg</i>	2	
<i>methscopolamine bromide tabs 2.5mg</i>	2	
<i>methscopolamine bromide tabs 5mg</i>	2	
<i>propantheline bromide tabs 15mg</i>	4	
Gastrointestinal Agents, Other		
CHENODAL TABS 250MG	5	
CHOLBAM CAPS 250MG	5	PA
CHOLBAM CAPS 50MG	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenatol tabs 0.025mg; 2.5mg</i>	4	PA
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	4	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	4	PA
GATTEX INJ 5MG	5	PA
<i>lansoprazole/amoxicillin/clarithromycin misc 500mg; 500mg; 30mg</i>	4	
<i>loperamide hcl caps 2mg</i>	2	
<i>metoclopramide hcl inj 5mg/ml</i>	2	
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt tbdp 10mg</i>	4	
<i>metoclopramide odt tbdp 5mg</i>	4	
OICALIVA TABS 10MG	5	QL (30 EA per 30 days) PA
OICALIVA TABS 5MG	5	QL (30 EA per 30 days) PA
<i>opium tincture tinc 1%</i>	4	
<i>opium tinc 1%</i>	4	
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) PA
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) PA
<i>ursodiol tabs 250mg</i>	2	
<i>ursodiol tabs 500mg</i>	2	
XERMELO TABS 250MG	5	QL (90 EA per 30 days) PA
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln 300mg/5ml</i>	2	
<i>cimetidine tabs 200mg</i>	2	
<i>cimetidine tabs 300mg</i>	2	
<i>cimetidine tabs 400mg</i>	2	
<i>cimetidine tabs 800mg</i>	2	
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	2	
<i>famotidine inj 200mg/20ml</i>	2	
<i>famotidine inj 20mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine inj 40mg/4ml</i>	2	
<i>famotidine inj 500mg/50ml</i>	2	
<i>famotidine susr 40mg/5ml</i>	2	
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	2	
<i>nizatidine caps 300mg</i>	2	
<i>nizatidine soln 15mg/ml</i>	4	
<i>ranitidine hcl inj 150mg/6ml</i>	2	
<i>ranitidine hcl inj 50mg/2ml</i>	2	
<i>ranitidine hcl syrp 75mg/5ml</i>	1	
<i>ranitidine hcl tabs 150mg</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	
<i>ranitidine hydrochloride caps 150mg</i>	2	
<i>ranitidine hydrochloride caps 300mg</i>	2	
<i>ranitidine hydrochloride inj 1000mg/40ml</i>	4	
<i>ranitidine hydrochloride inj 150mg/6ml</i>	2	
<i>ranitidine hydrochloride inj 50mg/2ml</i>	2	
Irritable Bowel Syndrome Agents		
<i>alose tron hydrochloride tabs 0.5mg</i>	5	PA
<i>alose tron hydrochloride tabs 1mg</i>	5	PA
AMITIZA CAPS 24MCG	3	QL (60 EA per 30 days)
AMITIZA CAPS 8MCG	3	QL (60 EA per 30 days)
LINZESS CAPS 145MCG	3	QL (30 EA per 30 days)
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days)
LINZESS CAPS 72MCG	3	QL (30 EA per 30 days)
Laxatives		
<i>constulose soln 10gm/15ml</i>	2	
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm</i>	2	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>generlac soln 10gm/15ml</i>	1	
KRISTALOSE PACK 10GM	4	
KRISTALOSE PACK 20GM	4	
<i>lactulose pack 10gm</i>	2	
<i>lactulose soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	2	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>peg-prep kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pegylax powd 0</i>	2	
<i>polyethylene glycol 3350 pack 0</i>	2	
<i>polyethylene glycol 3350 powd 0</i>	2	
SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
Protectants		
CARAFATE SUSP 1GM/10ML	4	
<i>misoprostol tabs 100mcg</i>	2	
<i>misoprostol tabs 200mcg</i>	2	
SUCRALFATE SUSP 1GM/10ML	4	
<i>sucralfate tabs 1gm</i>	2	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG	4	QL (30 EA per 30 days)
DEXILANT CPDR 60MG	4	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr 20mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium cpdr 40mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole sodium inj 20mg</i>	4	
<i>esomeprazole sodium inj 40mg</i>	4	
<i>lansoprazole odt tbdd 15mg</i>	4	QL (30 EA per 30 days)
<i>lansoprazole odt tbdd 30mg</i>	4	QL (30 EA per 30 days)
<i>lansoprazole cpdr 15mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole cpdr 30mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole tbdd 15mg</i>	4	QL (30 EA per 30 days)
<i>lansoprazole tbdd 30mg</i>	4	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps 20mg; 1100mg</i>	5	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate caps 40mg; 1100mg</i>	5	QL (30 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack 20mg; 1680mg</i>	5	QL (60 EA per 30 days)
<i>omeprazole/sodium bicarbonate pack 40mg; 1680mg</i>	5	QL (60 EA per 30 days)
<i>omeprazole cpdr 10mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 20mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole cpdr 40mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium inj 40mg</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole sodium tbec 40mg</i>	1	QL (30 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	QL (30 EA per 30 days)

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment

ADAGEN INJ 250UNIT/ML	5	PA
ALDURAZYME INJ 2.9MG/5ML	5	PA
CERDELGA CAPS 84MG	5	PA
CEREZYME INJ 400UNIT	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTADANE POWD 0	5	

Drug Name	Drug Tier	Requirements/Limits
CYSTAGON CAPS 150MG	4	
CYSTAGON CAPS 50MG	4	
ELAPRASE INJ 6MG/3ML	5	PA
EXONDYS 51 INJ 100MG/2ML	5	PA
EXONDYS 51 INJ 500MG/10ML	5	PA
FABRAZYME INJ 35MG	5	PA
FABRAZYME INJ 5MG	5	PA
GALAFOLD CAPS 123MG	5	PA
KANUMA INJ 20MG/10ML	5	PA
KUVAN PACK 100MG	5	PA
KUVAN PACK 500MG	5	PA
KUVAN TBSO 100MG	5	PA
LUMIZYME INJ 50MG	5	PA
MEPSEVII INJ 10MG/5ML	5	PA
<i>miglustat caps 100mg</i>	5	PA
MYOZYME INJ 50MG	5	PA
NAGLAZYME INJ 1MG/ML	5	PA
<i>nitisinone caps 10mg</i>	5	
<i>nitisinone caps 2mg</i>	5	
<i>nitisinone caps 5mg</i>	5	
NITYR TABS 10MG	5	
NITYR TABS 2MG	5	
NITYR TABS 5MG	5	
ONPATTRO INJ 10MG/5ML	5	PA
ORFADIN CAPS 10MG	5	
ORFADIN CAPS 20MG	5	
ORFADIN CAPS 2MG	5	
ORFADIN CAPS 5MG	5	
ORFADIN SUSP 4MG/ML	5	
PROCYSBI CPDR 25MG	5	PA
PROCYSBI CPDR 75MG	5	PA
RAVICTI LIQD 1.1GM/ML	5	PA
REVCOVI INJ 2.4MG/1.5ML	5	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	
<i>sodium phenylbutyrate tabs 500mg</i>	4	
STRENSIQ INJ 18MG/0.45ML	5	PA
STRENSIQ INJ 28MG/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80MG/0.8ML	5	PA
SUCRAID SOLN 8500UNIT/ML	5	
TEGSEDI INJ 284MG/1.5ML	5	PA
VIMIZIM INJ 5MG/5ML	5	PA
VPRIV INJ 400UNIT	5	PA
XIAFLEX INJ 0.9MG	5	PA
XURIDEN PACK 2GM	5	QL (120 EA per 30 days) PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide er tb24 15mg</i>	4	
<i>darifenacin hydrobromide er tb24 7.5mg</i>	4	
<i>flavoxate hcl tabs 100mg</i>	2	
GELNIQUE PUMP GEL 10%	4	
GELNIQUE GEL 10%	4	
MYRBETRIQ TB24 25MG	3	
MYRBETRIQ TB24 50MG	3	
<i>oxybutynin chloride er tb24 10mg</i>	2	
<i>oxybutynin chloride er tb24 15mg</i>	2	
<i>oxybutynin chloride er tb24 5mg</i>	2	
<i>oxybutynin chloride syr 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>solifenacin succinate tabs 10mg</i>	3	
<i>solifenacin succinate tabs 5mg</i>	3	
<i>tolterodine tartrate er cp24 2mg</i>	2	
<i>tolterodine tartrate er cp24 4mg</i>	2	
<i>tolterodine tartrate tabs 1mg</i>	2	
<i>tolterodine tartrate tabs 2mg</i>	2	
<i>trospium chloride er cp24 60mg</i>	2	
<i>trospium chloride tabs 20mg</i>	2	
VESICARE TABS 10MG	3	
VESICARE TABS 5MG	3	

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er tb24 10mg</i>	2	
CARDURA XL TB24 4MG	4	
CARDURA XL TB24 8MG	4	
<i>doxazosin mesylate tabs 1mg</i>	2	
<i>doxazosin mesylate tabs 2mg</i>	2	
<i>doxazosin mesylate tabs 4mg</i>	2	
<i>doxazosin mesylate tabs 8mg</i>	2	
<i>dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg</i>	4	
<i>dutasteride caps 0.5mg</i>	4	
<i>finasteride tabs 5mg</i>	1	
RAPAFLO CAPS 4MG	3	
RAPAFLO CAPS 8MG	3	
<i>silodosin caps 4mg</i>	3	
<i>silodosin caps 8mg</i>	3	
<i>tadalafil tabs 2.5mg</i>	2	QL (30 EA per 30 days) PA
<i>tadalafil tabs 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	2	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl caps 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25% soln 0.25%</i>	1	
<i>bethanechol chloride tabs 10mg</i>	2	
<i>bethanechol chloride tabs 25mg</i>	2	
<i>bethanechol chloride tabs 50mg</i>	2	
<i>bethanechol chloride tabs 5mg</i>	2	
ELMIRON CAPS 100MG	4	
THIOLA EC TBEC 100MG	5	
THIOLA EC TBEC 300MG	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
A-HYDROCORT INJ 100MG	4	
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
<i>alphatrex gel 0.05%</i>	2	
<i>amcinonide crea 0.1%</i>	4	
<i>amcinonide lotn 0.1%</i>	4	
<i>amcinonide oint 0.1%</i>	4	
<i>apexicon e crea 0.05%</i>	5	
ARISTOSPAN INTRA-ARTICULAR INJ 20MG/ML	4	
<i>augmented betamethasone dipropionate crea 0.05%</i>	2	
<i>augmented betamethasone dipropionate gel 0.05%</i>	2	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	2	
<i>augmented betamethasone dipropionate oint 0.05%</i>	2	
<i>baycadron elix 0.5mg/5ml</i>	2	
<i>beser lotn 0.05%</i>	2	
<i>betamethasone combo inj 3mg/ml; 3mg/ml</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	2	
<i>betamethasone dipropionate lotn 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml</i>	2	
<i>betamethasone valerate crea 0.1%</i>	2	
<i>betamethasone valerate foam 0.12%</i>	4	
<i>betamethasone valerate lotn 0.1%</i>	2	
<i>betamethasone valerate oint 0.1%</i>	2	
CAPEX SHAM 0.01%	4	
<i>clobetasol propionate e crea 0.05%</i>	4	
<i>clobetasol propionate emollient crea 0.05%</i>	4	
<i>clobetasol propionate emollient foam 0.05%</i>	4	
<i>clobetasol propionate crea 0.05%</i>	4	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel 0.05%</i>	4	
<i>clobetasol propionate liqd 0.05%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate lotn 0.05%</i>	4	
<i>clobetasol propionate oint 0.05%</i>	4	
<i>clobetasol propionate sham 0.05%</i>	4	
<i>clobetasol propionate soln 0.05%</i>	2	
<i>clocortolone pivalate pump crea 0.1%</i>	4	
<i>clocortolone pivalate crea 0.1%</i>	4	
<i>clodan sham 0.05%</i>	4	
CORDRAN TAPE TAPE 4MCG/SQCM	4	
CORDRAN CREA 0.025%	4	
CORDRAN TAPE 4MCG/SQCM	4	
<i>cormax scalp application soln 0.05%</i>	2	
CORTIFOAM FOAM 10%	4	
<i>cortisone acetate tabs 25mg</i>	2	
<i>deltasone tabs 20mg</i>	1	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE GEL 0.05%	4	
<i>desonide crea 0.05%</i>	2	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone crea 0.05%</i>	4	
<i>desoximetasone crea 0.25%</i>	4	
<i>desoximetasone gel 0.05%</i>	4	
<i>desoximetasone liqd 0.25%</i>	4	
DESOXIMETASONE OINT 0.05%	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>dexamethasone 10-day dose pack tbpk 1.5mg</i>	4	
<i>dexamethasone 13-day dose pack tbpk 1.5mg</i>	4	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	4	
<i>dexamethasone intensol conc 1mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	2	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>diflorasone diacetate crea 0.05%</i>	4	
<i>diflorasone diacetate oint 0.05%</i>	4	
EMFLAZA SUSP 22.75MG/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TABS 18MG	5	PA
EMFLAZA TABS 30MG	5	PA
EMFLAZA TABS 36MG	5	PA
EMFLAZA TABS 6MG	5	PA
<i>fludrocortisone acetate tabs 0.1mg</i>	2	
<i>fluocinolone acetonide body oil 0.01%</i>	2	
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base crea 0.05%</i>	2	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	5	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>flurandrenolide crea 0.05%</i>	4	
<i>flurandrenolide oint 0.05%</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide crea 0.1%</i>	4	
<i>halobetasol propionate crea 0.05%</i>	2	
<i>halobetasol propionate foam 0.05%</i>	5	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone butyrate (lipophilic) crea 0.1%</i>	2	
<i>hydrocortisone butyrate crea 0.1%</i>	2	
<i>hydrocortisone butyrate lotn 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone butyrate soln 0.1%</i>	2	
<i>hydrocortisone valerate crea 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone tabs 10mg</i>	2	
<i>hydrocortisone tabs 20mg</i>	2	
<i>hydrocortisone tabs 5mg</i>	2	
KENALOG-10 INJ 10MG/ML	4	
KENALOG-40 INJ 40MG/ML	4	
LEXETTE FOAM 0.05%	5	
<i>lokara lotn 0.05%</i>	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml</i>	2	
<i>methylprednisolone acetate inj 80mg/ml</i>	2	
<i>methylprednisolone acetate inj 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succinate inj 1000mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 1000mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	
<i>methylprednisolone tabs 16mg</i>	2	
<i>methylprednisolone tabs 32mg</i>	2	
<i>methylprednisolone tabs 4mg</i>	2	
<i>methylprednisolone tabs 8mg</i>	2	
MILLIPRED DP TBPK 5MG	4	
MILLIPRED TABS 5MG	4	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>nolix crea 0.05%</i>	4	
PANDEL CREA 0.1%	5	
<i>prednicarbate crea 0.1%</i>	2	
<i>prednicarbate oint 0.1%</i>	2	
<i>prednisolone sodium phosphate soln 10mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 20mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	2	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisone intensol conc 5mg/ml</i>	2	
<i>prednisone soln 5mg/5ml</i>	2	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>prednisone tbpk 10mg</i>	2	
<i>prednisone tbpk 10mg</i>	2	
<i>prednisone tbpk 5mg</i>	2	
<i>prednisone tbpk 5mg</i>	2	
RAYOS TBEC 1MG	5	
RAYOS TBEC 2MG	5	
RAYOS TBEC 5MG	5	
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-MEDROL INJ 2GM	4	
SYNALAR CREA 0.025%	4	
<i>triamcinolone acetanide crea 0.025%</i>	1	
<i>triamcinolone acetanide crea 0.1%</i>	1	
<i>triamcinolone acetanide crea 0.5%</i>	1	
<i>triamcinolone acetanide inj 40mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotn 0.025%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>triderm crea 0.5%</i>	1	
UCERIS FOAM 2MG/ACT	4	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

ACTHAR INJ 80UNIT/ML	5	PA
CHORIONIC GONADOTROPIN INJ 10000UNIT	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	4	
<i>desmopressin acetate soln 0.01%</i>	4	
<i>desmopressin acetate soln 0.01%</i>	4	
<i>desmopressin acetate soln 0.01%</i>	4	
<i>desmopressin acetate tabs 0.1mg</i>	2	
<i>desmopressin acetate tabs 0.2mg</i>	2	
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA
GENOTROPIN MINIQUICK INJ 1MG	5	PA
GENOTROPIN MINIQUICK INJ 2MG	5	PA
GENOTROPIN INJ 12MG	5	PA
GENOTROPIN INJ 5MG	5	PA
HUMATROPE COMBO PACK INJ 5MG	5	PA
HUMATROPE INJ 12MG	5	PA
HUMATROPE INJ 24MG	5	PA
HUMATROPE INJ 6MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
NORDITROPIN FLEXPOR INJ 10MG/1.5ML	5	PA
NORDITROPIN FLEXPOR INJ 15MG/1.5ML	5	PA
NORDITROPIN FLEXPOR INJ 30MG/3ML	5	PA
NORDITROPIN FLEXPOR INJ 5MG/1.5ML	5	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	5	PA
NOVAREL INJ 10000UNIT	4	PA
NOVAREL INJ 5000UNIT	4	PA
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ PEN INJ 10MG/2ML	5	PA
NUTROPIN AQ PEN INJ 20MG/2ML	5	PA
OMNITROPE INJ 10MG/1.5ML	5	PA
OMNITROPE INJ 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJ 10000UNIT	4	PA
SAIZEN CLICK.EASY INJ 8.8MG	5	PA
SAIZEN INJ 5MG	5	PA
SAIZEN INJ 8.8MG	5	PA
SAIZENPREP RECONSTITUTIONKIT INJ 8.8MG	5	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
STIMATE SOLN 1.5MG/ML	5	
ZORBTIVE INJ 8.8MG	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABS 300MG	5	QL (120 EA per 30 days) PA
<i>mifepristone tabs 200mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 TABS 50MG	5	PA
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA
<i>oxandrolone tabs 2.5mg</i>	4	QL (240 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR	3	PA
ANDRODERM PT24 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 20.25MG/1.25GM	3	PA
ANDROGEL GEL 40.5MG/2.5GM	3	PA
ANDROXY TABS 10MG	4	PA
<i>danazol caps 100mg</i>	2	
<i>danazol caps 200mg</i>	2	
<i>danazol caps 50mg</i>	2	
<i>methitest tabs 10mg</i>	4	PA
<i>methyltestosterone caps 10mg</i>	5	PA
STRIANT MISC 30MG	4	PA
<i>testosterone cypionate inj 100mg/ml</i>	2	PA
<i>testosterone cypionate inj 200mg/ml</i>	2	PA
<i>testosterone enanthate inj 200mg/ml</i>	2	PA
TESTOSTERONE PUMP GEL 1%	3	PA
<i>testosterone pump gel 1.62%</i>	3	PA
<i>testosterone topical solution soln 30mg/act</i>	4	PA
<i>testosterone gel 1.62%</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	PA

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE GEL 25MG/2.5GM	3	PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	PA
TESTOSTERONE GEL 50MG/5GM	3	PA
<i>testosterone soln 30mg/act</i>	4	PA
Estrogens		
<i>altavera tabs 30mcg; 0.15mg</i>	2	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	2	
<i>alyacen 7/7/7 tabs 0; 0</i>	2	
<i>amabelz tabs 0.5mg; 0.1mg</i>	4	
<i>amabelz tabs 1mg; 0.5mg</i>	4	
<i>amethia lo tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>amethia tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>amethyst tabs 20mcg; 90mcg</i>	2	
<i>apri tabs 0.15mg; 30mcg</i>	2	
<i>aranelle tabs 0; 0</i>	2	
<i>ashlyna tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>aubra tabs 20mcg; 0.1mg</i>	2	
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>aviane tabs 20mcg; 0.1mg</i>	2	
<i>azurette tabs 0; 0</i>	2	
<i>balziva tabs 35mcg; 0.4mg</i>	2	
<i>bekyree tabs 0; 0</i>	2	
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	
<i>briellyn tabs 35mcg; 0.4mg</i>	2	
<i>camrese lo tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>camrese tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>caziant tabs 0; 0</i>	2	
<i>chateal tabs 0.03mg; 0.15mg</i>	2	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	4	
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	4	
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	2	
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	2	
<i>cyclafem 7/7/7 tabs 0; 0</i>	2	
<i>cyred eq tabs 0.15mg; 30mcg</i>	2	
<i>cyred tabs 0.15mg; 30mcg</i>	2	
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	2	
<i>dasetta 7/7/7 tabs 0; 0</i>	2	
<i>daysee tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>delyla tabs 20mcg; 0.1mg</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	2	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	
DIVIGEL GEL 0.5MG/0.5GM	4	
DIVIGEL GEL 0.75MG/0.75GM	4	
DIVIGEL GEL 1MG/GM	4	

Drug Name	Drug Tier	Requirements/Limits
DOTTI PTTW 0.025MG/24HR	4	
DOTTI PTTW 0.0375MG/24HR	4	
DOTTI PTTW 0.05MG/24HR	4	
DOTTI PTTW 0.075MG/24HR	4	
DOTTI PTTW 0.1MG/24HR	4	
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 2 0.02mg; 0.451mg</i>		
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 2 0.03mg; 0.451mg</i>		
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	2	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	
ELESTRIN GEL 0.06%	4	
<i>elonest tabs 30mcg; 0.3mg</i>	2	
<i>emoquette tabs 0.15mg; 30mcg</i>	2	
<i>enpresse-28 tabs 0; 0</i>	2	
<i>enskyce tabs 0.15mg; 0.03mg</i>	2	
<i>estarylla tabs 35mcg; 0.25mg</i>	2	
<i>estradiol valerate inj 10mg/ml</i>	2	
<i>estradiol valerate inj 20mg/ml</i>	2	
<i>estradiol valerate inj 40mg/ml</i>	2	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	4	
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	4	
<i>estradiol crea 0.1mg/gm</i>	2	
<i>estradiol pttw 0.025mg/24hr</i>	4	
<i>estradiol pttw 0.0375mg/24hr</i>	4	
<i>estradiol pttw 0.05mg/24hr</i>	4	
<i>estradiol pttw 0.075mg/24hr</i>	4	
<i>estradiol pttw 0.1mg/24hr</i>	4	
<i>estradiol ptwk 0.025mg/24hr</i>	4	
<i>estradiol ptwk 0.05mg/24hr</i>	4	
<i>estradiol ptwk 0.06mg/24hr</i>	4	
<i>estradiol ptwk 0.075mg/24hr</i>	4	
<i>estradiol ptwk 0.1mg/24hr</i>	4	
<i>estradiol ptwk 37.5mcg/24hr</i>	4	
<i>estradiol tabs 0.5mg</i>	2	
<i>estradiol tabs 1mg</i>	4	
<i>estradiol tabs 2mg</i>	4	
<i>estradiol tabs 10mcg</i>	4	
ESTRING RING 2MG	4	QL (1 EA per 90 days)
<i>estropipate tabs 0.75mg</i>	4	
<i>estropipate tabs 1.5mg</i>	4	
<i>estropipate tabs 3mg</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	2	
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	2	
<i>falmina tabs 20mcg; 0.1mg</i>	2	
<i>fayosim tabs 0; 0</i>	2	QL (91 EA per 91 days)
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days)
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days)

Drug Name	Drug Tier	Requirements/Limits
<i>femynor tabs 35mcg; 0.25mg</i>	2	
FYAVOLV TABS 2.5MCG; 0.5MG	4	
FYAVOLV TABS 5MCG; 1MG	4	
<i>gianvi tabs 3mg; 0.02mg</i>	2	
<i>gildagia tabs 35mcg; 0.4mg</i>	2	
<i>gildess 1.5/30 tabs 30mcg; 1.5mg</i>	2	
<i>gildess 1/20 tabs 20mcg; 1mg</i>	2	
<i>gildess 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>gildess fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	
<i>gildess fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	2	
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
IMVEXXY MAINTENANCE PACK INST 10MCG	3	PA
IMVEXXY MAINTENANCE PACK INST 4MCG	3	PA
IMVEXXY STARTER PACK INST 10MCG	3	PA
IMVEXXY STARTER PACK INST 4MCG	3	PA
<i>introvale tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>isibloom tabs 0.15mg; 30mcg</i>	2	
<i>jasmiel tabs 3mg; 0.02mg</i>	2	
JEVANTIQUE LO TABS 2.5MCG; 0.5MG	4	
<i>jinteli tabs 5mcg; 1mg</i>	4	
<i>jolessa tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>juleber tabs 0.15mg; 30mcg</i>	2	
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	2	
<i>junel 1/20 tabs 20mcg; 1mg</i>	2	
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	2	
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	2	
<i>kariva tabs 0; 0</i>	2	
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	2	
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	2	
<i>kimidess tabs 0; 0</i>	2	
<i>kurvelo tabs 0.03mg; 0.15mg</i>	2	
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	2	
<i>larin 1/20 tabs 20mcg; 1mg</i>	2	
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	
<i>larissia tabs 20mcg; 0.1mg</i>	2	
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	2	
<i>leena tabs 0; 0</i>	2	
<i>lessina tabs 20mcg; 0.1mg</i>	2	
<i>levonest tabs 0; 0</i>	2	
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	2	
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	2	
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	2	
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	
<i>lomedica 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>lopreeza tabs 0.5mg; 0.1mg</i>	4	
<i>lopreeza tabs 1mg; 0.5mg</i>	4	
<i>loryna tabs 3mg; 0.02mg</i>	2	
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	2	
<i>lutura tabs 20mcg; 0.1mg</i>	2	
<i>marlissa tabs 0.03mg; 0.15mg</i>	2	
<i>melodetta 24 fe chew 20mcg; 75mg; 1mg</i>	2	
MENEST TABS 0.3MG	4	
MENEST TABS 0.625MG	4	
MENEST TABS 1.25MG	4	
MENEST TABS 2.5MG	4	
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	2	
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	2	
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	2	
<i>microgestin 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	
<i>microgestin fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>mili tabs 35mcg; 0.25mg</i>	2	
<i>mimvey lo tabs 0.5mg; 0.1mg</i>	4	
<i>mimvey tabs 1mg; 0.5mg</i>	4	
<i>mono-lynyah tabs 35mcg; 0.25mg</i>	2	
<i>mononessa tabs 35mcg; 0.25mg</i>	2	
<i>myzilra tabs 0; 0</i>	2	
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	2	
<i>necon 1/35 tabs 35mcg; 1mg</i>	2	
<i>necon 1/50-28 tabs 50mcg; 1mg</i>	2	
<i>necon 10/11-28 tabs 35mcg; 0</i>	2	
<i>necon 7/7/7 tabs 0; 0</i>	2	
<i>nikki tabs 3mg; 0.02mg</i>	2	
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol chew 20mcg; 75mg; 1mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	4	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	4	
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 20; 0.4mg</i>	2	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	2	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	2	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	2	
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	2	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	2	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	2	
<i>nortrel 7/7/7 tabs 0; 0</i>	2	
<i>ocella tabs 3mg; 0.03mg</i>	2	
<i>ogestrel tabs 50mcg; 0.5mg</i>	2	
<i>orsythia tabs 20mcg; 0.1mg</i>	2	
<i>philith tabs 35mcg; 0.4mg</i>	2	
<i>pimtrea tabs 0; 0</i>	2	
<i>pirmella 1/35 tabs 35mcg; 1mg</i>	2	
<i>pirmella 7/7/7 tabs 0; 0</i>	2	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	2	
PREMARIN CREA 0.625MG/GM	4	
PREMARIN TABS 0.3MG	3	
PREMARIN TABS 0.45MG	4	
PREMARIN TABS 0.625MG	4	
PREMARIN TABS 0.9MG	4	
PREMARIN TABS 1.25MG	4	
PREMPHASE TABS 0.625MG; 5MG	4	
PREMPRO TABS 0.3MG; 1.5MG	4	
PREMPRO TABS 0.45MG; 1.5MG	4	
PREMPRO TABS 0.625MG; 2.5MG	4	
PREMPRO TABS 0.625MG; 5MG	4	
<i>previfem tabs 35mcg; 0.25mg</i>	2	
<i>quasense tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>rajani tabs 3mg; 0.02mg; 0.451mg</i>	2	
<i>reclipsen tabs 0.15mg; 0.03mg</i>	2	
<i>rivelsa tabs 0; 0</i>	2	QL (91 EA per 91 days)
<i>setlakin tabs 0.03mg; 0.15mg</i>	2	QL (91 EA per 91 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	2	
<i>sronyx tabs 20mcg; 0.1mg</i>	2	
<i>syeda tabs 3mg; 0.03mg</i>	2	
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>tarina fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	
<i>tilia fe tabs 0; 75mg; 1mg</i>	2	
<i>tri-estarylla tabs 0; 0</i>	2	
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	2	
<i>tri-linyah tabs 0; 0</i>	2	
<i>tri-lo-estarylla tabs 0; 0</i>	2	
<i>tri-lo-marzia tabs 0; 0</i>	2	
<i>tri-lo-sprintec tabs 0; 0</i>	2	
<i>tri-mili tabs 0; 0</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tri-previfem tabs 0; 0</i>	2	
<i>tri-sprintec tabs 0; 0</i>	2	
<i>tri-vylibra lo tabs 0; 0</i>	2	
<i>tri-vylibra tabs 0; 0</i>	2	
<i>trinessa lo tabs 0; 0</i>	2	
<i>trinessa tabs 0; 0</i>	2	
<i>trivora-28 tabs 0; 0</i>	2	
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	2	
<i>velivet tabs 0; 0</i>	2	
<i>vestura tabs 3mg; 0.02mg</i>	2	
<i>vienva tabs 20mcg; 0.1mg</i>	2	
<i>viorele tabs 0; 0</i>	2	
<i>vyfemla tabs 35mcg; 0.4mg</i>	2	
<i>vylibra tabs 35mcg; 0.25mg</i>	2	
<i>wera tabs 35mcg; 0.5mg</i>	2	
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	2	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	4	
<i>yuvafem tabs 10mcg</i>	4	
<i>zarah tabs 3mg; 0.03mg</i>	2	
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	2	
<i>zenchent tabs 35mcg; 0.4mg</i>	2	
<i>zovia 1/35e tabs 35mcg; 1mg</i>	2	
<i>zovia 1/50e tabs 50mcg; 1mg</i>	2	
<i>zumandimine tabs 3mg; 0.03mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>XYOSTED INJ 100MG/0.5ML</i>	4	PA
<i>XYOSTED INJ 50MG/0.5ML</i>	4	PA
<i>XYOSTED INJ 75MG/0.5ML</i>	4	PA
Progesterone Agonists/Antagonists		
<i>ELLA TABS 30MG</i>	3	
<i>MAKENA INJ 275MG/1.1ML</i>	5	PA
Progestins		
<i>camila tabs 0.35mg</i>	2	
<i>CRINONE GEL 4%</i>	4	PA
<i>CRINONE GEL 8%</i>	4	PA
<i>deblitane tabs 0.35mg</i>	2	
<i>DEPO-PROVERA INJ 400MG/ML</i>	4	QL (10 ML per 28 days)
<i>DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML</i>	4	QL (0.65 ML per 90 days)
<i>errin tabs 0.35mg</i>	2	
<i>heather tabs 0.35mg</i>	2	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
<i>HYDROXYPROGESTERONE CAPROATE INJ 250MG/ML</i>	5	PA
<i>incassia tabs 0.35mg</i>	2	
<i>jencycla tabs 0.35mg</i>	2	
<i>jolivette tabs 0.35mg</i>	2	
<i>levonorgestrel tabs 0.75mg</i>	2	
<i>levonorgestrel tabs 1.5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>lyza tabs 0.35mg</i>	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate susp 625mg/5ml</i>	5	
<i>megestrol acetate tabs 20mg</i>	4	PA
<i>megestrol acetate tabs 40mg</i>	4	PA
<i>my way tabs 1.5mg</i>	2	
<i>nora-be tabs 0.35mg</i>	2	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	2	
<i>norlyroc tabs 0.35mg</i>	2	
<i>progesterone caps 100mg</i>	2	
<i>progesterone caps 200mg</i>	2	
<i>progesterone inj 50mg/ml</i>	2	
<i>sharobel tabs 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	3	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tabs 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
<i>levo-t tabs 100mcg</i>	2	
<i>levo-t tabs 112mcg</i>	2	
<i>levo-t tabs 125mcg</i>	2	
<i>levo-t tabs 137mcg</i>	2	
<i>levo-t tabs 150mcg</i>	2	
<i>levo-t tabs 175mcg</i>	2	
<i>levo-t tabs 200mcg</i>	2	
<i>levo-t tabs 25mcg</i>	2	
<i>levo-t tabs 300mcg</i>	2	
<i>levo-t tabs 50mcg</i>	2	
<i>levo-t tabs 75mcg</i>	2	
<i>levo-t tabs 88mcg</i>	2	
<i>levothyroxine sodium inj 100mcg/5ml</i>	5	
<i>levothyroxine sodium inj 100mcg</i>	5	
<i>levothyroxine sodium inj 200mcg/5ml</i>	5	
<i>levothyroxine sodium inj 200mcg</i>	5	
<i>levothyroxine sodium inj 500mcg/5ml</i>	5	
<i>levothyroxine sodium inj 500mcg</i>	5	
<i>levothyroxine sodium tabs 100mcg</i>	2	
<i>levothyroxine sodium tabs 112mcg</i>	2	
<i>levothyroxine sodium tabs 125mcg</i>	2	
<i>levothyroxine sodium tabs 137mcg</i>	2	
<i>levothyroxine sodium tabs 150mcg</i>	2	
<i>levothyroxine sodium tabs 175mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs 200mcg</i>	2	
<i>levothyroxine sodium tabs 25mcg</i>	2	
<i>levothyroxine sodium tabs 300mcg</i>	2	
<i>levothyroxine sodium tabs 50mcg</i>	2	
<i>levothyroxine sodium tabs 75mcg</i>	2	
<i>levothyroxine sodium tabs 88mcg</i>	2	
<i>levoxyl tabs 100mcg</i>	2	
<i>levoxyl tabs 112mcg</i>	2	
<i>levoxyl tabs 125mcg</i>	2	
<i>levoxyl tabs 137mcg</i>	2	
<i>levoxyl tabs 150mcg</i>	2	
<i>levoxyl tabs 175mcg</i>	2	
<i>levoxyl tabs 200mcg</i>	2	
<i>levoxyl tabs 25mcg</i>	2	
<i>levoxyl tabs 50mcg</i>	2	
<i>levoxyl tabs 75mcg</i>	2	
<i>levoxyl tabs 88mcg</i>	2	
<i>liothyronine sodium inj 10mcg/ml</i>	4	
<i>liothyronine sodium tabs 25mcg</i>	2	
<i>liothyronine sodium tabs 50mcg</i>	2	
<i>liothyronine sodium tabs 5mcg</i>	2	
SYNTHROID TABS 100MCG	4	
SYNTHROID TABS 112MCG	4	
SYNTHROID TABS 125MCG	4	
SYNTHROID TABS 137MCG	4	
SYNTHROID TABS 150MCG	4	
SYNTHROID TABS 175MCG	4	
SYNTHROID TABS 200MCG	4	
SYNTHROID TABS 25MCG	4	
SYNTHROID TABS 300MCG	4	
SYNTHROID TABS 50MCG	4	
SYNTHROID TABS 75MCG	4	
SYNTHROID TABS 88MCG	4	
THYROLAR-1/2 TABS 30MG	4	
THYROLAR-1/4 TABS 15MG	4	
THYROLAR-1 TABS 60MG	4	
THYROLAR-2 TABS 120MG	4	
THYROLAR-3 TABS 0; 180MG	4	
TIROSINT CAPS 100MCG	4	
TIROSINT CAPS 112MCG	4	
TIROSINT CAPS 125MCG	4	
TIROSINT CAPS 137MCG	4	
TIROSINT CAPS 13MCG	4	
TIROSINT CAPS 150MCG	4	
TIROSINT CAPS 175MCG	4	
TIROSINT CAPS 200MCG	4	
TIROSINT CAPS 25MCG	4	
TIROSINT CAPS 50MCG	4	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAPS 75MCG	4	
TIROSINT CAPS 88MCG	4	
<i>unithroid tabs 100mcg</i>	2	
<i>unithroid tabs 112mcg</i>	2	
<i>unithroid tabs 125mcg</i>	2	
<i>unithroid tabs 137mcg</i>	2	
<i>unithroid tabs 150mcg</i>	2	
<i>unithroid tabs 175mcg</i>	2	
<i>unithroid tabs 200mcg</i>	2	
<i>unithroid tabs 25mcg</i>	2	
<i>unithroid tabs 300mcg</i>	2	
<i>unithroid tabs 50mcg</i>	2	
<i>unithroid tabs 75mcg</i>	2	
<i>unithroid tabs 88mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABS 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	2	
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	4	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	5	QL (4 EA per 365 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA
LUPANETA PACK KIT 11.25MG; 5MG	5	QL (1 EA per 84 days) PA
LUPANETA PACK KIT 3.75MG; 5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	QL (1 EA per 84 days) PA
<i>octreotide acetate inj 1000mcg/ml</i>	5	PA
<i>octreotide acetate inj 100mcg/ml</i>	4	PA
<i>octreotide acetate inj 200mcg/ml</i>	4	PA
<i>octreotide acetate inj 500mcg/ml</i>	5	PA
<i>octreotide acetate inj 50mcg/ml</i>	4	PA
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA
SANDOSTATIN LAR DEPOT INJ 10MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INJ 20MG	5	PA
SANDOSTATIN LAR DEPOT INJ 30MG	5	PA
SIGNIFOR LAR INJ 10MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 20MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 30MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 40MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 60MG	5	QL (1 EA per 28 days) PA
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA
SOMAVERT INJ 10MG	5	PA
SOMAVERT INJ 15MG	5	PA
SOMAVERT INJ 20MG	5	PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
SUPPRELIN LA INJ 50MG	5	QL (1 EA per 365 days) PA
SYNAREL SOLN 2MG/ML	5	
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRIPTODUR INJ 22.5MG	5	QL (1 EA per 168 days) PA
ZOLADEX INJ 10.8MG	4	QL (1 EA per 84 days)
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	1	
<i>methimazole tabs 5mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INJ 500UNIT	5	PA
FIRAZYR INJ 30MG/3ML	5	PA
<i>icatibant acetate inj 30mg/3ml</i>	5	PA
RUCONEST INJ 2100UNIT	5	PA
<i>Immune Suppressants</i>		
ASTAGRAF XL CP24 0.5MG	4	B/D
ASTAGRAF XL CP24 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN TABS 100MG	4	B/D
AZASAN TABS 75MG	4	B/D
<i>azathioprine inj 100mg</i>	2	B/D
<i>azathioprine tabs 50mg</i>	2	B/D
BENLYSTA INJ 120MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INJ 200MG/ML	5	PA
BENLYSTA INJ 200MG/ML	5	PA
BENLYSTA INJ 400MG	5	PA
CIMZIA STARTER KIT INJ 200MG/ML	5	PA
CIMZIA INJ 200MG/ML	5	PA
CIMZIA INJ 200MG	5	PA
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 50mg</i>	2	B/D
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D
<i>cyclosporine caps 100mg</i>	2	B/D
<i>cyclosporine caps 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL MINI INJ 50MG/ML	5	PA
ENBREL SURECLICK INJ 50MG/ML	5	PA
ENBREL INJ 25MG/0.5ML	5	PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 50MG/ML	5	PA
ENVARUSUS XR TB24 0.75MG	4	B/D
ENVARUSUS XR TB24 1MG	4	B/D
ENVARUSUS XR TB24 4MG	5	B/D
<i>gengraf caps 100mg</i>	2	B/D
<i>gengraf caps 25mg</i>	2	B/D
<i>gengraf caps 50mg</i>	2	B/D
<i>gengraf soln 100mg/ml</i>	2	B/D
<i>hecoria caps 0.5mg</i>	2	B/D
<i>hecoria caps 1mg</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML	5	PA
HUMIRA PEN INJ 40MG/0.8ML	5	PA
HUMIRA INJ 10MG/0.1ML	5	PA
HUMIRA INJ 10MG/0.2ML	5	PA
HUMIRA INJ 20MG/0.2ML	5	PA
HUMIRA INJ 20MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.8ML	5	PA
INFLECTRA INJ 100MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
KINERET INJ 100MG/0.67ML	5	PA
<i>methotrexate sodium inj 100mg/4ml</i>	1	
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 200mg/8ml</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	2	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate tabs 2.5mg</i>	2	
<i>methotrexate tabs 2.5mg</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	2	B/D
<i>mycophenolate mofetil inj 500mg</i>	2	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D
<i>mycophenolic acid dr tbec 180mg</i>	4	B/D
<i>mycophenolic acid dr tbec 360mg</i>	4	B/D
NULOJIX INJ 250MG	5	PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL (4 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	PA
ORENCIA INJ 250MG	5	PA
ORENCIA INJ 50MG/0.4ML	5	PA
ORENCIA INJ 87.5MG/0.7ML	5	PA
PROGRAF INJ 5MG/ML	4	
PROGRAF PACK 0.2MG	5	B/D
PROGRAF PACK 1MG	5	B/D
RAPAMUNE SOLN 1MG/ML	5	B/D
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA
RASUVO INJ 27.5MG/0.55ML	4	QL (2.2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA
REMICADE INJ 100MG	5	PA
RENFLEXIS INJ 100MG	5	PA
SANDIMMUNE SOLN 100MG/ML	4	B/D
SIMPONI INJ 100MG/ML	5	PA
SIMPONI INJ 100MG/ML	5	PA
SIMPONI INJ 50MG/0.5ML	5	PA
SIMPONI INJ 50MG/0.5ML	5	PA
<i>sirolimus soln 1mg/ml</i>	5	B/D
<i>sirolimus tabs 0.5mg</i>	4	B/D
<i>sirolimus tabs 1mg</i>	4	B/D
<i>sirolimus tabs 2mg</i>	5	B/D

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 75MG/0.83ML	5	PA
<i>tacrolimus caps 0.5mg</i>	2	B/D
<i>tacrolimus caps 1mg</i>	2	B/D
<i>tacrolimus caps 5mg</i>	4	B/D
TREXALL TABS 10MG	4	
TREXALL TABS 15MG	4	
TREXALL TABS 5MG	4	
TREXALL TABS 7.5MG	4	
XATMEP SOLN 2.5MG/ML	5	
ZORTRESS TABS 0.25MG	5	PA
ZORTRESS TABS 0.5MG	5	PA
ZORTRESS TABS 0.75MG	5	PA
ZORTRESS TABS 1MG	5	PA
Immunizing Agents, Passive		
ATGAM INJ 50MG/ML	5	
BIVIGAM INJ 10GM/100ML	5	PA
BIVIGAM INJ 5GM/50ML	5	PA
<i>carimune nanofiltered inj 12gm</i>	5	PA
<i>carimune nanofiltered inj 6gm</i>	5	PA
CUTAQUIG INJ 1.65GM/10ML	5	PA
CUTAQUIG INJ 1GM/6ML	5	PA
CUTAQUIG INJ 2GM/12ML	5	PA
CUTAQUIG INJ 3.3GM/20ML	5	PA
CUTAQUIG INJ 4GM/24ML	5	PA
CUTAQUIG INJ 8GM/48ML	5	PA
CUVITRU INJ 1GM/5ML	5	PA
CUVITRU INJ 2GM/10ML	5	PA
CUVITRU INJ 4GM/20ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	PA
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA
GAMASTAN S/D INJ 0	3	PA
GAMASTAN S/D INJ 0	3	PA
GAMASTAN INJ 0	3	PA
<i>gammagard liquid inj 10gm/100ml</i>	5	PA
<i>gammagard liquid inj 1gm/10ml</i>	5	PA
<i>gammagard liquid inj 2.5gm/25ml</i>	5	PA
<i>gammagard liquid inj 20gm/200ml</i>	5	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA
<i>gammagard liquid inj 5gm/50ml</i>	5	PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA
GAMMAKED INJ 10GM/100ML	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAKED INJ 2.5GM/25ML	5	PA
GAMMAKED INJ 20GM/200ML	5	PA
GAMMAKED INJ 5GM/50ML	5	PA
GAMMAPLEX INJ 10GM/100ML	5	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 2.5GM/50ML	5	PA
GAMMAPLEX INJ 20GM/200ML	5	PA
GAMMAPLEX INJ 20GM/400ML	5	PA
GAMMAPLEX INJ 5GM/100ML	5	PA
GAMMAPLEX INJ 5GM/50ML	5	PA
GAMUNEX-C INJ 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 2.5GM/25ML	5	PA
GAMUNEX-C INJ 20GM/200ML	5	PA
GAMUNEX-C INJ 40GM/400ML	5	PA
GAMUNEX-C INJ 5GM/50ML	5	PA
HEPAGAM B INJ 0	5	B/D
HIZENTRA INJ 10GM/50ML	5	PA
HIZENTRA INJ 1GM/5ML	5	PA
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HYPERHEP B S/D INJ 0	5	B/D
HYPERRAB S/D INJ 1500UNIT/10ML	3	B/D
HYPERRAB S/D INJ 300UNIT/2ML	3	B/D
HYPERRAB INJ 1500UNIT/5ML	3	B/D
HYPERRAB INJ 300UNIT/ML	3	B/D
HYPERRHO S/D MINI-DOSE INJ 250UNIT	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	5	PA
HYQVIA INJ 2.5GM/25ML; 200UNT/1.25ML	5	PA
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	5	PA
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	5	PA
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGAM RABIES-HT INJ 1500UNIT/10ML	4	B/D
IMOGAM RABIES-HT INJ 300UNIT/2ML	4	B/D
KEDRAB INJ 1500UNIT/10ML	4	B/D
KEDRAB INJ 300UNIT/2ML	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	4	
<i>nabi-hb inj 0</i>	5	B/D
OCTAGAM INJ 10GM/100ML	5	PA
OCTAGAM INJ 10GM/200ML	5	PA
OCTAGAM INJ 1GM/20ML	5	PA
OCTAGAM INJ 2.5GM/50ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM INJ 20GM/200ML	5	PA
OCTAGAM INJ 25GM/500ML	5	PA
OCTAGAM INJ 2GM/20ML	5	PA
OCTAGAM INJ 30GM/300ML	5	PA
OCTAGAM INJ 5GM/100ML	5	PA
OCTAGAM INJ 5GM/50ML	5	PA
PANZYGA INJ 10GM/100ML	5	PA
PANZYGA INJ 1GM/10ML	5	PA
PANZYGA INJ 2.5GM/25ML	5	PA
PANZYGA INJ 20GM/200ML	5	PA
PANZYGA INJ 30GM/300ML	5	PA
PANZYGA INJ 5GM/50ML	5	PA
PRIVIGEN INJ 10GM/100ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
PRIVIGEN INJ 40GM/400ML	5	PA
PRIVIGEN INJ 5GM/50ML	5	PA
RHOGAM ULTRA-FILTERED PLUS INJ 1500UNIT	4	
RHOPHYLAC INJ 1500UNIT/2ML	4	
SYNAGIS INJ 100MG/ML	5	PA
SYNAGIS INJ 50MG/0.5ML	5	PA
THYMOGLOBULIN INJ 25MG	5	
XEMBIFY INJ 10GM/50ML	5	PA
XEMBIFY INJ 1GM/5ML	5	PA
XEMBIFY INJ 2GM/10ML	5	PA
XEMBIFY INJ 4GM/20ML	5	PA
Immunomodulators		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 200MG/10ML	5	PA
ACTEMRA INJ 400MG/20ML	5	PA
ACTEMRA INJ 80MG/4ML	5	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	5	PA
ARCALYST INJ 220MG	5	PA
ENTYVIO INJ 300MG	5	PA
GAMIFANT INJ 10MG/2ML	5	PA
GAMIFANT INJ 50MG/10ML	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
ILARIS INJ 150MG	5	QL (2 EA per 28 days) PA
KEVZARA INJ 150MG/1.14ML	5	PA
KEVZARA INJ 150MG/1.14ML	5	PA
KEVZARA INJ 200MG/1.14ML	5	PA
KEVZARA INJ 200MG/1.14ML	5	PA
<i>leflunomide tabs 10mg</i>	4	
<i>leflunomide tabs 20mg</i>	4	
LEMTRADA INJ 12MG/1.2ML	5	PA
OLUMIANT TABS 2MG	5	PA
OTEZLA TABS 30MG	5	PA
OTEZLA TBPK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
RHEUMATREX TABS 2.5MG	4	
RHEUMATREX TABS 2.5MG	4	
RHEUMATREX TABS 2.5MG	4	
RHEUMATREX TABS 2.5MG	4	
RHEUMATREX TABS 2.5MG	4	
RIDAURA CAPS 3MG	5	
RINVOQ TB24 15MG	5	PA
SIMPONI ARIA INJ 50MG/4ML	5	PA
SIMULECT INJ 10MG	5	
SIMULECT INJ 20MG	5	
SYLVANT INJ 100MG	5	PA
SYLVANT INJ 400MG	5	PA
XELJANZ XR TB24 11MG	5	PA
XELJANZ TABS 10MG	5	PA
XELJANZ TABS 5MG	5	PA
Vaccines		
ACTHIB INJ 0	3	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	3	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	3	
BCG VACCINE INJ 0	3	
BEXSERO INJ 0	3	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	
CERVARIX INJ 0	3	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	3	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML <i>diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 2 5lfu/0.5ml</i>	3	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0	3	
GARDASIL 9 INJ 0	3	
GARDASIL INJ 0	3	
GARDASIL INJ 0	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
MENHIBRIX INJ 2.5MCG; 5MCG; 5MCG	3	
MENOMUNE-A/C/Y/W-135 INJ 0	3	
MENVEO INJ 0	3	
PEDIARIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 0; 5LFU/0.5ML	3	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSR 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
STAMARIL INJ 0	3	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TRUMENBA INJ 0	3	
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
VARIZIG INJ 125UNIT/1.2ML	3	PA
YF-VAX INJ 0	3	
ZOSTAVAX INJ 19400UNT/0.65ML	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO CP24 0.375GM	3	
<i>balsalazide disodium caps 750mg</i>	4	
CANASA SUPP 1000MG	5	
DIPENTUM CAPS 250MG	5	
<i>mesalamine dr tbec 1.2gm</i>	3	
MESALAMINE DR TBEC 800MG	3	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine supp 1000mg</i>	5	
Glucocorticoids		
<i>budesonide er tb24 9mg</i>	5	
<i>budesonide cpep 3mg</i>	5	
<i>colocort enem 100mg/60ml</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
Sulfonamides		
<i>sulfasalazine tabs 500mg</i>	2	
<i>sulfasalazine tbec 500mg</i>	2	
<i>sulfazine tabs 500mg</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln 70mg/75ml</i>	2	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 40mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days)
BINOSTO TBEF 70MG	4	QL (4 EA per 28 days)
<i>calcitonin-salmon soln 200unit/act</i>	2	QL (3.7 ML per 30 days)
<i>calcitriol caps 0.25mcg</i>	2	
<i>calcitriol caps 0.5mcg</i>	2	
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tabs 30mg</i>	2	
<i>cinacalcet hydrochloride tabs 60mg</i>	5	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	
<i>doxercalciferol caps 0.5mcg</i>	4	
<i>doxercalciferol caps 1mcg</i>	5	
<i>doxercalciferol caps 2.5mcg</i>	5	
<i>doxercalciferol inj 4mcg/2ml</i>	2	
<i>etidronate disodium tabs 200mg</i>	2	
<i>etidronate disodium tabs 400mg</i>	2	
EVENITY INJ 105MG/1.17ML	5	QL (2.34 ML per 28 days) PA
FORTEO INJ 600MCG/2.4ML	5	PA
FORTICAL SOLN 200UNIT/ACT	4	QL (3.7 ML per 30 days)
FOSAMAX PLUS D TABS 70MG; 2800UNIT	4	QL (4 EA per 28 days) ST
FOSAMAX PLUS D TABS 70MG; 5600UNIT	4	QL (4 EA per 28 days) ST
<i>ibandronate sodium inj 3mg/3ml</i>	2	
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
MIACALCIN INJ 200UNIT/ML	5	
NATPARA INJ 100MCG	5	QL (2 EA per 28 days) PA
NATPARA INJ 25MCG	5	QL (2 EA per 28 days) PA
NATPARA INJ 50MCG	5	QL (2 EA per 28 days) PA
NATPARA INJ 75MCG	5	QL (2 EA per 28 days) PA
<i>pamidronate disodium inj 30mg/10ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium inj 30mg</i>	2	
<i>pamidronate disodium inj 6mg/ml</i>	2	
<i>pamidronate disodium inj 90mg/10ml</i>	2	
<i>pamidronate disodium inj 90mg</i>	2	
<i>paricalcitol caps 1mcg</i>	2	
<i>paricalcitol caps 2mcg</i>	2	
<i>paricalcitol caps 4mcg</i>	2	
PARICALCITOL INJ 2MCG/ML	4	
PARICALCITOL INJ 5MCG/ML	4	
PROLIA INJ 60MG/ML	4	QL (2 ML per 365 days)
<i>risedronate sodium dr tbec 35mg</i>	2	QL (4 EA per 28 days)
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days)
<i>risedronate sodium tabs 30mg</i>	4	
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tabs 35mg</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium tabs 5mg</i>	4	
SENSIPAR TABS 30MG	4	
SENSIPAR TABS 60MG	5	
SENSIPAR TABS 90MG	5	
TYMLOS INJ 3120MCG/1.56ML	5	PA
XGEVA INJ 120MG/1.7ML	5	PA
<i>zoledronic acid inj 4mg/100ml</i>	2	
<i>zoledronic acid inj 4mg/5ml</i>	2	
<i>zoledronic acid inj 4mg</i>	5	
<i>zoledronic acid inj 5mg/100ml</i>	2	

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

ALCOHOL PREP PADS PADS 70%	3	
AMINO ACID INJ 50MG/ML; 50MG/ML	4	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	4	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	4	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
AMINOSYN-RF INJ 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	4	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D
<i>argyle sterile saline 100ml soln 0.9%</i>	1	
<i>argyle sterile water 100ml soln 0</i>	1	
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC	3	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	3	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM MISC	3	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
CINRYZE INJ 500UNIT	5	PA
<i>clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
CLINOLIPID INJ 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	5	B/D
CURITY GAUZE PADS 2"X2" PADS	3	
<i>curity sterile saline soln 0.9%</i>	1	
<i>deferoxamine mesylate inj 2gm</i>	4	B/D
<i>deferoxamine mesylate inj 500mg</i>	4	B/D
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	3	QL (200 EA per 30 days)
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	3	QL (200 EA per 30 days)
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16" MISC	3	QL (200 EA per 30 days)
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" MISC	3	QL (200 EA per 30 days)
ENDARI PACK 5GM	5	PA
FIRDAPSE TABS 10MG	5	QL (240 EA per 30 days) PA
FREAMINE HBC 6.9% INJ 57MEQ/L; 40MG/100ML; 58MG/100ML; 3MEQ/L; 20MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 80MG/100ML	4	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA

Drug Name	Drug Tier	Requirements/Limits
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D
<i>intralipid inj 20gm/100ml</i>	2	B/D
KALBITOR INJ 10MG/ML	5	PA
KEVEYIS TABS 50MG	5	QL (120 EA per 30 days) PA
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>levocarnitine inj 200mg/ml</i>	2	
<i>levocarnitine soln 1gm/10ml</i>	2	
<i>levocarnitine tabs 330mg</i>	2	
<i>methergine tabs 0.2mg</i>	2	
<i>methylegonovine maleate tabs 0.2mg</i>	2	
MYALEPT INJ 11.3MG	5	PA
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	4	B/D
<i>nutrilipid inj 20gm/100ml</i>	2	B/D
OMNIPOD 10 PACK MISC	3	QL (30 EA per 30 days)
OMNIPOD 5 PACK MISC	3	QL (30 EA per 30 days)
OMNIPOD DASH 5 PACK MISC	3	QL (30 EA per 30 days)
OMNIPOD DASH SYSTEM KIT	3	QL (1 EA per 365 days)
OMNIPOD STARTER KIT KIT	3	QL (1 EA per 365 days)
PHARMACIST CHOICE ALCOHOL PRED PADS PADS 70%	3	
PHYSIOLYTE SOLN 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	4	
PHYSIOSOL IRRIGATION SOLN 30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	4	
<i>plenamine inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	4	B/D
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	4	B/D
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
RUZURGI TABS 10MG	5	QL (300 EA per 30 days) PA
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sodium chloride 0.9% soln 0.9%</i>	1	
<i>sodium phenylacetate/sodium benzoate inj 10%; 10%</i>	5	
SPINRAZA INJ 12MG/5ML	5	PA
<i>sterile water for irrigation soln 0</i>	1	
<i>sterile water irrigation plastic bottle soln 0</i>	1	
<i>sterile water irrigation w/hanger soln 0</i>	1	
<i>sterile water irrigation soln 0</i>	1	
SYNTHAMIN 17 INJ 82MMOL/L; 2.07GM/100ML; 1.15GM/100ML; 40MMOL/L; 1.03GM/100ML; 480MG/100ML; 600MG/100ML; 730MG/100ML; 580MG/100ML; 400MG/100ML; 560MG/100ML; 680MG/100ML; 500MG/100ML; 420MG/100ML; 180MG/100ML; 40MG/100ML; 580MG/100ML	4	B/D
THYROGEN INJ 1.1MG	5	PA
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	3	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	3	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	3	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	3	QL (200 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	3	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES/32G X 5/32" MISC	3	QL (200 EA per 30 days)
UNIFINE PENTIPS 32GX6MM MISC	3	QL (200 EA per 30 days)
<i>unifine pentips 33gx4mm misc</i>	3	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACK 10GM	5	
VISTOGARD PACK 10GM	5	
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>bimatoprost soln 0.03%</i>	2	QL (5 ML per 30 days)
COMBIGAN SOLN 0.2%; 0.5%	3	
<i>latanoprost soln 0.005%</i>	1	
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
TRAVATAN Z SOLN 0.004%	3	QL (2.5 ML per 25 days)
<i>travoprost soln 0.004%</i>	2	
Ophthalmic Agents, Other		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	2	
<i>atropine sulfate soln 1%</i>	2	
<i>bacitracin/neomycin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	2	
BEOVU SOLN 6MG/0.05ML	5	
<i>cyclopentolate hcl soln 1%</i>	2	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln 0.5%</i>	2	
<i>cyclopentolate hydrochloride soln 1%</i>	2	
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days) PA
EYLEA SOLN 2MG/0.05ML	5	PA
<i>isopto atropine soln 1%</i>	2	
LACRISERT INST 5MG	4	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 2 10000unit/ml</i>	2	
OXERVATE SOLN 0.002%	5	QL (56 ML per 28 days) PA
<i>polycin oint 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>proparacaine hcl soln 0.5%</i>	1	
RESTASIS EMUL 0.05%	3	
RHOPRESSA SOLN 0.02%	3	QL (2.5 ML per 25 days) ST
<i>trimethoprim/polymyxin b soln 10000unit/ml; 0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
XIIDRA SOLN 5%	4	QL (60 EA per 30 days)
Ophthalmic Anti-allergy Agents		
ALOCRIAL SOLN 2%	4	
<i>azelastine hcl soln 0.05%</i>	2	
BEPREVE SOLN 1.5%	4	
<i>cromolyn sodium soln 4%</i>	1	
EMADINE SOLN 0.05%	4	
<i>epinastine hcl soln 0.05%</i>	2	
<i>naphazoline hcl soln 0.1%</i>	1	
<i>olopatadine hcl soln 0.1%</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
PAZEO SOLN 0.7%	3	
<i>phenylephrine hcl soln 2.5%</i>	2	
Ophthalmic Anti-inflammatories		
ALOMIDE SOLN 0.1%	4	
ALREX SUSP 0.2%	4	
BLEPHAMIDE S.O.P. OINT 0.2% ; 10%	4	
BLEPHAMIDE SUSP 0.2% ; 10%	4	
<i>bromfenac soln 0.09%</i>	2	
<i>bromfenac soln 0.09%</i>	2	
<i>dexamethasone sodium phosphate soln 0.1%</i>	2	
<i>diclofenac sodium soln 0.1%</i>	1	
DUREZOL EMUL 0.05%	3	
FLAREX SUSP 0.1%	3	
<i>fluorometholone susp 0.1%</i>	2	
<i>flurbiprofen sodium soln 0.03%</i>	1	
FML FORTE SUSP 0.25%	3	
FML OINT 0.1%	3	
ILEVRO SUSP 0.3%	3	QL (6 ML per 30 days)
INVELTYS SUSP 1%	4	
<i>ketorolac tromethamine soln 0.4%</i>	2	
<i>ketorolac tromethamine soln 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL (20 GM per 365 days)
LOTEMAX GEL 0.5%	4	QL (20 GM per 365 days)
LOTEMAX OINT 0.5%	4	QL (14 GM per 365 days)
LOTEMAX SUSP 0.5%	4	
<i>loteprednol etabonate susp 0.5%</i>	2	
MAXIDEX SUSP 0.1%	3	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PRED MILD SUSP 0.12%	3	
PRED-G S.O.P. OINT 0.3%; 0.6%	4	
PRED-G SUSP 0.3%; 1%	4	
<i>prednisolone acetate p-f susp 1%</i>	2	
<i>prednisolone acetate susp 1%</i>	2	
<i>prednisolone sodium phosphate soln 1%</i>	2	
PROLENSA SOLN 0.07%	4	QL (12 ML per 365 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	2	
TRIESENCE INJ 40MG/ML	4	
VEXOL SUSP 1%	3	
ZYLET SUSP 0.5%; 0.3%	4	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er cp12 500mg</i>	2	
<i>acetazolamide tabs 125mg</i>	2	
<i>acetazolamide tabs 250mg</i>	2	
ALPHAGAN P SOLN 0.1%	3	
<i>apraclonidine soln 0.5%</i>	2	
AZOPT SUSP 1%	3	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL SOLN 0.25%	4	
BETIMOL SOLN 0.5%	4	
BETOPTIC-S SUSP 0.25%	4	
<i>brimonidine tartrate soln 0.15%</i>	1	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>carteolol hcl soln 1%</i>	2	
COSOPT PF SOLN 2%; 0.5%	4	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	2	
<i>dorzolamide hcl soln 2%</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	2	
IOPIDINE SOLN 1%	4	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>methazolamide tabs 25mg</i>	4	
<i>methazolamide tabs 50mg</i>	4	
<i>metipranolol soln 0.3%</i>	2	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%</i>	2	
<i>pilocarpine hcl soln 2%</i>	2	
<i>pilocarpine hcl soln 4%</i>	2	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (2.5 ML per 25 days)
SIMBRINZA SUSP 0.2%; 1%	3	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	2	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	2	
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate soln 0.5%</i>	2	
Otic Agents		
<i>Otic Agents</i>		
<i>acetazolhc soln 2%; 1%</i>	2	
<i>acetic acid/aluminum acetate soln 2%; 0</i>	2	
<i>acetic acid soln 2%</i>	2	
<i>antibiotic ear soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
CIPRO HC SUSP 0.2%; 1%	4	
CIPRODEX SUSP 0.3%; 0.1%	3	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
<i>flac oil 0.01%</i>	2	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
AEROSPAN AERS 80MCG/ACT	4	QL (17.8 GM per 30 days)
ASMANEX HFA AERO 100MCG/ACT	4	QL (26 GM per 30 days)
ASMANEX HFA AERO 200MCG/ACT	4	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
<i>budesonide nasal spray susp 32mcg/act</i>	2	QL (17.2 GM per 30 days)
<i>budesonide susp 0.25mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>budesonide susp 0.5mg/2ml</i>	4	QL (120 ML per 30 days) B/D
<i>budesonide susp 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	3	QL (24 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)
<i>flunisolide soln 0.025%</i>	2	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	1	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA
QVAR REDIHALER AERB 40MCG/ACT	3	QL (21.2 GM per 30 days)
QVAR REDIHALER AERB 80MCG/ACT	3	QL (21.2 GM per 30 days)
QVAR AERS 40MCG/ACT	3	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	3	QL (26.1 GM per 30 days)
<i>triamcinolone acetonide aero 55mcg/act</i>	2	
Antihistamines		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hydrochloride soln 1mg/ml</i>	1	
<i>cyproheptadine hcl syrp 2mg/5ml</i>	4	PA
<i>cyproheptadine hcl tabs 4mg</i>	4	PA
<i>desloratadine tabs 5mg</i>	2	
<i>dexchlorpheniramine maleate soln 2mg/5ml</i>	2	PA
<i>dexchlorpheniramine maleate syrp 2mg/5ml</i>	4	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	2	
DYMISTA SUSP 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days)
<i>hydroxyzine hcl inj 25mg/ml</i>	4	PA
<i>hydroxyzine hcl syrp 10mg/5ml</i>	4	PA
<i>hydroxyzine hcl tabs 25mg</i>	4	PA
<i>hydroxyzine hydrochloride inj 50mg/ml</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 50mg</i>	4	PA
<i>hydroxyzine pamoate caps 100mg</i>	4	PA
<i>hydroxyzine pamoate caps 25mg</i>	4	PA
<i>hydroxyzine pamoate caps 50mg</i>	4	PA
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	2	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
<i>olopatadine hcl soln 0.6%</i>	4	QL (30.5 GM per 30 days)
RYCLORA SOLN 2MG/5ML	4	PA
SEMPREX-D CAPS 8MG; 60MG	4	
Antileukotrienes		
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	4	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg</i>	2	
<i>zafirlukast tabs 20mg</i>	2	
<i>zileuton er tb12 600mg</i>	5	ST
ZYFLO TABS 600MG	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	4	QL (25.8 GM per 30 days)

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>ipratropium bromide soln 0.02%</i>	1	QL (312.5 ML per 30 days) B/D
<i>ipratropium bromide soln 0.03%</i>	2	
<i>ipratropium bromide soln 0.06%</i>	2	
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (8 GM per 28 days)
TUDORZA PRESSAIR AEPB 400MCG/ACT	4	QL (60 EA per 30 days) ST
TUDORZA PRESSAIR AEPB 400MCG/ACT	4	QL (60 EA per 30 days) ST
YUPELRI SOLN 175MCG/3ML	5	QL (90 ML per 30 days) B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er tb12 4mg</i>	4	
<i>albuterol sulfate er tb12 8mg</i>	4	
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.5%</i>	2	QL (100 ML per 30 days) B/D
<i>albuterol sulfate nebu 0.63mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D
<i>albuterol sulfate syrup 2mg/5ml</i>	4	
<i>albuterol sulfate tabs 2mg</i>	4	
<i>albuterol sulfate tabs 4mg</i>	4	
EPINEPHRINE INJ 0.15MG/0.15ML	4	ST
EPINEPHRINE INJ 0.15MG/0.3ML	3	
EPINEPHRINE INJ 0.3MG/0.3ML	4	ST; Applies to products manufactured by Impax or Lineage Therapeutics
EPINEPHRINE INJ 0.3MG/0.3ML	3	Applies to product manufactured by Mylan Specialty L.P. Only
EPIPEN 2-PAK INJ 0.3MG/0.3ML	3	
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	3	
FORADIL AEROLIZER CAPS 12MCG	4	QL (60 EA per 30 days)
<i>isoproterenol hydrochloride inj 0.2mg/ml</i>	4	
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	QL (270 ML per 30 days) B/D
<i>levalbuterol hydrochloride nebu 0.31mg/3ml</i>	2	QL (540 ML per 30 days) B/D
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	2	QL (30 GM per 30 days)
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	QL (90 EA per 30 days) B/D
<i>metaproterenol sulfate syrup 10mg/5ml</i>	4	
<i>metaproterenol sulfate tabs 10mg</i>	4	
<i>metaproterenol sulfate tabs 20mg</i>	4	
PERFOROMIST NEBU 20MCG/2ML	4	QL (120 ML per 30 days) B/D
PROAIR DIGIHALER AEPB 108MCG/ACT	3	QL (2 EA per 30 days)
PROAIR HFA AERS 108MCG/ACT	3	QL (17 GM per 30 days)
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	4	QL (4 GM per 30 days)
<i>terbutaline sulfate inj 1mg/ml</i>	5	
<i>terbutaline sulfate tabs 2.5mg</i>	4	
<i>terbutaline sulfate tabs 5mg</i>	4	
Cystic Fibrosis Agents		
BETHKIS NEBU 300MG/4ML	5	B/D
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 25MG	5	PA
KALYDECO PACK 50MG	5	PA
KALYDECO PACK 75MG	5	PA
KALYDECO TABS 150MG	5	PA
ORKAMBI PACK 125MG; 100MG	5	QL (56 EA per 28 days) PA
ORKAMBI PACK 188MG; 150MG	5	QL (56 EA per 28 days) PA
ORKAMBI TABS 125MG; 100MG	5	QL (112 EA per 28 days) PA
ORKAMBI TABS 125MG; 200MG	5	QL (112 EA per 28 days) PA
PULMOZYME SOLN 1MG/ML	5	PA
SYMDEKO TBPB 150MG; 100MG	5	QL (56 EA per 28 days) PA
SYMDEKO TBPB 75MG; 50MG	5	QL (56 EA per 28 days) PA
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days)
<i>tobramycin nebu 300mg/5ml</i>	5	B/D
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	4	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj 25mg/ml</i>	2	
DALIRESP TABS 250MCG	4	PA
DALIRESP TABS 500MCG	4	PA
LUFYLLIN TABS 200MG	4	
<i>theophylline anhydrous cr tb12 300mg</i>	2	
<i>theophylline cr tb12 100mg</i>	2	
<i>theophylline cr tb12 200mg</i>	2	
<i>theophylline er tb12 100mg</i>	2	
<i>theophylline er tb12 200mg</i>	2	
<i>theophylline er tb12 300mg</i>	2	
<i>theophylline er tb12 450mg</i>	2	
<i>theophylline er tb24 400mg</i>	2	
<i>theophylline er tb24 600mg</i>	2	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	2	
<i>theophylline soln 80mg/15ml</i>	2	
Pulmonary Antihypertensives		
ADCIRCA TABS 20MG	5	QL (60 EA per 30 days) PA
ADEMPAS TABS 0.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 1.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 1MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 2.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 2MG	5	QL (90 EA per 30 days) PA
<i>alyq tabs 20mg</i>	5	QL (60 EA per 30 days) PA
<i>ambrisentan tabs 10mg</i>	5	QL (30 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan tabs 5mg</i>	5	QL (30 EA per 30 days) PA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA
<i>bosentan tabs 62.5mg</i>	5	QL (60 EA per 30 days) PA
<i>epoprostenol sodium inj 0.5mg</i>	5	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
LETAIRIS TABS 10MG	5	QL (30 EA per 30 days) PA
LETAIRIS TABS 5MG	5	QL (30 EA per 30 days) PA
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG	5	PA
ORENITRAM TBCR 1MG	5	PA
ORENITRAM TBCR 2.5MG	5	PA
ORENITRAM TBCR 5MG	5	PA
REMODULIN INJ 100MG/20ML	5	PA
REMODULIN INJ 200MG/20ML	5	PA
REMODULIN INJ 20MG/20ML	5	PA
REMODULIN INJ 50MG/20ML	5	PA
REVATIO SUSR 10MG/ML	5	PA
<i>sildenafil citrate susr 10mg/ml</i>	5	PA
<i>sildenafil citrate tabs 20mg</i>	4	QL (90 EA per 30 days) PA
<i>sildenafil inj 10mg/12.5ml</i>	5	PA
<i>tadalafil tabs 20mg</i>	5	QL (60 EA per 30 days) PA
<i>treprostinil inj 100mg/20ml</i>	5	PA
<i>treprostinil inj 200mg/20ml</i>	5	PA
<i>treprostinil inj 20mg/20ml</i>	5	PA
<i>treprostinil inj 50mg/20ml</i>	5	PA
UPTRAVI TABS 1000MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1200MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1400MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1600MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 200MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 400MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 600MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 800MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TBPK 0	5	QL (400 EA per 365 days) PA
VELETRI INJ 0.5MG	5	PA
VELETRI INJ 1.5MG	5	PA
VENTAVIS SOLN 10MCG/ML	5	QL (270 ML per 30 days) PA
VENTAVIS SOLN 20MCG/ML	5	QL (270 ML per 30 days) PA
<i>Pulmonary Fibrosis Agents</i>		
ESBRIET TABS 267MG	5	PA
ESBRIET TABS 801MG	5	PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine soln 10%</i>	2	B/D
<i>acetylcysteine soln 20%</i>	2	B/D
ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 400MG	5	PA
ARALAST NP INJ 500MG	5	PA
ARALAST NP INJ 800MG	5	PA
DULERA AERO 5MCG/ACT; 100MCG/ACT	4	QL (17.6 GM per 30 days)
DULERA AERO 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days)
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
ESBRIET CAPS 267MG	5	PA
FASENRA PEN INJ 30MG/ML	5	PA
FASENRA INJ 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days)
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days)
GLASSIA INJ 1000MG/50ML	5	PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA
OFEV CAPS 100MG	5	PA
OFEV CAPS 150MG	5	PA
PROLASTIN-C INJ 1000MG	5	PA
<i>promethazine vc plain soln 5mg/5ml; 6.25mg/5ml</i>	4	PA
<i>promethazine/phenylephrine syrp 5mg/5ml; 6.25mg/5ml</i>	4	PA
<i>ribavirin solr 6gm</i>	5	
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	3	
<i>wixela inhub aepb 100mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days)
<i>wixela inhub aepb 250mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days)
<i>wixela inhub aepb 500mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days)
XOLAIR INJ 150MG/ML	5	PA
XOLAIR INJ 150MG	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
ZEMAIRA INJ 1000MG	5	PA

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>carisoprodol tabs 250mg</i>	4	PA
<i>carisoprodol tabs 350mg</i>	4	PA
<i>chlorzoxazone tabs 250mg</i>	5	PA
<i>chlorzoxazone tabs 375mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>chlorzoxazone tabs 750mg</i>	4	PA
<i>cyclobenzaprine hydrochloride er cp24 15mg</i>	4	PA
<i>cyclobenzaprine hydrochloride er cp24 30mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	PA
<i>methocarbamol tabs 500mg</i>	4	PA
<i>methocarbamol tabs 750mg</i>	4	PA
<i>orphenadrine citrate er tb12 100mg</i>	4	PA
<i>succinylcholine chloride inj 20mg/ml</i>	2	

Sleep Disorder Agents

GABA Receptor Modulators

<i>eszopiclone tabs 1mg</i>	4	QL (30 EA per 30 days) PA
<i>eszopiclone tabs 2mg</i>	4	QL (30 EA per 30 days) PA
<i>eszopiclone tabs 3mg</i>	4	QL (30 EA per 30 days) PA
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 12.5mg</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate er tbcr 6.25mg</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate subl 1.75mg</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate subl 3.5mg</i>	4	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 10mg</i>	3	QL (30 EA per 30 days) PA
<i>zolpidem tartrate tabs 5mg</i>	3	QL (30 EA per 30 days) PA

Sleep Disorders, Other

<i>armodafinil tabs 150mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 200mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 250mg</i>	4	QL (30 EA per 30 days) PA
<i>armodafinil tabs 50mg</i>	4	QL (60 EA per 30 days) PA
BELSOMRA TABS 10MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 15MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 20MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 5MG	3	QL (30 EA per 30 days)
HETLIOZ CAPS 20MG	5	QL (30 EA per 30 days) PA
<i>modafinil tabs 100mg</i>	4	QL (30 EA per 30 days) PA
<i>modafinil tabs 200mg</i>	4	QL (30 EA per 30 days) PA
<i>pentobarbital sodium inj 50mg/ml</i>	4	PA
<i>ramelteon tabs 8mg</i>	2	QL (30 EA per 30 days)
ROZEREM TABS 8MG	4	QL (30 EA per 30 days)
SILENOR TABS 3MG	4	QL (30 EA per 30 days)
SILENOR TABS 6MG	4	QL (30 EA per 30 days)
WAKIX TABS 17.8MG	5	QL (60 EA per 30 days) PA
WAKIX TABS 4.45MG	5	QL (60 EA per 30 days) PA
XYREM SOLN 500MG/ML	5	QL (540 ML per 30 days) PA

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This formulary was updated on 11/01/2019. For more recent information or other questions, please contact Scott and White Health Plan Customer Service, at 1-866-334-3141 or, for TTY users, 711, seven days a week, 7 a.m. to 8 p.m., or visit advantage.swhp.org.

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 - Qualified interpreters
 - Information written in other languages

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1206 West Campus Drive, Suite 151
Temple, Texas 76502

Compliance HelpLine; 1-888-484-6977 or <https://app.mycompliancereport.com/report.aspx?cid=swhp>

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U.S. Department of Health and Human Services
200 Independence Avenue,
SW Room 509F, HHH
Building Washington, D.C.
20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

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ذخيرة، تغللا ركذا شدحتت تنك اذا: تظو حلم. 117: مكلداو مصلا فتاهدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-334-3141 (TTY: 711).

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ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-334-3141 (ATS: 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-334-3141 (TTY: 711) पर कॉल करें।

Persian:

فراهم می باشد. با (TTY: 711) 1-866-334-3141-امشد ی ار بن اگیار تر و صبدی نابز ت لایهست، دینک ی م و گتفگی سراق نابز بمرگا: مجوت دیریگب سامت 1

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-334-3141 (TTY: 711).

Gujarati:

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-334-3141 (TTY: 711).

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-334-3141 (телетайп: 711).

Japanese:

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-334-3141 (TTY:711) まで、お電話にてご連絡ください。

Laotian:

ໂປດຄຳບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ຕະຫລົດມີຮ່າງໃຫ້ທ່ານ. ໂທ 1-866-334-3141 (TTY: 711).

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