

MVP Health Care[®]

2024 Medicare

Part D Formulary

(List of Covered Drugs)



This document contains information about the drugs we cover in this plan. This Formulary was updated September 7, 2023. For more recent information or questions, please contact the MVP Medicare Customer Care Center.

Getting Help from Medicare

If you chose this plan because you were looking for insulin coverage at \$35 a month or less, it is important to know that you may have other options available to you for 2024 at even lower costs because of changes to the Medicare Part D program. Contact Medicare at **1-800-MEDICARE** (1-800-633-4227), 24 hours a day, seven days a week for help comparing your options. TTY users should call **1-877-486-2048**.

Additional Resources to Help

Please contact the MVP Medicare Customer Care Center at **1-800-665-7924** for additional information, seven days a week, 8am–8 pm Eastern Time. April 1–September 30, call Monday–Friday, 8 am-8 pm.

Visit mvphealthcare.com/partdformulary for the most up-to-date Formulary.

For Existing MVP 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 MVP Health Care (MVP). When it refers to “plan” or “our plan,” it means UVM Health Advantage Select (PPO), UVM Health Advantage Secure (PPO), and UVM Health Advantage Preferred (PPO).

This document includes a list of the drugs (Formulary) for our plan which is current as of September 7, 2023. For an updated Formulary, please contact us. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, Formulary, pharmacy network, and/or co-payments/co-insurance may change on January 1, 2025, and from time to time during the year.

What is the MVP Health Care Medicare Part D Formulary?

A Formulary is a list of covered drugs selected by MVP Health Care 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. MVP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at an MVP 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 change?

Most changes in drug coverage happen on January 1, but MVP may add or remove drugs on the Formulary during the year, move them to different cost-sharing tiers, or add new restrictions. MVP must follow the Medicare rules in making these changes.

Changes That Can Affect You This Year

In the following cases, you will be affected by coverage changes during the year.

New Generic Drugs

We may immediately remove a brand name drug on our Formulary 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 Formulary, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled “How do I request an exception to the MVP Medicare Part D Formulary?” on page C.

Drugs Removed from the Market

If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.

Other Changes

We may make other changes that affect members currently taking a drug. For instance, we may:

- Add a new generic drug to replace a brand name drug currently on the Formulary
- Add new restrictions to a brand name drug, or move it to a different cost-sharing tier, or both
- Add a generic drug that is not new to market to replace a brand name drug currently on the Formulary
- Add new restrictions to a brand name drug or move it to a different cost-sharing tier, or both
- 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 one month supply of the drug (up to 30 days).

If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section entitled, “How Do I Request an Exception to the MVP Medicare Part D Formulary?”

Changes That Will Not Affect You If You Are Currently Taking the Drug

Generally, if you are taking a drug on our 2024 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year, except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such

changes would affect you, and it is important to check the Formulary for the new benefit year for any changes to drugs.

The enclosed Formulary is current as of September 7, 2023. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at mvphealthcare.com. The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as needed. To view the list of changes, visit mvphealthcare.com/partdformulary.

Or you may request an errata sheet (a copy of the 2024 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone number on the back of your Member ID card.

How do I use the Formulary?

There are two ways to find your drug within the Formulary.

Medical Condition

The Formulary begins on page 1. The drugs in this Formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Index Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 70. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

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?

MVP covers both brand name drugs and generic drugs. A generic drug is approved by the U.S. Food and Drug Administration 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.

Prior Authorization

MVP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug.

Quantity Limits

For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides 30 tablets per 30 days, per prescription for JANUVIA. This may be in addition to a standard one-month or three-month supply.

Step Therapy

In some cases, MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted documents online that

explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information and date we last updated the Formulary appear on the front and back cover pages.

You can ask MVP 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 MVP Medicare Part D Formulary?" 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, you should first contact the MVP Medicare Customer Care Center and ask if your drug is covered.

If you learn that MVP Health Care does not cover your drug:

- You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP
- You can ask MVP to make an exception and cover your drug. See next section for information about how to request an exception

How Do I Request an Exception to the MVP Medicare Part D Formulary?

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

You can ask us to cover a drug even if it is not on our Formulary.

If approved, this drug will be covered at a pre-determined, cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

You can ask us to cover a Formulary drug at a lower cost-sharing level.

If approved, this would lower the amount you must pay for your drug. **You may not ask us to cover a Tier 5 (Specialty Tier) Formulary drug at a lower cost-sharing level.**

You can ask us to waive coverage restrictions or limits on your drug.

For example, for certain drugs, MVP 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, MVP 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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For More Information

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

If you have questions about MVP Health Care, please contact us. Our contact information and the date we last updated the Formulary appear 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, seven days a week. TTY users should call 1-877-486-2048. Or, visit [medicare.gov](https://www.medicare.gov).

The MVP Health Care Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

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

Abbreviations and Definitions of Formulary Terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

NM (Not Available at Mail Order)

Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

PA (Prior Authorization)

For safety reasons and/or cost savings, MVP requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval first, MVP may not cover the drug.

QL (Quantity Limits)

For safety reasons and/or cost savings, for certain drugs, MVP limits the amount of the drug that we will cover. For example, MVP provides one capsule per day for JANUVIA. This limit may be applied to a standard one-month or three-month supply.

ST (Step Therapy)

For safety reasons and/or cost savings, in some cases, MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

DL (Dispensing Limits)

For safety reasons and/or cost savings, certain drugs are limited to a one-month supply through a retail pharmacy and are not available through the mail order program.

LA (Limited Access)

Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

B/D (Part B Versus Part D Drug Coverage)

Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost-sharing will be based on this determination.

Tier Descriptions

Tier 1 Preferred Generic Drugs

Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

Tier 2 Generic Drugs

Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 3 Preferred Brand Name Drugs

Tier 3 includes preferred brand drugs that have the lowest cost-sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

Tier 4 Non-Preferred Brand Drugs

Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved, they will be covered in Tier 4.

Tier 5 Specialty Drugs

Tier 5 includes high-cost, specialty generic and brand name drugs that cost \$950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.

Your Costs in the Initial Coverage Period

Not all MVP Medicare Advantage plans are offered in each New York State and Vermont county.

If you qualify for New York State EPIC (Elderly Pharmaceutical Insurance Coverage), Vermont VPharm, or Low Income Subsidy, the amounts below may be reduced.

What You Pay for a 30-Day Supply from a Retail Pharmacy

| UVM Health Advantage Plan | Deductible | TIER 1 Preferred Generic Drugs | TIER 2 Generic Drugs | TIER 3 Preferred Brand Name Drugs | TIER 4 Non- Preferred Drugs | TIER 5 Specialty Drugs |
|---|------------|---|----------------------------|--|--------------------------------------|------------------------------|
| UVM Health Advantage Preferred | \$0 | \$0 | \$10 | \$40 | \$100 | 27% |
| What You Pay After Deductible is Met | | | | | | |
| UVM Health Advantage Secure | \$150 | \$0 | \$10 | \$42 | \$100 | 27% |
| UVM Health Advantage Select | \$250 | \$0 | \$10 | \$47 | \$100 | 28% |

UVM Health Advantage Preferred, UVM Health Advantage Secure, and UVM Health Advantage Select plans are offered in all counties in Vermont and Clinton, Essex, Franklin, Hamilton, and St. Lawrence counties in New York State.

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| ANALGESICS | | |
| GOUT | | |
| <i>allopurinol</i> TABS 100mg, 300mg | 2 | |
| <i>colchicine</i> TABS .6mg | 3 | QL (60 tabs / 30 days) |
| <i>colchicine w/ probenecid</i> tab 0.5-500 mg | 2 | |
| <i>febuxostat</i> TABS 40mg, 80mg | 3 | QL (30 tabs / 30 days) |
| <i>probenecid</i> TABS 500mg | 2 | |
| MISCELLANEOUS | | |
| <i>butalbital-acetaminophen</i> tab 50-325 mg | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-acetaminophen-caffeine</i> cap 50-300-40 mg | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-caffeine</i> cap 50-325-40 mg | 2 | QL (60 caps / 30 days) |
| <i>butalbital-acetaminophen-caffeine</i> tab 50-325-40 mg | 2 | QL (60 tabs / 30 days) |
| <i>butalbital-aspirin-caffeine</i> cap 50-325-40 mg | 2 | QL (60 caps / 30 days) |
| <i>tencon</i> | 2 | QL (60 tabs / 30 days) |
| NSAIDS | | |
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg, 400mg | 3 | |
| <i>diclofenac sodium</i> TB24 100mg; TBEC 50mg, 75mg | 2 | |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg | 2 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 2 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 2 | |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 2 | |
| <i>salsalate</i> TABS 500mg, 750mg | 3 | |
| OPIOID ANALGESICS, LONG-ACTING | | |
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr | 3 | QL (4 patches / 28 days) |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr | 2 | QL (20 patches / 30 days) |
| <i>fentanyl</i> PT72 75mcg/hr, 100mcg/hr | 3 | QL (20 patches / 30 days) |
| <i>morphine sulfate</i> TBCR 15mg, 30mg | 2 | QL (90 tabs / 30 days) |
| <i>morphine sulfate</i> TBCR 60mg, 100mg, 200mg | 2 | QL (60 tabs / 30 days) |
| <i>oxycodone hcl</i> T12A 10mg, 20mg | 3 | QL (90 tabs / 30 days) |
| <i>oxycodone hcl</i> T12A 40mg, 80mg | 3 | QL (60 tabs / 30 days) |
| <i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg | 4 | QL (90 tabs / 30 days) |
| <i>OXYCONTIN</i> T12A 40mg, 60mg, 80mg | 4 | QL (60 tabs / 30 days) |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml | 2 | |
| <i>acetaminophen w/ codeine</i> tab 300-15 mg | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine</i> tab 300-30 mg | 2 | QL (360 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>ascomp/codeine</i> | 2 | QL (60 caps / 30 days) |
| <i>buprenorphine hcl SOLN .3mg/ml</i> | 2 | |
| <i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> | 2 | QL (60 caps / 30 days) |
| <i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i> | 2 | |
| <i>butorphanol tartrate SOLN 10mg/ml</i> | 2 | QL (4 bottles / 30 days) |
| <i>endocet</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 5-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 7.5-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>endocet tab 10-325mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>fentanyl citrate LPOP 200mcg</i> | 4 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i> | 5 | QL (120 lozenges / 30 days), PA; DL |
| <i>fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i> | 5 | QL (120 tabs / 30 days), PA; DL |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 2 | |
| <i>hydrocodone-acetaminophen tab 5-300 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>hydromorphone hcl LIQD 1mg/ml</i> | 2 | |
| <i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> | 2 | QL (250 tabs / 30 days) |
| <i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml, 20mg/ml</i> | 3 | |
| <i>morphine sulfate SUPP 10mg</i> | 2 | |
| <i>morphine sulfate TABS 15mg, 30mg</i> | 3 | QL (300 tabs / 30 days) |
| <i>oxycodone hcl CONC 100mg/5ml</i> | 2 | QL (120 mL / 30 days) |
| <i>oxycodone hcl SOLN 5mg/5ml</i> | 2 | |
| <i>oxycodone hcl TABS 5mg, 10mg</i> | 2 | QL (240 tabs / 30 days) |
| <i>oxycodone hcl TABS 15mg, 20mg, 30mg</i> | 2 | QL (200 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>oxymorphone hcl TABS 5mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>oxymorphone hcl TABS 10mg</i> | 3 | QL (200 tabs / 30 days) |
| <i>tramadol hcl TABS 50mg, 100mg</i> | 2 | |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| ANESTHETICS | | |
| LOCAL ANESTHETICS | | |
| <i>lidocaine hcl (local anesth.) SOLN .5%, 2%</i> | 2 | |
| ANTI-INFECTIVES | | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| <i>albendazole TABS 200mg</i> | 3 | |
| <i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i> | 2 | |
| <i>atovaquone SUSP 750mg/5ml</i> | 4 | QL (300 mL / 30 days); DL |
| <i>aztreonam SOLR 1gm</i> | 2 | |
| <i>baciim SOLR 50000unit</i> | 2 | |
| <i>CAYSTON SOLR 75mg</i> | 5 | NM, LA, PA; DL |
| <i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i> | 2 | |
| <i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i> | 2 | |
| <i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 2 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 2 | |
| <i>colistimethate sodium SOLR 150mg</i> | 4 | |
| <i>dapsone TABS 25mg, 100mg</i> | 3 | |
| <i>daptomycin SOLR 500mg</i> | 5 | DL |
| <i>DORIBAX SOLR 250mg</i> | 4 | |
| <i>EMVERM CHEW 100mg</i> | 5 | DL |
| <i>ertapenem sodium SOLR 1gm</i> | 4 | |
| <i>FIRVANQ SOLR 25mg/ml, 50mg/ml</i> | 3 | |
| <i>fosfomicin tromethamine PACK 3gm</i> | 3 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 2 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 2 | |
| <i>gentamicin sulfate SOLN 40mg/ml</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 2 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 2 | |
| <i>IMPAVIDO CAPS 50mg</i> | 5 | DL |
| <i>ivermectin TABS 3mg</i> | 2 | |
| <i>linezolid SOLN 600mg/300ml</i> | 4 | |
| <i>linezolid SUSR 100mg/5ml</i> | 5 | DL |
| <i>linezolid TABS 600mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| <i>meropenem</i> SOLR 1gm, 500mg | 2 | |
| <i>methenamine hippurate</i> TABS 1gm | 2 | |
| <i>metronidazole</i> TABS 250mg, 500mg | 2 | |
| <i>metronidazole in nacl</i> SOLN 500mg/100ml | 2 | |
| <i>neomycin sulfate</i> TABS 500mg | 2 | |
| <i>nitazoxanide</i> TABS 500mg | 4 | DL |
| <i>nitrofur mac cap 50mg</i> CAPS 50mg | 3 | |
| <i>nitrofurantoin macrocrystal</i> CAPS 25mg, 100mg | 3 | |
| <i>nitrofurantoin monohyd macro</i> CAPS 100mg | 3 | |
| <i>paromomycin sulfate</i> CAPS 250mg | 2 | |
| <i>pentamidine isethionate inh</i> SOLR 300mg | 2 | B/D |
| <i>pentamidine isethionate inj</i> SOLR 300mg | 4 | DL |
| <i>praziquantel</i> TABS 600mg | 3 | |
| <i>pyrimethamine</i> TABS 25mg | 5 | PA; DL |
| <i>streptomycin sulfate</i> SOLR 1gm | 4 | |
| <i>sulfadiazine</i> TABS 500mg | 3 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 2 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 2 | |
| SYNERCID INJ 500MG | 5 | DL |
| <i>tinidazole</i> TABS 250mg, 500mg | 2 | |
| TOBI PODHALER CAPS 28mg | 3 | NM, LA, PA; DL |
| <i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml | 5 | B/D, NM; DL |
| <i>tobramycin sulfate</i> SOLN 10mg/ml, 80mg/2ml | 2 | B/D; DL |
| <i>trimethoprim</i> TABS 100mg | 2 | |
| <i>vancomycin hcl</i> CAPS 125mg, 250mg | 3 | DL |
| <i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg | 2 | DL |
| <i>vancomycin hcl</i> SOLR 25mg/ml, 50mg/ml, 250mg/5ml | 3 | |
| XENLETA TABS 600mg | 5 | NM; DL |
| XIFAXAN TABS 200mg | 4 | QL (9 tabs / 30 days), PA; DL |
| ZEMDRI SOLN 500mg/10ml | 5 | DL |
| ANTIFUNGALS | | |
| ABELCET SUSP 5mg/ml | 4 | B/D |
| <i>amphotericin b</i> SOLR 50mg | 3 | B/D; DL |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 2 | |
| <i>fluconazole in dextrose</i> | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 2 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>flucytosine</i> CAPS 250mg, 500mg | 2 | |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 3 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 3 | |
| <i>itraconazole</i> CAPS 100mg | 3 | PA |
| <i>ketoconazole</i> TABS 200mg | 4 | |
| <i>micafungin sodium</i> SOLR 50mg, 100mg | 5 | DL |
| NOXAFIL SUSP 40mg/ml | 5 | PA; DL |
| <i>nystatin</i> TABS 500000unit | 2 | |
| <i>posaconazole</i> SUSP 40mg/ml; TBEC 100mg | 5 | PA; DL |
| <i>terbinafine hcl</i> TABS 250mg | 2 | QL (84 tabs / 365 days) |
| <i>voriconazole</i> SOLR 200mg | 4 | PA; DL |
| <i>voriconazole</i> SUSR 40mg/ml | 5 | DL |
| <i>voriconazole</i> TABS 50mg | 4 | DL |
| <i>voriconazole</i> TABS 200mg | 3 | |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 4 | DL |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | 2 | DL |
| COARTEM TAB 20-120MG | 4 | DL |
| <i>mefloquine hcl</i> TABS 250mg | 2 | DL |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 4 | DL |
| <i>quinine sulfate</i> CAPS 324mg | 2 | QL (84 caps / 365 days); DL |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg | 2 | NM |
| APTIVUS CAPS 250mg | 5 | NM; DL |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 4 | NM |
| <i>darunavir</i> TABS 600mg, 800mg | 5 | NM; DL |
| EDURANT TABS 25mg | 5 | NM; DL |
| <i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg | 2 | NM |
| <i>emtricitabine</i> CAPS 200mg | 3 | NM |
| EMTRIVA SOLN 10mg/ml | 3 | NM |
| <i>etravirine</i> TABS 100mg, 200mg | 5 | NM; DL |
| <i>fosamprenavir calcium</i> TABS 700mg | 5 | NM; DL |
| FUZEON SOLR 90mg | 3 | NM, LA |
| INTELENCE TABS 25mg | 4 | NM |
| INVIRASE TABS 500mg | 3 | NM |
| ISENTRESS CHEW 25mg | 3 | NM |
| ISENTRESS CHEW 100mg; TABS 400mg | 5 | NM; DL |
| ISENTRESS PACK 100mg | 4 | NM |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| ISENTRESS HD TABS 600mg | 5 | NM; DL |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg | 2 | NM |
| LEXIVA SUSP 50mg/ml | 4 | NM |
| <i>maraviroc</i> TABS 150mg, 300mg | 5 | NM; DL |
| <i>nevirapine</i> SUSP 50mg/5ml | 3 | NM |
| <i>nevirapine</i> TABS 200mg; TB24 100mg | 2 | NM |
| <i>nevirapine</i> TB24 400mg | 4 | NM |
| NORVIR PACK 100mg | 4 | NM |
| NORVIR SOLN 80mg/ml; TABS 100mg | 3 | NM |
| PIFELTRO TABS 100mg | 5 | NM; DL |
| PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg | 4 | NM |
| PREZISTA TABS 600mg, 800mg | 5 | NM; DL |
| RETROVIR IV INFUSION SOLN 10mg/ml | 4 | NM |
| REYATAZ PACK 50mg | 5 | NM; DL |
| <i>ritonavir</i> TABS 100mg | 3 | NM |
| RUKOBIA TB12 600mg | 5 | NM; DL |
| SELZENTRY SOLN 20mg/ml | 4 | NM |
| SELZENTRY TABS 25mg | 4 | QL (120 tabs / 30 days), NM; DL |
| SELZENTRY TABS 75mg | 5 | NM; DL |
| SUNLENCA SOLN 463.5mg/1.5ml; TBPK 300mg | 5 | NM, LA; DL |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg | 3 | NM |
| TIVICAY TABS 10mg | 4 | QL (30 tabs / 30 days), NM |
| TIVICAY TABS 25mg, 50mg | 5 | NM; DL |
| TIVICAY PD TBSO 5mg | 4 | NM |
| TYBOST TABS 150mg | 4 | NM |
| VIRACEPT TABS 250mg, 625mg | 3 | NM |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 3 | NM |
| <i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg | 2 | NM |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 3 | NM |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | 4 | NM |
| BIKTARVY TAB | 5 | NM; DL |
| CIMDUO TAB 300-300 | 5 | NM; DL |
| COMPLERA TAB | 5 | NM; DL |
| DELSTRIGO TAB | 5 | NM; DL |
| DESCOVY TAB 120-15MG | 5 | NM; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| DESCOVY TAB 200/25MG | 5 | NM; DL |
| DOVATO TAB 50-300MG | 5 | NM; DL |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 5 | NM; DL |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 5 | NM; DL |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 5 | NM; DL |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 4 | NM |
| EVOTAZ TAB 300-150 | 5 | NM; DL |
| GENVOYA TAB | 5 | NM; DL |
| JULUCA TAB 50-25MG | 5 | NM; DL |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 3 | NM |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | 3 | NM |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 3 | NM |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 3 | NM |
| ODEFSEY TAB | 5 | NM; DL |
| PREZCOBIX TAB 800-150 | 5 | NM; DL |
| STRIBILD TAB | 5 | NM; DL |
| SYMTUZA TAB | 5 | NM; DL |
| TEMIXYS TAB 300-300 | 4 | NM |
| TRIUMEQ PD TAB | 5 | NM; DL |
| TRIUMEQ TAB | 5 | NM; DL |
| TRIZIVIR TAB | 4 | NM |
| ANTITUBERCULAR AGENTS | | |
| CAPASTAT SULFATE SOLR 1gm | 4 | |
| <i>ethambutol hcl TABS 100mg, 400mg</i> | 2 | |
| <i>isoniazid SOLN 100mg/ml; SYRP 50mg/5ml; TABS 100mg, 300mg</i> | 2 | |
| PRETOMANID TABS 200mg | 4 | |
| PRIFTIN TABS 150mg | 4 | |
| <i>pyrazinamide TABS 500mg</i> | 2 | |
| <i>rifabutin CAPS 150mg</i> | 3 | |
| <i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i> | 2 | |
| SIRTURO TABS 20mg, 100mg | 5 | NM, LA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| TRECTOR TABS 250mg | 4 | |
| ANTIVIRALS | | |
| <i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg | 2 | |
| <i>acyclovir sodium</i> SOLN 50mg/ml | 2 | B/D |
| <i>adefovir dipivoxil</i> TABS 10mg | 2 | NM |
| <i>cidofovir</i> SOLN 75mg/ml | 2 | |
| <i>entecavir</i> TABS .5mg, 1mg | 4 | NM |
| EPCLUSA PAK 150-37.5 | 5 | NM, PA; DL |
| EPCLUSA PAK 200-50MG | 5 | NM, PA; DL |
| EPCLUSA TAB 200-50MG | 5 | NM, PA; DL |
| EPCLUSA TAB 400-100 | 5 | NM, PA; DL |
| <i>famciclovir</i> TABS 125mg, 250mg, 500mg | 2 | |
| HARVONI PAK 33.75-150MG | 5 | NM, PA; DL |
| HARVONI PAK 45-200MG | 5 | NM, PA; DL |
| HARVONI TAB 90-400MG | 5 | NM, PA; DL |
| <i>lamivudine (hbv)</i> TABS 100mg | 2 | NM |
| LIVTENCITY TABS 200mg | 5 | NM, LA; DL |
| MAVYRET PAK 50-20MG | 5 | NM, PA; DL |
| MAVYRET TAB 100-40MG | 5 | NM, PA; DL |
| <i>oseltamivir phosphate</i> CAPS 30mg | 3 | QL (168 caps / year) |
| <i>oseltamivir phosphate</i> CAPS 45mg, 75mg | 3 | QL (84 caps / year) |
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | 3 | QL (720 mL / 180 days) |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 5 | NM; DL |
| PREVMIS TABS 240mg, 480mg | 5 | DL |
| RELENZA DISKHALER AEPB 5mg/blister | 4 | QL (3 inhalers / 180 days) |
| <i>ribavirin cap 200 mg</i> CAPS 200mg | 2 | NM, PA; DL |
| <i>ribavirin tab 200 mg</i> TABS 200mg | 2 | NM, PA; DL |
| <i>rimantadine hydrochloride</i> TABS 100mg | 2 | |
| SOVALDI PACK 150mg, 200mg; TABS 200mg, 400mg | 5 | NM, PA; DL |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg | 2 | |
| <i>valganciclovir hcl</i> TABS 450mg | 3 | |
| VOSEVI TAB | 5 | NM, PA; DL |
| XOFLUZA TBPK 40mg | 4 | QL (4 tabs / 180 days) |
| XOFLUZA TBPK 80mg | 4 | QL (2 tabs / 180 days) |
| ZEPATIER TAB 50-100MG | 5 | NM, PA; DL |
| CEPHALOSPORINS | | |
| <i>cefaclor</i> CAPS 250mg, 500mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm | 2 | |
| <i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg | 2 | |
| <i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml | 2 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 2 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 2 | |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm | 2 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 2 | |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg | 2 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 2 | |
| <i>ceftazidime</i> SOLR 1gm, 6gm | 2 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 2 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 2 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 2 | |
| <i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml | 2 | |
| SUPRAX SUSR 500mg/5ml | 4 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 2 | |
| TEFLARO SOLR 400mg, 600mg | 4 | |
| ERYTHROMYCINS/MACROLIDES | | |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg | 2 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg | 2 | |
| DIFICID SUSR 40mg/ml; TABS 200mg | 5 | PA; DL |
| e.e.s. 400 TABS 400mg | 3 | |
| <i>ery-tab</i> TBEC 250mg, 333mg, 500mg | 3 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 4 | |
| <i>erythrocine stearate</i> TABS 250mg | 2 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 2 | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | 3 | |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin</i> SOLN 400mg/40ml | 2 | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 2 | |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 2 | |
| <i>ciprofloxacin hcl</i> TABS 100mg, 250mg, 500mg, 750mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg | 2 | |
| <i>levofloxacin in d5w iv soln</i> 250 mg/50ml | 2 | DL |
| <i>levofloxacin in d5w iv soln</i> 500 mg/100ml | 2 | |
| <i>levofloxacin in d5w iv soln</i> 750 mg/150ml | 2 | DL |
| <i>levofloxacin oral soln</i> 25 mg/ml SOLN 25mg/ml | 2 | |
| <i>moxifloxacin hcl</i> TABS 400mg | 2 | |
| <i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% <i>inj</i> | 2 | |
| <i>ofloxacin</i> TABS 300mg, 400mg | 2 | |
| PENICILLINS | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 2 | |
| <i>amoxicillin & k clavulanate chew tab</i> 200-28.5 mg | 2 | |
| <i>amoxicillin & k clavulanate chew tab</i> 400-57 mg | 2 | |
| <i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml | 2 | |
| <i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml | 2 | |
| <i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml | 2 | |
| <i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml | 2 | |
| <i>amoxicillin & k clavulanate tab</i> 250-125 mg | 2 | |
| <i>amoxicillin & k clavulanate tab</i> 500-125 mg | 2 | |
| <i>amoxicillin & k clavulanate tab</i> 875-125 mg | 2 | |
| <i>amoxicillin & k clavulanate tab er</i> 12hr 1000-62.5 mg | 2 | |
| <i>ampicillin</i> CAPS 250mg, 500mg; SUSR 250mg/5ml | 2 | |
| <i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm | 2 | |
| <i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm | 2 | |
| <i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm | 2 | |
| <i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg | 2 | |
| BICILLIN C-R INJ 900/300 | 4 | |
| BICILLIN C-R INJ 1200000 | 4 | |
| BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml | 4 | |
| <i>dicloxacillin sodium</i> CAPS 250mg, 500mg | 2 | |
| <i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm | 2 | |
| <i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm | 2 | |
| PEN GK/DEXTR INJ 20000/ML | 4 | |
| PEN GK/DEXTR INJ 40000/ML | 4 | |
| PEN GK/DEXTR INJ 60000/ML | 4 | |
| <i>penicillin g potassium</i> SOLR 20000000unit | 2 | |
| PENICILLIN G PROCAINE SUSP 600000unit/ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>penicillin g sodium</i> SOLR 5000000unit | 2 | |
| <i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 2 | |
| <i>pfizerpen</i> SOLR 20000000unit | 2 | |
| <i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm) | 2 | |
| <i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm) | 2 | |
| <i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm) | 2 | |
| TETRACYCLINES | | |
| <i>doxy 100</i> SOLR 100mg | 3 | |
| <i>doxycycline (monohydrate)</i> CAPS 50mg, 75mg, 100mg | 3 | |
| <i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 100mg | 2 | |
| <i>doxycycline (monohydrate)</i> TABS 75mg, 150mg | 4 | |
| <i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg | 2 | |
| <i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg | 2 | |
| NUZYRA SOLR 100mg; TABS 150mg | 5 | NM, LA; DL |
| <i>tetracycline hcl</i> CAPS 250mg, 500mg | 3 | |
| <i>tigecycline</i> SOLR 50mg | 4 | DL |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| <i>bendamustine hcl</i> SOLR 25mg, 100mg | 5 | NM; DL |
| BICNU SOLR 100mg | 4 | |
| <i>busulfan</i> SOLN 6mg/ml | 5 | DL |
| <i>carboplatin</i> SOLN 50mg/5ml, 450mg/45ml, 600mg/60ml | 2 | DL |
| <i>carboplatin</i> SOLN 150mg/15ml | 2 | |
| <i>cisplatin</i> SOLN 50mg/50ml | 2 | |
| <i>cisplatin</i> SOLN 200mg/200ml | 2 | DL |
| <i>cyclophosphamide</i> CAPS 25mg, 50mg | 3 | B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 3 | B/D |
| GLEOSTINE CAPS 10mg, 40mg, 100mg | 4 | NM |
| <i>ifosfamide</i> SOLR 1gm | 2 | |
| LEUKERAN TABS 2mg | 3 | |
| <i>melphalan hcl</i> SOLR 50mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml; SOLR 100mg | 4 | |
| <i>thiotepa</i> SOLR 15mg | 5 | NM; DL |
| TREANDA SOLR 25mg, 100mg | 5 | NM, LA; DL |
| YONDELIS SOLR 1mg | 5 | NM, LA; DL |
| ZANOSAR SOLR 1gm | 4 | |
| ANTIBIOTICS | | |
| <i>bleomycin sulfate</i> SOLR 15unit | 2 | |
| <i>bleomycin sulfate</i> SOLR 30unit | 2 | B/D |
| <i>daunorubicin hcl</i> SOLN 20mg/4ml | 2 | |
| <i>doxorubicin hcl</i> SOLN 2mg/ml | 2 | |
| <i>doxorubicin hcl liposomal</i> INJ 2mg/ml | 4 | |
| <i>epirubicin hcl</i> SOLN 200mg/100ml | 3 | |
| <i>idarubicin hcl</i> SOLN 5mg/5ml, 20mg/20ml | 2 | DL |
| <i>idarubicin hcl</i> SOLN 10mg/10ml | 2 | |
| <i>mitomycin</i> SOLR 5mg | 4 | |
| <i>mitomycin</i> SOLR 20mg, 40mg | 5 | DL |
| ANTIMETABOLITES | | |
| ARRANON SOLN 5mg/ml | 5 | DL |
| azacitidine SUSR 100mg | 5 | NM; DL |
| clofarabine SOLN 1mg/ml | 5 | DL |
| cytarabine SOLN 20mg/ml, 100mg/ml | 2 | B/D |
| cytarabine inj pf 20 mg/ml SOLN 20mg/ml | 2 | DL |
| decitabine SOLR 50mg | 5 | NM; DL |
| fludarabine phosphate SOLR 50mg | 2 | |
| fluorouracil SOLN 1gm/20ml | 2 | B/D; DL |
| fluorouracil SOLN 5gm/100ml | 2 | B/D |
| gemcitabine hcl SOLR 1gm, 2gm, 200mg | 2 | |
| INQOVI TAB 35-100MG | 5 | NM, LA, PA; DL |
| LONSURF TAB 15-6.14 | 5 | NM, LA, PA; DL |
| LONSURF TAB 20-8.19 | 5 | NM, LA, PA; DL |
| mercaptopurine TABS 50mg | 2 | |
| methotrexate sodium SOLN 50mg/2ml | 3 | |
| methotrexate sodium SOLR 1gm | 2 | |
| ONUREG TABS 200mg, 300mg | 5 | NM, LA, PA; DL |
| PURIXAN SUSP 2000mg/100ml | 4 | NM, LA |
| TABLOID TABS 40mg | 4 | |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> TABS 250mg, 500mg | 5 | NM; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------------|
| <i>anastrozole</i> TABS 1mg | 2 | |
| <i>bicalutamide</i> TABS 50mg | 2 | |
| ELIGARD KIT 7.5mg, 45mg | 4 | NM; DL |
| ELIGARD KIT 22.5mg, 30mg | 4 | NM |
| EMCYT CAPS 140mg | 3 | |
| ERLEADA TABS 60mg, 240mg | 5 | NM, LA; DL |
| EULEXIN CAPS 125mg | 4 | |
| <i>exemestane</i> TABS 25mg | 3 | |
| FASLODEX SOSY 250mg/5ml | 5 | DL |
| FIRMAGON SOLR 80mg | 4 | QL (4 vials / 28 days), NM; DL |
| FIRMAGON SOLR 120mg/vial | 5 | NM; DL |
| <i>flutamide</i> CAPS 125mg | 2 | |
| <i>letrozole</i> TABS 2.5mg | 2 | |
| LEUPROLIDE ACETATE INJ 22.5mg | 4 | NM |
| <i>leuprolide inj</i> 1mg/0.2 KIT 1mg/0.2ml | 2 | NM |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 4 | NM; DL |
| LUPRON DEPOT (1-MONTH) KIT 7.5mg | 5 | NM; DL |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg | 5 | NM; DL |
| LUPRON DEPOT (4-MONTH) KIT 30mg | 5 | NM; DL |
| LUPRON DEPOT (6-MONTH) KIT 45mg | 5 | NM; DL |
| LYSODREN TABS 500mg | 3 | NM, LA |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 2 | PA; DL |
| <i>nilutamide</i> TABS 150mg | 3 | |
| NUBEQA TABS 300mg | 5 | NM, LA; DL |
| ORGOVYX TABS 120mg | 5 | NM, LA; DL |
| ORSERDU TABS 86mg, 345mg | 5 | NM, LA; DL |
| SOLTAMOX SOLN 10mg/5ml | 4 | |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 2 | |
| <i>toremifene citrate</i> TABS 60mg | 5 | DL |
| TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg | 4 | NM |
| XTANDI CAPS 40mg; TABS 40mg, 80mg | 5 | NM, LA; DL |
| YONSA TABS 125mg | 5 | NM, LA; DL |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg | 5 | NM, LA; DL |
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 5 | QL (30 caps / 30 days), NM, LA; DL |
| REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg | 5 | NM, LA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| THALOMID CAPS 50mg, 100mg, 150mg, 200mg | 5 | NM, LA; DL |
| MISCELLANEOUS | | |
| BESREMI SOSY 500mcg/ml | 5 | NM, LA; DL |
| <i>bexarotene</i> CAPS 75mg | 5 | NM; DL |
| <i>dacarbazine</i> SOLR 100mg, 200mg | 2 | |
| ERWINAZE SOLR 10000unit | 5 | LA; DL |
| <i>hydroxyurea</i> CAPS 500mg | 2 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 500mg/25ml | 4 | |
| KISQALI 200 PAK FEMARA | 5 | NM, PA; DL |
| KISQALI 400 PAK FEMARA | 5 | NM, PA; DL |
| KISQALI 600 PAK FEMARA | 5 | NM, PA; DL |
| MATULANE CAPS 50mg | 5 | NM, LA; DL |
| <i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> CONC 2mg/ml | 2 | NM; DL |
| <i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> CONC 2mg/ml | 2 | NM |
| <i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i> CONC 2mg/ml | 2 | NM; DL |
| NIPENT SOLR 10mg | 5 | DL |
| PROLEUKIN SOLR 22000000unit | 5 | NM; DL |
| SYNRIBO SOLR 3.5mg | 5 | NM; DL |
| <i>topotecan hcl</i> SOLR 4mg | 5 | DL |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 5 | DL |
| WELIREG TABS 40mg | 5 | NM, LA; DL |
| MITOTIC INHIBITORS | | |
| ABRAXANE INJ 100MG | 5 | NM, LA; DL |
| DOCETAXEL CONC 80mg/4ml; SOLN 160mg/16ml | 3 | |
| ETOPOPHOS SOLR 100mg | 4 | |
| <i>etoposide</i> SOLN 100mg/5ml | 2 | |
| HALAVEN SOLN 1mg/2ml | 5 | NM; DL |
| IXEMPRA KIT SOLR 15mg | 5 | NM; DL |
| JEVTANA SOLN 60mg/1.5ml | 5 | NM, LA; DL |
| <i>paclitaxel</i> CONC 30mg/5ml, 150mg/25ml | 2 | DL |
| <i>paclitaxel</i> CONC 100mg/16.7ml | 2 | |
| <i>toposar</i> SOLN 100mg/5ml | 2 | |
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 3 | |
| MOLECULAR TARGET AGENTS | | |
| AFINITOR DISPERZ TBSO 2mg, 3mg, 5mg | 5 | NM, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---|
| ALECENSA CAPS 150mg | 5 | NM, LA, PA; DL |
| ALUNBRIG TABS 30mg, 90mg, 180mg | 5 | NM, LA, PA; DL |
| ALUNBRIG PAK | 5 | NM, LA, PA; DL |
| ARZERRA CONC 1000mg/50ml | 5 | NM, LA; DL |
| AVASTIN SOLN 100mg/4ml, 400mg/16ml | 5 | NM, LA; DL |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 5 | NM, LA, PA; DL |
| BALVERSA TABS 3mg, 4mg, 5mg | 5 | NM, LA, PA; DL |
| BELEODAQ SOLR 500mg | 5 | NM, LA; DL |
| BOSULIF TABS 100mg, 400mg, 500mg | 5 | NM, PA; DL |
| BRAFTOVI CAPS 75mg | 5 | NM, LA, PA; DL |
| BRUKINSA CAPS 80mg | 5 | NM, LA, PA; DL |
| CABOMETYX TABS 20mg, 40mg, 60mg | 5 | NM, LA, PA; DL |
| CALQUENCE CAPS 100mg; TABS 100mg | 5 | NM, LA, PA; DL |
| CAPRELSA TABS 100mg | 3 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| CAPRELSA TABS 300mg | 3 | QL (30 tabs / 30 days), NM, LA, PA; DL |
| COMETRIQ (60MG DOSE) KIT 20mg | 5 | NM, LA, PA; DL |
| COMETRIQ KIT 100MG | 5 | NM, LA, PA; DL |
| COMETRIQ KIT 140MG | 5 | NM, LA, PA; DL |
| COPIKTRA CAPS 15mg, 25mg | 5 | NM, LA, PA; DL |
| COTELLIC TABS 20mg | 5 | NM, LA, PA; DL |
| CYRAMZA SOLN 100mg/10ml, 500mg/50ml | 5 | NM, LA; DL |
| DARZALEX SOLN 100mg/5ml, 400mg/20ml | 5 | NM, LA; DL |
| DAURISMO TABS 25mg, 100mg | 5 | NM, LA, PA; DL |
| EMPLICITI SOLR 300mg, 400mg | 5 | NM, LA; DL |
| ERBITUX SOLN 100mg/50ml, 200mg/100ml | 5 | NM; DL |
| ERIVEDGE CAPS 150mg | 5 | NM, LA; DL |
| <i>erlotinib hcl</i> TABS 25mg, 100mg, 150mg | 5 | NM; DL |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg; TBSO 2mg, 3mg, 5mg | 5 | NM, PA; DL |
| EXKIVITY CAPS 40mg | 5 | NM, LA, PA; DL |
| FARYDAK CAPS 10mg, 15mg, 20mg | 5 | NM, LA, PA; DL |
| FOTIVDA CAPS .89mg, 1.34mg | 5 | NM, LA, PA; DL |
| GAVRETO CAPS 100mg | 5 | NM, LA, PA; DL |
| <i>gefitinib</i> TABS 250mg | 5 | NM, PA; DL |
| GILOTRIF TABS 20mg, 30mg, 40mg | 5 | NM, LA; DL |
| HERCEPTIN SOLR 150mg | 5 | NM, LA; DL |
| HERCEPTIN SOLR 440mg | 5 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg | 5 | NM, LA, PA; DL |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 5 | NM, LA, PA; DL |
| IDHIFA TABS 50mg, 100mg | 5 | NM, LA, PA; DL |
| <i>imatinib mesylate</i> TABS 100mg | 5 | QL (90 tabs / 30 days), NM, PA; DL |
| <i>imatinib mesylate</i> TABS 400mg | 5 | QL (60 tabs / 30 days), NM, PA; DL |
| IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg, 560mg | 5 | NM, LA, PA; DL |
| INLYTA TABS 1mg, 5mg | 5 | NM, LA, PA; DL |
| INREBIC CAPS 100mg | 5 | QL (120 caps / 30 days), NM, LA, PA; DL |
| IRESSA TABS 250mg | 5 | NM, LA, PA; DL |
| ISTODAX (OVERFILL) SOLR 10mg | 5 | NM; DL |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| JAYPIRCA TABS 50mg, 100mg | 5 | NM, LA, PA; DL |
| KADCYLA SOLR 100mg, 160mg | 5 | NM, LA; DL |
| KEYTRUDA SOLN 100mg/4ml | 5 | NM, LA; DL |
| KISQALI 200 DOSE TBPK 200mg | 5 | NM, PA; DL |
| KISQALI 400 DOSE TBPK 200mg | 5 | NM, PA; DL |
| KISQALI 600 DOSE TBPK 200mg | 5 | NM, PA; DL |
| KOSELUGO CAPS 10mg, 25mg | 5 | NM, LA, PA; DL |
| KRAZATI TABS 200mg | 5 | NM, LA, PA; DL |
| KYPROLIS SOLR 30mg, 60mg | 5 | NM, LA; DL |
| <i>lapatinib ditosylate</i> TABS 250mg | 5 | NM; DL |
| LARTRUVO SOLN 190mg/19ml, 500mg/50ml | 5 | LA; DL |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 5 | NM, LA, PA; DL |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 5 | NM, LA, PA; DL |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 5 | NM, LA, PA; DL |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 5 | NM, LA, PA; DL |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 5 | NM, LA, PA; DL |
| LENVIMA CAP 14 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 18 MG | 5 | NM, LA, PA; DL |
| LENVIMA CAP 24 MG | 5 | NM, LA, PA; DL |
| LORBRENA TABS 25mg, 100mg | 5 | NM, LA, PA; DL |
| LUMAKRAS TABS 120mg, 320mg | 5 | NM, LA, PA; DL |
| LYNPARZA TABS 100mg, 150mg | 5 | NM, LA, PA; DL |
| LYTGOBI TBPK 4mg | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg | 5 | NM, LA, PA; DL |
| MEKTOVI TABS 15mg | 5 | NM, LA, PA; DL |
| NERLYNX TABS 40mg | 5 | NM, LA, PA; DL |
| NEXAVAR TABS 200mg | 5 | NM, LA, PA; DL |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 5 | NM, PA; DL |
| ODOMZO CAPS 200mg | 5 | NM, LA, PA; DL |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 5 | NM, LA, PA; DL |
| PERJETA SOLN 420mg/14ml | 5 | NM, LA; DL |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 5 | NM, PA; DL |
| PIQRAY 250MG TAB DOSE | 5 | NM, PA; DL |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 5 | NM, PA; DL |
| QINLOCK TABS 50mg | 5 | NM, LA, PA; DL |
| RETEVMO CAPS 40mg, 80mg | 5 | NM, LA, PA; DL |
| REZLIDHIA CAPS 150mg | 5 | NM, LA; DL |
| RITUXAN SOLN 100mg/10ml, 500mg/50ml | 5 | NM, LA; DL |
| ROZLYTREK CAPS 100mg, 200mg | 5 | NM, LA, PA; DL |
| RUBRACA TABS 200mg, 250mg, 300mg | 5 | NM, LA, PA; DL |
| RYDAPT CAPS 25mg | 5 | NM, PA; DL |
| SCEMBLIX TABS 20mg, 40mg | 5 | NM, PA; DL |
| <i>sorafenib tosylate</i> TABS 200mg | 5 | NM, PA; DL |
| SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg | 5 | NM, PA; DL |
| STIVARGA TABS 40mg | 5 | NM, LA, PA; DL |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5 | NM, PA; DL |
| TABRECTA TABS 150mg, 200mg | 5 | NM, PA; DL |
| TAFINLAR CAPS 50mg, 75mg; TBSO 10mg | 5 | NM, LA; DL |
| TAGRISSO TABS 40mg, 80mg | 5 | NM, LA, PA; DL |
| TALZENNA CAPS .1mg, .25mg, .35mg, .5mg, .75mg, 1mg | 5 | NM, LA, PA; DL |
| TASIGNA CAPS 50mg, 150mg, 200mg | 5 | NM; DL |
| TAZVERIK TABS 200mg | 5 | NM, LA, PA; DL |
| TECENTRIQ SOLN 1200mg/20ml | 5 | NM, LA; DL |
| TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml | 5 | NM, LA, PA; DL |
| TEPMETKO TABS 225mg | 5 | NM, LA, PA; DL |
| TIBSOVO TABS 250mg | 5 | NM, LA; DL |
| TORISEL SOLN 25mg/ml | 5 | NM; DL |
| TRUSELTIQ CPPK 25mg, 100mg | 5 | LA, PA; DL |
| TRUSELTIQ CAP 125MG | 5 | LA, PA; DL |
| TUKYSA TABS 50mg, 150mg | 5 | NM, LA, PA; DL |
| TURALIO CAPS 125mg, 200mg | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| UKONIQ TABS 200mg | 5 | NM, LA, PA; DL |
| VECTIBIX SOLN 100mg/5ml, 400mg/20ml | 5 | NM, LA; DL |
| VENCLEXTA TABS 10mg, 50mg | 4 | NM, LA, PA; DL |
| VENCLEXTA TABS 100mg | 5 | NM, LA, PA; DL |
| VENCLEXTA TAB START PK | 5 | NM, LA, PA; DL |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 5 | NM, LA, PA; DL |
| VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml | 5 | NM, LA, PA; DL |
| VIZIMPRO TABS 15mg, 30mg, 45mg | 5 | NM, LA, PA; DL |
| VONJO CAPS 100mg | 5 | QL (120 caps / 30 days), NM, LA, PA; DL |
| VOTRIENT TABS 200mg | 5 | NM, LA; DL |
| XALKORI CAPS 200mg, 250mg | 5 | NM, LA, PA; DL |
| XOSPATA TABS 40mg | 5 | NM, LA, PA; DL |
| XPOVIO TBPK 40mg, 50mg, 60mg | 5 | NM, LA, PA; DL |
| XPOVIO 40 MG TWICE WEEKLY TBPK 40mg | 5 | NM, LA, PA; DL |
| XPOVIO 60 MG TWICE WEEKLY TBPK 20mg | 5 | NM, LA, PA; DL |
| XPOVIO 80 MG TWICE WEEKLY TBPK 20mg | 5 | NM, LA, PA; DL |
| ZEJULA CAPS 100mg; TABS 100mg, 200mg, 300mg | 5 | NM, LA, PA; DL |
| ZELBORAF TABS 240mg | 5 | NM, LA, PA; DL |
| ZOLINZA CAPS 100mg | 5 | NM; DL |
| ZYDELIG TABS 100mg | 5 | NM, LA, PA; DL |
| ZYDELIG TABS 150mg | 5 | NM, LA; DL |
| ZYKADIA TABS 150mg | 5 | NM, LA, PA; DL |
| PROTECTIVE AGENTS | | |
| <i>dexrazoxane hcl</i> SOLR 250mg | 4 | |
| ELITEK SOLR 1.5mg, 7.5mg | 5 | DL |
| <i>leucovorin calcium</i> SOLR 50mg, 100mg, 200mg, 350mg; TABS 5mg, 10mg | 2 | |
| <i>leucovorin calcium</i> TABS 15mg | 3 | |
| <i>leucovorin calcium</i> TABS 25mg | 4 | |
| <i>levoleucovorin calcium</i> SOLN 175mg/17.5ml | 5 | NM; DL |
| <i>mesna</i> SOLN 100mg/ml | 2 | |
| MESNEX TABS 400mg | 3 | |
| CARDIOVASCULAR | | |
| ACE INHIBITOR COMBINATIONS | | |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 2 | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 2 | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 1 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 1 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 1 | |
| <i>trandolapril-verapamil hcl tab er 1-240 mg</i> | 2 | |
| <i>trandolapril-verapamil hcl tab er 2-180 mg</i> | 2 | |
| <i>trandolapril-verapamil hcl tab er 2-240 mg</i> | 2 | |
| <i>trandolapril-verapamil hcl tab er 4-240 mg</i> | 2 | |
| ACE INHIBITORS | | |
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 2 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | 1 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 1 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 1 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 1 | |
| <i>perindopril erbumine TABS 2mg, 4mg, 8mg</i> | 2 | |
| <i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 1 | |
| <i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>trandolapril TABS 1mg, 2mg, 4mg</i> | 1 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone TABS 25mg, 50mg</i> | 2 | |
| <i>KERENDIA TABS 10mg, 20mg</i> | 4 | |
| <i>spironolactone TABS 25mg, 50mg, 100mg</i> | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i> | 2 | |
| <i>prazosin hcl CAPS 1mg, 2mg, 5mg</i> | 2 | |
| <i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i> | 2 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | 2 | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | 2 | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | 2 | |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> | 2 | |
| <i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> | 2 | |
| ENTRESTO TAB 24-26MG | 2 | |
| ENTRESTO TAB 49-51MG | 2 | |
| ENTRESTO TAB 97-103MG | 2 | |
| <i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 1 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 2 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 2 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 2 | |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 2 | |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 2 | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 2 | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg, 32mg</i> | 2 | |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | 1 | |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>olmesartan medoxomil TABS 5mg, 20mg, 40mg</i> | 2 | |
| <i>telmisartan TABS 20mg, 40mg, 80mg</i> | 1 | |
| <i>valsartan TABS 40mg, 80mg, 160mg, 320mg</i> | 1 | |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl SOLN 50mg/ml; TABS 100mg, 200mg, 400mg</i> | 2 | |
| <i>disopyramide phosphate CAPS 100mg, 150mg</i> | 2 | |
| <i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i> | 3 | NM |
| <i>flecainide acetate TABS 50mg, 100mg, 150mg</i> | 2 | |
| <i>mexiletine hcl CAPS 150mg, 200mg, 250mg</i> | 3 | |
| MULTAQ TABS 400mg | 4 | |
| NORPACE CR CP12 100mg, 150mg | 4 | |
| <i>pacerone TABS 100mg, 200mg, 400mg</i> | 2 | |
| <i>procainamide hcl SOLN 100mg/ml</i> | 2 | |
| <i>propafenone hcl CP12 225mg, 325mg, 425mg</i> | 3 | |
| <i>propafenone hcl TABS 150mg, 225mg, 300mg</i> | 2 | |
| <i>quinidine gluconate TBCR 324mg</i> | 3 | |
| <i>quinidine sulfate TABS 200mg, 300mg</i> | 3 | |
| <i>sorine TABS 80mg, 120mg, 160mg, 240mg</i> | 2 | |
| <i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i> | 2 | |
| <i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg | 2 | |
| <i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg | 2 | |
| <i>gemfibrozil</i> TABS 600mg | 2 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg | 2 | |
| LIVALO TABS 1mg, 2mg, 4mg | 4 | |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 1 | |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | 1 | |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | 1 | |
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | 1 | |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> PACK 4gm | 2 | |
| <i>cholestyramine light powder 4 gm/dose</i> PACK 4gm | 2 | |
| <i>colesevelam hcl</i> TABS 625mg | 4 | |
| <i>colestipol hcl</i> PACK 5gm; TABS 1gm | 2 | |
| <i>ezetimibe</i> TABS 10mg | 1 | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 1 | |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 1 | |
| <i>icosapent ethyl</i> CAPS .5gm, 1gm | 3 | |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 3 | |
| <i>niacor</i> TABS 500mg | 3 | |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 3 | |
| PRALUENT SOAJ 75mg/ml, 150mg/ml | 3 | QL (2 injections / 28 days), NM, PA; DL; (coverage restricted to Regeneron and Sanofi US brands only) |
| <i>prevalite</i> PACK 4gm | 2 | |
| VASCEPA CAPS .5gm, 1gm | 4 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 1 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 1 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 1 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 1 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl CAPS 200mg, 400mg</i> | 2 | |
| <i>atenolol TABS 25mg, 50mg, 100mg</i> | 1 | |
| <i>betaxolol hcl TABS 10mg, 20mg</i> | 2 | |
| <i>bisoprolol fumarate TABS 5mg, 10mg</i> | 1 | |
| <i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i> | 1 | |
| <i>carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg</i> | 3 | |
| <i>labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg</i> | 2 | |
| <i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i> | 1 | |
| <i>metoprolol tartrate TABS 25mg, 37.5mg, 50mg, 75mg, 100mg</i> | 1 | |
| <i>nadolol TABS 20mg, 40mg, 80mg</i> | 2 | |
| <i>nebivolol hcl TABS 2.5mg, 5mg, 10mg, 20mg</i> | 3 | |
| <i>pindolol TABS 5mg, 10mg</i> | 2 | |
| <i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg</i> | 2 | |
| <i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i> | 1 | |
| <i>timolol maleate TABS 5mg, 10mg, 20mg</i> | 2 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i> | 1 | |
| <i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i> | 2 | |
| <i>dilt-xr CP24 120mg, 180mg, 240mg</i> | 2 | |
| <i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 50mg/10ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i> | 2 | |
| <i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 2 | |
| <i>diltiazem hcl extended release beads CP24 360mg, 420mg</i> | 2 | |
| <i>felodipine TB24 2.5mg, 5mg, 10mg</i> | 2 | |
| <i>isradipine CAPS 2.5mg, 5mg</i> | 2 | |
| <i>nicardipine hcl CAPS 20mg, 30mg</i> | 2 | |
| <i>nifedipine TB24 30mg, 60mg, 90mg</i> | 2 | |
| <i>nimodipine CAPS 30mg</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------------|
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg | 4 | |
| <i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg | 2 | |
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg | 2 | |
| DIURETICS | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 2 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 2 | |
| <i>amiloride hcl</i> TABS 5mg | 2 | |
| <i>bumetanide</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 2 | |
| <i>furosemide</i> SOLN 10mg/ml | 2 | |
| <i>furosemide</i> TABS 20mg, 40mg, 80mg | 1 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 2 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 2 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 1 | |
| <i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg | 2 | |
| <i>triamterene</i> CAPS 50mg, 100mg | 2 | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 1 | |
| MISCELLANEOUS | | |
| ADRENALIN SOLN 1mg/ml | 3 | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | 3 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | 2 | |
| CORLANOR TABS 5mg, 7.5mg | 4 | |
| <i>digoxin</i> SOLN .05mg/ml | 3 | |
| <i>digoxin</i> SOLN .25mg/ml; TABS 250mcg | 2 | |
| <i>digoxin</i> TABS 125mcg | 2 | QL (30 tabs / 30 days) |
| <i>droxidopa</i> CAPS 100mg | 5 | QL (90 caps / 30 days), NM; DL |
| <i>droxidopa</i> CAPS 200mg, 300mg | 5 | QL (180 caps / 30 days), NM; DL |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>metyrosine</i> CAPS 250mg | 5 | DL |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg | 2 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 2 | |
| <i>ranolazine</i> TB12 500mg, 1000mg | 3 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg | 4 | |
| VYNDAMAX CAPS 61mg | 5 | NM, LA, PA; DL |
| NITRATES | | |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | 2 | |
| <i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg | 2 | |
| NITRO-BID OINT 2% | 3 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg | 2 | |
| NITROGLYCERIN SOLN 5mg/ml | 3 | |
| NITROSTAT SUBL .3mg, .4mg, .6mg | 3 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| <i>alyq</i> TABS 20mg | 5 | NM, PA; DL |
| <i>ambrisentan</i> TABS 5mg, 10mg | 5 | NM, LA, PA; DL |
| OPSUMIT TABS 10mg | 5 | NM, LA, PA; DL |
| <i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml | 5 | QL (180 mL / 30 days), NM, PA; DL |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | 2 | QL (90 tabs / 30 days), NM, PA; DL |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg | 5 | NM, PA; DL |
| TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 16-32-48 | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 16-32MCG | 5 | NM, LA, PA; DL |
| TYVASO DPI POW 32-48MCG | 5 | NM, LA, PA; DL |
| UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5 | NM, LA, PA; DL |
| VENTAVIS SOLN 10mcg/ml, 20mcg/ml | 5 | NM, LA, PA; DL |
| CENTRAL NERVOUS SYSTEM | | |
| ANTI-ANXIETY | | |
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg | 2 | QL (150 tabs / 30 days) |
| ALPRAZOLAM INTENSOL CONC 1mg/ml | 3 | DL |
| <i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg | 2 | |
| <i>chlordiazepoxide hcl</i> CAPS 5mg, 10mg, 25mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 2 | |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>lorazepam intensol</i> CONC 2mg/ml | 2 | DL |
| LOREEV XR CS24 1mg, 1.5mg, 2mg, 3mg | 4 | |
| <i>oxazepam</i> CAPS 10mg, 15mg, 30mg | 2 | |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride</i> TABS 5mg, 10mg, 23mg; TBDP 5mg, 10mg | 2 | |
| <i>ergoloid mesylates</i> TABS 1mg | 2 | |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg | 3 | |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg | 2 | |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg | 3 | |
| <i>memantine hcl</i> SOLN 2mg/ml; TABS 5mg, 10mg | 2 | |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | 2 | |
| NAMZARIC CAP 7-10MG | 4 | |
| NAMZARIC CAP 14-10MG | 4 | |
| NAMZARIC CAP 21-10MG | 4 | |
| NAMZARIC CAP 28-10MG | 4 | |
| NAMZARIC CAP PACK | 4 | |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg | 2 | |
| <i>rivastigmine transdermal</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 3 | |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | 2 | |
| AUVELITY TAB 45-105MG | 4 | |
| <i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg | 2 | |
| <i>bupropion hcl</i> TB24 150mg, 300mg | 3 | |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg | 2 | |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg | 3 | |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 2 | |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg | 3 | |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 3 | |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | 4 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 40mg, 60mg | 3 | |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 5 | DL |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg | 2 | |
| FETZIMA CP24 20mg, 40mg, 80mg, 120mg | 4 | |
| FETZIMA CAP TITRATIO | 4 | |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml | 2 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | 3 | |
| MARPLAN TABS 10mg | 4 | |
| <i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg | 2 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 2 | |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml | 2 | |
| <i>paroxetine hcl</i> SUSP 10mg/5ml; TABS 10mg, 20mg, 30mg, 40mg | 2 | |
| <i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg | 3 | |
| <i>phenelzine sulfate</i> TABS 15mg | 2 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | 2 | |
| <i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg | 2 | |
| <i>tranlycypromine sulfate</i> TABS 10mg | 2 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg | 2 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg | 3 | |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 2 | |
| VENLAFAXINE BESYLATE ER TB24 112.5mg | 3 | |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 2 | |
| <i>venlafaxine hcl</i> TB24 37.5mg, 75mg, 150mg, 225mg | 3 | |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg | 3 | |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS 100mg; SOLN 50mg/5ml; TABS 100mg | 2 | |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 3 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>bromocriptine mesylate</i> TABS 2.5mg | 2 | |
| <i>carbidopa</i> TABS 25mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 2 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 3 | |
| <i>entacapone TABS 200mg</i> | 3 | |
| INBRIJA CAPS 42mg | 5 | NM, LA; DL |
| NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr | 4 | |
| NOURIANZ TABS 20mg, 40mg | 5 | NM, LA; DL |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i> | 2 | |
| <i>rasagiline mesylate TABS .5mg, 1mg</i> | 3 | |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | 2 | |
| RYTARY CAP 95MG | 4 | |
| RYTARY CAP 145MG | 4 | |
| RYTARY CAP 195MG | 4 | |
| RYTARY CAP 245MG | 4 | |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i> | 3 | |
| <i>tolcapone TABS 100mg</i> | 5 | DL |
| <i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i> | 2 | |
| ANTIPSYCHOTICS | | |
| ABILIFY ASIMTUFGII PRSY 720mg/2.4ml, 960mg/3.2ml | 5 | DL |
| ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg | 5 | QL (1 injection / 28 days); DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>aripiprazole</i> SOLN 1mg/ml; TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg; TBDP 10mg, 15mg | 2 | |
| ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml | 5 | DL |
| ARISTADA INITIO PRSY 675mg/2.4ml | 5 | DL |
| <i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg | 4 | |
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | 5 | DL |
| <i>chlorpromazine hcl</i> SOLN 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 3 | |
| <i>clozapine</i> TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>clozapine</i> TBDP 12.5mg, 25mg, 100mg, 150mg | 3 | |
| <i>clozapine</i> TBDP 200mg | 5 | DL |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 5 | DL |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 2 | |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 2 | |
| GEODON SOLR 20mg | 4 | DL |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 2 | |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 2 | |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 2 | |
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | 5 | QL (1 injection / 180 days); DL |
| INVEGA SUSTENNA SUSY 39mg/0.25ml | 3 | QL (1 injection / 28 days) |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 5 | QL (1 injection / 28 days); DL |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | 5 | QL (1 syringe / 90 days); DL |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 2 | |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 80mg, 120mg | 4 | |
| LYBALVI TAB 5-10MG | 5 | DL |
| LYBALVI TAB 10-10MG | 5 | DL |
| LYBALVI TAB 15-10MG | 5 | DL |
| LYBALVI TAB 20-10MG | 5 | DL |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 4 | |
| NUPLAZID CAPS 34mg; TABS 10mg | 5 | NM, LA, PA; DL |
| <i>olanzapine</i> SOLR 10mg; TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; TBDP 5mg, 10mg, 15mg, 20mg | 2 | |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 6mg, 9mg | 4 | |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| PERSERIS PRSY 90mg, 120mg | 5 | DL |
| <i>pimozide</i> TABS 1mg, 2mg | 2 | |
| <i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg | 2 | |
| <i>quetiapine fumarate</i> TB24 50mg, 150mg, 200mg, 300mg, 400mg | 3 | |
| REXULTI TABS 2mg, 3mg, 4mg | 5 | QL (30 tabs / 30 days); DL |
| REXULTI TABS .25mg, .5mg, 1mg | 5 | DL |
| RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg | 4 | DL |
| <i>risperidone</i> SOLN 1mg/ml; TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; TBDP .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 2 | |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 5 | DL |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 3 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 2 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 2 | |
| UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml, 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml | 5 | DL |
| VERSACLOZ SUSP 50mg/ml | 5 | DL |
| VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg | 5 | DL |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | 2 | |
| <i>ziprasidone mesylate</i> SOLR 20mg | 3 | |
| ZYPREXA RELPREV SUSR 210mg | 4 | NM; DL |
| ZYPREXA RELPREV SUSR 300mg, 405mg | 5 | NM; DL |
| ANTIEPILEPTIC AGENTS | | |
| APTIOM TABS 200mg, 400mg, 600mg, 800mg | 5 | DL |
| BRIVIACT SOLN 10mg/ml, 50mg/5ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg | 5 | DL |
| <i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg | 2 | |
| CELONTIN CAPS 300mg | 3 | |
| <i>clobazam</i> SUSP 2.5mg/ml; TABS 10mg, 20mg | 4 | |
| <i>clonazepam</i> TABS .5mg, 1mg, 2mg; TBDP .125mg, .25mg, .5mg, 1mg, 2mg | 2 | |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 2 | |
| DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| DIASTAT ACUDIAL GEL 10mg, 20mg | 4 | |
| DIASTAT PEDIATRIC GEL 2.5mg | 4 | |
| <i>diazepam</i> SOLN 5mg/5ml | 2 | DL |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg | 2 | |
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 2 | |
| <i>diazepam intensol</i> CONC 5mg/ml | 3 | DL |
| DILANTIN CAPS 30mg, 100mg | 4 | |
| DILANTIN INFATABS CHEW 50mg | 4 | |
| DILANTIN-125 SUSP 125mg/5ml | 4 | |
| <i>divalproex sodium</i> CSDR 125mg; TBEC 125mg, 250mg, 500mg | 2 | |
| <i>divalproex sodium</i> TB24 250mg, 500mg | 3 | |
| EPIDIOLEX SOLN 100mg/ml | 5 | NM, LA, PA; DL |
| <i>epitol</i> TABS 200mg | 2 | |
| EPRONTIA SOLN 25mg/ml | 4 | |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml | 2 | |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg | 2 | |
| FINTEPLA SOLN 2.2mg/ml | 5 | NM, LA; DL |
| <i>fosphenytoin sodium</i> SOLN 100mgpe/2ml | 2 | |
| FYCOMPA SUSP .5mg/ml; TABS 4mg, 6mg, 8mg, 10mg, 12mg | 5 | DL |
| FYCOMPA TABS 2mg | 4 | QL (30 tabs / 30 days); DL |
| <i>gabapentin</i> CAPS 100mg, 300mg, 400mg; SOLN 250mg/5ml; TABS 600mg, 800mg | 2 | |
| <i>lacosamide</i> SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg | 4 | |
| <i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg; TABS 25mg, 100mg, 150mg, 200mg; TBP 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg | 4 | |
| <i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> | 2 | |
| <i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> | 2 | |
| <i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i> | 2 | |
| <i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> | 2 | |
| <i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>levetiracetam</i> SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg | 2 | |
| <i>levetiracetam</i> SOLN 500mg/5ml | 3 | |
| <i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml | 3 | |
| <i>methsuximide</i> CAPS 300mg | 3 | |
| NAYZILAM SOLN 5mg/0.1ml | 4 | DL |
| <i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg | 2 | |
| <i>phenobarbital</i> ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 2 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | 2 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 2 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | 2 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg | 3 | QL (90 caps / 30 days) |
| <i>pregabalin</i> CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days) |
| <i>pregabalin</i> SOLN 20mg/ml | 3 | QL (946 mL / 30 days); DL |
| <i>primidone</i> TABS 50mg, 125mg, 250mg | 2 | |
| <i>roweepra</i> TABS 500mg | 2 | |
| <i>rufinamide</i> SUSP 40mg/ml; TABS 400mg | 5 | DL |
| <i>rufinamide</i> TABS 200mg | 4 | |
| SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg | 4 | |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg | 2 | |
| <i>subvenite starter kit/blu</i> KIT 25mg | 2 | |
| <i>subvenite starter kit/gre</i> | 2 | |
| <i>subvenite starter kit/ora</i> | 2 | |
| SYMPAZAN FILM 5mg | 4 | |
| SYMPAZAN FILM 10mg, 20mg | 5 | DL |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 3 | |
| <i>topiramate</i> CP24 25mg, 50mg, 100mg, 200mg | 4 | |
| <i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml | 2 | |
| <i>valproic acid</i> CAPS 250mg | 2 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 4 | |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 4 | |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 4 | |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>vigabatrin</i> PACK 500mg; TABS 500mg | 5 | NM, LA; DL |
| <i>vigadrone</i> PACK 500mg | 5 | NM, LA; DL |
| VIMPAT SOLN 10mg/ml, 200mg/20ml; TABS 50mg, 100mg, 150mg, 200mg | 4 | |
| XCOPRI TABS 50mg, 100mg, 150mg, 200mg | 5 | DL |
| XCOPRI PAK 12.5-25 | 4 | |
| XCOPRI PAK 50-100MG | 5 | DL |
| XCOPRI PAK 100-150 | 5 | DL |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 5 | DL |
| XCOPRI PAK 150-200MG (TITRATION) | 5 | DL |
| ZONISADE SUSP 100mg/5ml | 3 | |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | 2 | |
| ZTALMY SUSP 50mg/ml | 5 | NM, LA, PA; DL |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 2 | |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 2 | |
| atomoxetine hcl CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg | 3 | |
| <i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg, 10mg | 2 | |
| <i>dextroamphetamine sulfate</i> SOLN 5mg/5ml; TABS 5mg, 10mg | 2 | |
| <i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 3mg, 4mg | 2 | |
| <i>methylphenidate hcl</i> SOLN 5mg/5ml, 10mg/5ml; TABS 5mg, 10mg, 20mg | 2 | |
| HYPNOTICS | | |
| <i>doxepin hcl (sleep)</i> TABS 3mg, 6mg | 3 | QL (30 tabs / 30 days) |
| <i>flurazepam hcl</i> CAPS 15mg, 30mg | 2 | QL (30 caps / 30 days); DL |
| HETLIOZ CAPS 20mg | 5 | NM, LA, PA; DL |
| <i>ramelteon</i> TABS 8mg | 3 | QL (30 tabs / 30 days) |
| <i>tasimelteon</i> CAPS 20mg | 5 | NM, PA; DL |
| <i>temazepam</i> CAPS 7.5mg, 15mg, 22.5mg, 30mg | 2 | QL (30 caps / 30 days); DL |
| <i>zaleplon</i> CAPS 5mg, 10mg | 3 | QL (30 caps / 30 days); DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>zolpidem tartrate</i> TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days); DL |
| <i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg | 2 | QL (30 tabs / 30 days) |
| MIGRAINE | | |
| AIMOVIG SOAJ 70mg/ml, 140mg/ml | 3 | NM, PA |
| AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml | 3 | NM, PA |
| <i>almotriptan malate</i> TABS 6.25mg | 3 | QL (12 tabs / 30 days) |
| <i>almotriptan malate</i> TABS 12.5mg | 3 | QL (8 tabs / 30 days) |
| <i>dihydroergotamine mesylate</i> SOLN 1mg/ml | 5 | QL (24 ampules / 30 days); DL |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 5 | QL (8 mL / 28 days); DL |
| <i>eletriptan hydrobromide</i> TABS 20mg | 2 | QL (12 tabs / 30 days) |
| <i>eletriptan hydrobromide</i> TABS 40mg | 2 | QL (8 tabs / 30 days) |
| EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml | 3 | NM, PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | QL (43 tabs / 30 days) |
| <i>naratriptan hcl</i> TABS 1mg | 2 | QL (18 tabs / 30 days) |
| <i>naratriptan hcl</i> TABS 2.5mg | 2 | QL (9 tabs / 30 days) |
| NURTEC TBDP 75mg | 3 | QL (16 tabs / 30 days) |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg | 2 | QL (12 tabs / 30 days) |
| <i>sumatriptan</i> SOLN 5mg/act, 20mg/act | 4 | QL (12 units / 30 days) |
| <i>sumatriptan succinate</i> SOLN 6mg/0.5ml | 4 | QL (8 vials / 30 days) |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg | 2 | QL (18 tabs / 30 days) |
| <i>sumatriptan succinate</i> TABS 100mg | 2 | QL (9 tabs / 30 days) |
| UBRELVY TABS 50mg, 100mg | 3 | QL (16 tabs / 30 days) |
| <i>zolmitriptan</i> SOLN 2.5mg, 5mg | 4 | QL (12 units / 30 days) |
| <i>zolmitriptan</i> TABS 2.5mg | 2 | QL (12 tabs / 30 days) |
| <i>zolmitriptan</i> TABS 5mg | 2 | QL (8 tabs / 30 days) |
| <i>zolmitriptan odt tab 2.5 mg</i> TBDP 2.5mg | 2 | QL (12 tabs / 30 days) |
| <i>zolmitriptan odt tab 5 mg</i> TBDP 5mg | 2 | QL (8 tabs / 30 days) |
| MISCELLANEOUS | | |
| AUSTEDO TABS 6mg, 9mg, 12mg | 5 | NM, LA, PA; DL |
| AUSTEDO XR TB24 6mg, 12mg, 24mg | 5 | NM, PA; DL |
| ENSPRYNG SOSY 120mg/ml | 5 | NM, LA, PA; DL |
| EVRYSDI SOLR .75mg/ml | 5 | QL (240 mL / 30 days), NM, LA, PA; DL |
| EXSERVAN FILM 50mg | 5 | NM, LA; DL |
| FIRDAPSE TABS 10mg | 5 | NM, LA, PA; DL |
| INGREZZA CAPS 40mg, 60mg, 80mg | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| INGREZZA CAP 40-80MG | 5 | NM, LA, PA; DL |
| LITHIUM SOLN 8meq/5ml | 3 | |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg | 2 | |
| NUDEXTA CAP 20-10MG | 3 | PA; DL |
| <i>pyridostigmine bromide</i> TABS 60mg | 2 | |
| <i>pyridostigmine bromide</i> TBCR 180mg | 3 | |
| <i>riluzole</i> TABS 50mg | 4 | |
| TEGSEDI SOSY 284mg/1.5ml | 5 | NM, LA, PA; DL |
| <i>tetrabenazine</i> TABS 12.5mg, 25mg | 4 | NM, PA |
| MULTIPLE SCLEROSIS AGENTS | | |
| AUBAGIO TABS 7mg, 14mg | 5 | QL (30 tabs / 30 days), NM, LA; DL |
| AVONEX PSKT 30mcg/0.5ml | 5 | NM; DL |
| AVONEX PEN AJKT 30mcg/0.5ml | 5 | NM; DL |
| BAFIERTAM CPDR 95mg | 5 | NM, LA; DL |
| BETASERON KIT .3mg | 5 | NM; DL |
| <i>dalfampridine</i> TB12 10mg | 3 | QL (60 tabs / 30 days), NM; DL |
| <i>dimethyl fumarate</i> CPDR 120mg, 240mg | 5 | QL (60 caps / 30 days), NM; DL |
| <i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> | 5 | NM; DL |
| <i> fingolimod hcl</i> CAPS .5mg | 5 | QL (30 caps / 30 days), NM; DL |
| GILENYA CAPS .25mg, .5mg | 5 | QL (30 caps / 30 days), NM; DL |
| <i>glatiramer acetate</i> SOSY 20mg/ml | 5 | QL (30 syringes / 30 days), NM; DL |
| <i>glatiramer acetate</i> SOSY 40mg/ml | 5 | NM; DL |
| <i>glatopa</i> SOSY 20mg/ml | 5 | QL (30 mL / 30 days), NM; DL; (20MG/ML) |
| <i>glatopa</i> SOSY 40mg/ml | 5 | NM; DL; (40MG/ML) |
| KESIMPTA SOAJ 20mg/0.4ml | 5 | NM, LA; DL |
| MAYZENT TABS .25mg, 1mg, 2mg | 5 | NM, LA; DL |
| MAYZENT STARTER PACK (7) TBPK .25mg | 4 | NM, LA |
| MAYZENT STARTER PACK (12) TBPK .25mg | 5 | NM, LA; DL |
| PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml | 5 | NM, LA; DL |
| REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml | 5 | NM; DL |
| REBIF REBIDO INJ TITRATN | 5 | NM; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml | 5 | NM; DL |
| REBIF TITRTN INJ PACK | 5 | NM; DL |
| <i>teriflunomide</i> TABS 7mg, 14mg | 5 | QL (30 tabs / 30 days), NM; DL |
| TYSABRI CONC 300mg/15ml | 5 | NM, LA; DL |
| VUMERITY CPDR 231mg | 5 | NM, LA; DL |
| VUMERITY STARTER CPDR 231mg | 5 | LA; DL |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen</i> TABS 10mg, 20mg | 2 | |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 3 | |
| <i>metaxalone</i> TABS 800mg | 3 | DL |
| <i>methocarbamol</i> TABS 500mg, 750mg | 3 | DL |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | 2 | |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil</i> TABS 50mg | 4 | QL (60 tabs / 30 days), PA |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 100mg | 3 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 200mg | 3 | QL (60 tabs / 30 days), PA |
| SODIUM OXYBATE SOLN 500mg/ml | 5 | QL (540 mL / 30 days), NM, LA, PA; DL |
| WAKIX TABS 4.45mg, 17.8mg | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| XYREM SOLN 500mg/ml | 5 | QL (540 mL / 30 days), NM, LA, PA; DL |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium</i> TBEC 333mg | 3 | |
| <i>buprenorphine hcl</i> SUBL 2mg, 8mg | 2 | |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 3 | QL (90 films / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 2 | QL (90 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent) TB12 150mg</i> | 2 | |
| <i>disulfiram TABS 250mg, 500mg</i> | 2 | |
| <i>KLOXXADO LIQD 8mg/0.1ml</i> | 4 | DL |
| <i>naloxone hcl LIQD 4mg/0.1ml; SOSY 2mg/2ml</i> | 2 | DL |
| <i>naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml</i> | 2 | |
| <i>naltrexone hcl TABS 50mg</i> | 2 | |
| <i>NARCAN LIQD 4mg/0.1ml</i> | 4 | DL |
| <i>NICOTROL INHALER INHA 10mg</i> | 4 | |
| <i>NICOTROL NS SOLN 10mg/ml</i> | 4 | |
| <i>varenicline tartrate TABS .5mg, 1mg</i> | 4 | |
| <i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> | 4 | |
| <i>VIVITROL SUSR 380mg</i> | 5 | NM; DL |
| <i>ZIMHI SOSY 5mg/0.5ml</i> | 4 | DL |

ENDOCRINE AND METABOLIC**ANDROGENS**

| | | |
|--|---|-------------------------|
| <i>METHITEST TABS 10mg</i> | 4 | |
| <i>methyltestosterone CAPS 10mg</i> | 4 | |
| <i>oxandrolone TABS 2.5mg</i> | 2 | QL (120 tabs / 30 days) |
| <i>oxandrolone TABS 10mg</i> | 3 | |
| <i>testosterone GEL 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; SOLN 30mg/act</i> | 3 | |
| <i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i> | 2 | |
| <i>testosterone enanthate SOLN 200mg/ml</i> | 2 | |

ANTIDIABETICS

| | | |
|--|---|---------------------------|
| <i>acarbose TABS 25mg, 50mg, 100mg</i> | 2 | |
| <i>BYDUREON BCISE AUIJ 2mg/0.85ml</i> | 2 | QL (4 pens / 28 days), PA |
| <i>BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml</i> | 2 | QL (1 pen / 30 days), PA |
| <i>FARXIGA TABS 5mg, 10mg</i> | 2 | QL (30 tabs / 30 days) |
| <i>glimepiride TABS 1mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>glimepiride TABS 2mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>glimepiride TABS 4mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>glip/metform tab 2.5-250m</i> | 2 | QL (240 tabs / 30 days) |
| <i>glip/metform tab 2.5-500m</i> | 2 | QL (120 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>glip/metform tab 5-500mg</i> | 2 | QL (120 tabs / 30 days) |
| <i>glipizide TABS 5mg; TB24 2.5mg</i> | 1 | QL (240 tabs / 30 days) |
| <i>glipizide TABS 10mg; TB24 5mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>glipizide TB24 10mg</i> | 1 | QL (60 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 3 | QL (30 tabs / 30 days) |
| INVOKAMET TAB 50-500MG | 4 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 50-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-500 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET TAB 150-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-500MG | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 50-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-500 | 4 | QL (60 tabs / 30 days) |
| INVOKAMET XR TAB 150-1000 | 4 | QL (60 tabs / 30 days) |
| INVOKANA TABS 100mg | 4 | QL (60 tabs / 30 days) |
| INVOKANA TABS 300mg | 4 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| JARDIANCE TABS 10mg | 2 | QL (60 tabs / 30 days) |
| JARDIANCE TABS 25mg | 2 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 3 | QL (30 tabs / 30 days) |
| <i>metformin hcl TABS 500mg</i> | 1 | QL (150 tabs / 30 days) |
| <i>metformin hcl TABS 850mg</i> | 1 | QL (90 tabs / 30 days) |
| <i>metformin hcl TABS 1000mg</i> | 1 | QL (75 tabs / 30 days) |
| <i>metformin hcl TB24 500mg</i> | 1 | QL (120 tabs / 30 days) |
| <i>metformin hcl TB24 750mg</i> | 1 | QL (60 tabs / 30 days) |
| <i>miglitol TABS 25mg, 50mg, 100mg</i> | 2 | |
| MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 2 | QL (4 pens / 28 days), PA |
| <i>nateglinide TABS 60mg, 120mg</i> | 2 | |
| OZEMPIC SOPN 2mg/3ml, 4mg/3ml | 2 | QL (1 pen / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| OZEMPIC INJ 8MG/3ML | 2 | QL (1 pen / 28 days), PA |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | 2 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 2 | QL (90 tabs / 30 days) |
| <i>repaglinide</i> TABS .5mg, 1mg, 2mg | 2 | |
| RYBELSUS TABS 3mg, 7mg, 14mg | 2 | QL (30 tabs / 30 days), PA |
| SYMLINPEN 60 SOPN 1500mcg/1.5ml | 4 | |
| SYMLINPEN 120 SOPN 2700mcg/2.7ml | 4 | |
| SYNJARDY TAB 5-500MG | 3 | QL (120 tabs / 30 days) |
| SYNJARDY TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-500 | 3 | QL (60 tabs / 30 days) |
| SYNJARDY TAB 12.5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 10-1000 | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 12.5-1000MG | 3 | QL (60 tabs / 30 days) |
| SYNJARDY XR TAB 25-1000 | 3 | QL (30 tabs / 30 days) |
| TRADJENTA TABS 5mg | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 2 | QL (4 pens / 28 days), PA |
| XIGDUO XR TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 3 | QL (30 tabs / 30 days) |
| ANTIDIABETICS, INSULINS | | |
| BASAGLAR KWIKPEN SOPN 100unit/ml | 3 | |
| BD SWAB REG PAD SNGL USE | 3 | |
| GAUZE PADS & DRESSINGS - PADS 2 X 2 | 3 | |
| HUMALOG SOCT 100unit/ml; SOLN 100unit/ml | 3 | |
| HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml | 3 | |
| HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| HUMALOG MIX INJ 50/50 | 3 | |
| HUMALOG MIX INJ 50/50KWP | 3 | |
| HUMALOG MIX INJ 75/25KWP | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| HUMALOG MIX SUS 75/25 | 3 | |
| HUMULIN INJ 70/30 | 3 | |
| HUMULIN INJ 70/30KWP | 3 | |
| HUMULIN N SUSP 100unit/ml | 3 | |
| HUMULIN N KWIKPEN SUPN 100unit/ml | 3 | |
| HUMULIN R SOLN 100unit/ml | 3 | |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 3 | |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 3 | |
| INSULIN LISP INJ PROTAMIN | 3 | |
| INSULIN LISPRO SOLN 100unit/ml | 3 | |
| INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml | 3 | |
| INSULIN LISPRO KWIKPEN SOPN 100unit/ml | 3 | |
| INSULIN PEN NEEDLE | 3 | |
| INSULIN SYRINGE (DISP) U-100 0.3 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1 ML | 3 | |
| INSULIN SYRINGE (DISP) U-100 1/2 ML | 3 | |
| ISOPROPYL ALCOHOL 0.7 ML/ML | 3 | |
| LANTUS SOLN 100unit/ml | 3 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 3 | |
| LEVEMIR SOLN 100unit/ml | 3 | |
| LEVEMIR FLEXPEN SOPN 100unit/ml | 3 | |
| LYUMJEV SOLN 100unit/ml | 3 | |
| LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml | 3 | |
| NEEDLES, INSULIN DISP., SAFETY | 3 | |
| OMNIPOD 5 G6 KIT INTRO | 4 | QL (1 kit / 365 days) |
| OMNIPOD 5 G6 MIS PODS | 4 | QL (10 pods / 30 days) |
| OMNIPOD DASH MIS PODS | 4 | QL (10 pods / 30 days) |
| OMNIPOD MIS CLASSIC | 4 | QL (10 pods / 30 days) |
| OMNIPOD PDM KIT CLASSIC | 4 | QL (1 kit / 365 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 3 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 3 | |
| TRESIBA SOLN 100unit/ml | 3 | |
| TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml | 3 | |
| V-GO 20 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| V-GO 30 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| V-GO 40 KIT | 4 | QL (30 devices (1 box) / 30 days) |
| XULTOPHY INJ 100/3.6 | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------------|
| CALCIUM REGULATORS | | |
| <i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg | 2 | |
| <i>alendronate sodium</i> TABS 35mg, 70mg | 1 | |
| <i>calcitonin (salmon)</i> SOLN 200unit/act | 2 | |
| FORTEO SOPN 600mcg/2.4ml | 5 | QL (2.4 mL / 28 days), NM, PA; DL |
| <i>ibandronate sodium</i> SOLN 3mg/3ml | 4 | |
| <i>ibandronate sodium</i> TABS 150mg | 2 | |
| NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg | 5 | LA, PA; DL |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 2 | |
| PROLIA SOSY 60mg/ml | 4 | QL (2 injections / year), NM |
| <i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg; TBEC 35mg | 2 | |
| TERIPARATIDE SOPN 620mcg/2.48ml | 5 | QL (2.48 mL / 28 days), NM, PA; DL |
| XGEVA SOLN 120mg/1.7ml | 5 | NM, PA; DL |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml | 4 | NM |
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | 5 | DL |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg; TBSO 250mg, 500mg | 5 | NM; DL |
| <i>deferasirox</i> TABS 90mg | 4 | NM; DL |
| <i>deferasirox</i> TBSO 125mg | 4 | NM |
| <i>deferiprone</i> TABS 500mg, 1000mg | 5 | NM, LA; DL |
| DEPEN TITRATABS TABS 250mg | 5 | NM; DL |
| <i>penicillamine</i> TABS 250mg | 5 | NM; DL |
| <i>sodium polystyrene sulfonate powder</i> | 2 | |
| <i>sps</i> SUSP 15gm/60ml | 2 | |
| <i>trientine hcl</i> CAPS 250mg | 5 | NM, PA; DL |
| VELTASSA PACK 8.4gm, 16.8gm, 25.2gm | 3 | |
| CONTRACEPTIVES | | |
| <i>altavera</i> | 2 | |
| <i>alyacen 1/35</i> | 2 | |
| <i>amethia</i> | 2 | |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 2 | |
| <i>ashlyna</i> | 2 | |
| <i>aubra eq</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>aviane</i> | 2 | |
| BALCOLTRA TAB 0.1-20 | 3 | |
| <i>balziva</i> | 2 | |
| <i>blisovi 24 fe</i> | 2 | |
| <i>blisovi fe 1.5/30</i> | 2 | |
| <i>briellyn</i> | 2 | |
| <i>camila</i> TABS .35mg | 2 | |
| <i>camrese lo</i> | 3 | |
| <i>cryselle-28</i> | 2 | |
| <i>deblitane</i> TABS .35mg | 2 | |
| <i>delyla</i> | 2 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 4 | |
| <i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> | 2 | |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>dolishale</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 2 | |
| <i>eluryng</i> | 2 | |
| <i>enpresse-28</i> | 2 | |
| <i>enskyce</i> | 2 | |
| <i>errin</i> TABS .35mg | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | 2 | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 2 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | 2 | |
| <i>falmina</i> | 2 | |
| <i>gemmily</i> | 2 | |
| <i>iclevia</i> | 2 | |
| <i>introvale</i> | 2 | |
| <i>isibloom</i> | 2 | |
| <i>jasmiel</i> | 2 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 2 | |
| <i>junel 1/20</i> | 2 | |
| <i>junel fe 1.5/30</i> | 2 | |
| <i>junel fe 1/20</i> | 2 | |
| <i>junel fe 24</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>kaitlib fe</i> | 2 | |
| <i>kariva</i> | 2 | |
| <i>kelnor 1/35</i> | 2 | |
| <i>kelnor 1/50</i> | 2 | |
| <i>kurvelo</i> | 2 | |
| <i>larin 1.5/30</i> | 2 | |
| <i>larin 1/20</i> | 2 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>layolis fe</i> | 2 | |
| <i>leena</i> | 3 | |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 3 | |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | 2 | |
| <i>levonorgestrel-eth est tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 2 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | 2 | |
| <i>levora 0.15/30-28</i> | 2 | |
| <i>loryna</i> | 2 | |
| <i>low-ogestrel</i> | 2 | |
| <i>lutra</i> | 2 | |
| <i>lyleq TABS .35mg</i> | 2 | |
| <i>lyza TABS .35mg</i> | 2 | |
| <i>marlissa</i> | 2 | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 2 | |
| <i>merzee</i> | 2 | |
| <i>microgestin 1.5/30</i> | 3 | |
| <i>microgestin 1/20</i> | 3 | |
| <i>microgestin 24 fe</i> | 3 | |
| <i>microgestin fe 1.5/30</i> | 3 | |
| <i>microgestin fe 1/20</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>necon 0.5/35-28</i> | 3 | |
| NEXTSTELLIS TAB 3-14.2MG | 3 | |
| <i>nikki</i> | 2 | |
| <i>nora-be</i> TABS .35mg | 3 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | 2 | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | 2 | |
| <i>norethindrone (contraceptive) TABS .35mg</i> | 2 | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 2 | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 2 | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 2 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 2 | |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 2 | |
| <i>norlyroc</i> TABS .35mg | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 2 | |
| <i>nortrel 1/35</i> | 2 | |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>nylia 1/35</i> | 2 | |
| <i>nylia 7/7/7</i> | 2 | |
| <i>nymyo</i> | 2 | |
| <i>pimtrea</i> | 2 | |
| <i>portia-28</i> | 2 | |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 2 | |
| <i>sharobel</i> TABS .35mg | 2 | |
| SLYND TABS 4mg | 3 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>tarina 24 fe</i> | 2 | |
| <i>tarina fe 1/20 eq</i> | 2 | |
| <i>tilia fe</i> | 2 | |
| <i>tri-legest fe</i> | 2 | |
| <i>tri-nymyo</i> | 2 | |
| <i>tri-sprintec</i> | 2 | |
| <i>trivora-28</i> | 2 | |
| TYBLUME CHW 0.1-0.02 | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tydemy</i> | 2 | |
| <i>velivet</i> | 2 | |
| <i>vestura</i> | 2 | |
| <i>vienva</i> | 2 | |
| <i>vyfemla</i> | 2 | |
| <i>wymzya fe</i> | 2 | |
| <i>xulane</i> | 2 | |
| <i>zafemy</i> | 2 | |
| <i>zovia 1/35</i> | 2 | |
| ENDOMETRIOSIS | | |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg | 2 | |
| SYNAREL SOLN 2mg/ml | 3 | |
| ESTROGENS | | |
| <i>amabelz</i> | 2 | |
| BIJUVA CAP 1-100MG | 3 | |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg | 3 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 2 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 2 | |
| <i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg | 2 | |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml | 3 | |
| <i>estropipate</i> TABS 1.5mg, 3mg | 2 | |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 2 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 2 | |
| PREMARIN CREA .625mg/gm; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg | 3 | |
| PREMARIN SOLR 25mg | 4 | |
| PREMPRO TAB 0.3-1.5 | 3 | |
| PREMPRO TAB 0.45-1.5 | 3 | |
| PREMPRO TAB 0.625-2.5 | 3 | |
| PREMPRO TAB 0.625-5 | 3 | |
| <i>yuvafem</i> TABS 10mcg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| GLUCOCORTICOIDS | | |
| DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml | 3 | |
| <i>dexamethasone</i> SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 2 | |
| <i>dexamethasone sodium phosphate</i> SOLN 10mg/ml, 120mg/30ml | 2 | |
| <i>fludrocortisone acetate</i> TABS .1mg | 2 | |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg | 2 | |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg | 2 | |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | 2 | |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg | 2 | |
| <i>prednisolone</i> SOLN 15mg/5ml | 2 | |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml | 2 | |
| <i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 2 | |
| PREDNISON INTENSOL CONC 5mg/ml | 3 | |
| SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg | 3 | |
| SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg | 3 | |
| GLUCOSE ELEVATING AGENTS | | |
| BAQSIMI ONE PACK POWD 3mg/dose | 3 | |
| <i>diazoxide</i> SUSP 50mg/ml | 3 | |
| GLUCAGON EMERGENCY KIT KIT 1mg | 3 | |
| GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml | 3 | |
| GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml | 3 | |
| MISCELLANEOUS | | |
| ACTHAR GEL 80unit/ml | 5 | NM, LA, PA; DL |
| <i>betaine powder for oral solution</i> | 4 | NM, LA |
| <i>cabergoline</i> TABS .5mg | 2 | |
| <i>carglumic acid</i> TBSO 200mg | 5 | NM, LA; DL |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg, 90mg | 3 | B/D, NM |
| CORTROPHIN GEL 80unit/ml | 5 | NM, LA, PA; DL |
| CYSTAGON CAPS 50mg, 150mg | 3 | NM, LA |
| <i>desmopressin acetate</i> TABS .1mg, .2mg | 2 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 2 | |
| DOJOLVI LIQD 100% | 5 | NM, LA; DL |
| EGRIFTA SV SOLR 2mg | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--|
| ENDARI PACK 5gm | 5 | NM, LA; DL |
| GALAFOLD CAPS 123mg | 5 | NM, LA, PA; DL |
| HUMATROPE CART 6mg, 12mg, 24mg | 5 | NM, PA; DL |
| INCRELEX SOLN 40mg/4ml | 5 | NM, LA; DL |
| ISTURISA TABS 1mg, 5mg, 10mg | 5 | NM, LA; DL |
| JYNARQUE TABS 15mg, 30mg; TBPK 15mg | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 30-15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 45-15MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 60-30MG | 5 | NM, LA, PA; DL |
| JYNARQUE PAK 90-30MG | 5 | NM, LA, PA; DL |
| KORLYM TABS 300mg | 5 | QL (120 tabs / 30 days), NM, LA, PA; DL |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | 3 | |
| LUPRON DEPOT-PED KIT 45mg | 5 | NM; DL |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg | 5 | NM; DL |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg | 5 | NM; DL |
| <i>miglustat</i> CAPS 100mg | 5 | NM, PA; DL |
| MYALEPT SOLR 11.3mg | 5 | NM, LA, PA; DL |
| MYCAPSSA CPDR 20mg | 5 | NM, LA; DL |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg | 5 | NM; DL |
| NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml | 5 | NM, PA; DL |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml | 4 | NM; DL |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml | 5 | NM; DL |
| ORFADIN CAPS 20mg; SUSP 4mg/ml | 5 | NM, LA; DL |
| ORIAHNN CAP | 5 | DL |
| PROCYSBI PACK 75mg, 300mg | 5 | NM, LA; DL |
| <i>raloxifene hcl</i> TABS 60mg | 3 | |
| RAVICTI LIQD 1.1gm/ml | 5 | NM, LA; DL |
| SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg | 5 | NM; DL |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg | 5 | NM, PA; DL |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 5 | NM, LA; DL |
| SIGNIFOR LAR SRER 20mg, 40mg, 60mg | 5 | NM, LA; DL |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 5 | NM, LA; DL |
| <i>tolvaptan</i> TABS 15mg, 30mg | 5 | NM, PA; DL |
| VIJOICE TBPK 50mg, 125mg | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| VIJOICE TAB 250MG | 5 | NM, LA, PA; DL |
| ZORBTIVE SOLR 8.8mg | 5 | NM, PA; DL |
| PHOSPHATE BINDER AGENTS | | |
| AURYXIA TABS 210mg | 5 | PA; DL |
| calcium acetate (phosphate binder) CAPS 667mg; TABS 667mg | 2 | |
| lanthanum carbonate CHEW 500mg, 750mg, 1000mg | 3 | |
| sevelamer carbonate PACK .8gm, 2.4gm; TABS 800mg | 3 | |
| sevelamer hcl TABS 400mg, 800mg | 3 | |
| PROGESTINS | | |
| medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg | 2 | |
| megestrol acetate SUSP 40mg/ml | 2 | PA; DL |
| megestrol acetate (appetite) SUSP 625mg/5ml | 4 | PA; DL |
| norethindrone acetate TABS 5mg | 2 | |
| progesterone CAPS 100mg, 200mg | 2 | |
| THYROID AGENTS | | |
| ARMOUR THYROID TABS 15mg, 30mg, 60mg, 90mg, 120mg, 180mg, 240mg, 300mg | 3 | |
| euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | |
| liothyronine sodium SOLN 10mcg/ml; TABS 5mcg, 25mcg, 50mcg | 2 | |
| methimazole TABS 5mg, 10mg | 2 | |
| np thyroid 15 TABS 15mg | 1 | |
| np thyroid 30 TABS 30mg | 1 | |
| np thyroid 60 TABS 60mg | 1 | |
| np thyroid 90 TABS 90mg | 1 | |
| np thyroid 120 TABS 120mg | 1 | |
| propylthiouracil TABS 50mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 3 | |
| TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml | 3 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 3 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml | 2 | |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 4 | |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg; SOLN 2mcg/ml | 4 | |
| RAYALDEE CPCR 30mcg | 5 | DL |
| GASTROINTESTINAL | | |
| ANTIEMETICS | | |
| <i>aprepitant</i> CAPS 40mg | 3 | B/D, QL (1 cap / 30 days); DL |
| <i>aprepitant</i> CAPS 80mg | 3 | B/D, QL (8 caps / 30 days); DL |
| <i>aprepitant</i> CAPS 125mg | 3 | B/D, QL (2 caps / 30 days); DL |
| <i>aprepitant pak 80 & 125</i> | 3 | B/D, QL (6 caps / 30 days); DL |
| <i>compro</i> SUPP 25mg | 2 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | 3 | QL (60 caps / 30 days), PA |
| <i>granisetron hcl</i> TABS 1mg | 2 | B/D, QL (30 tabs / 30 days); DL |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | 2 | |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg | 2 | |
| <i>ondansetron hcl</i> SOLN 4mg/2ml | 2 | |
| <i>ondansetron hcl</i> SOLN 4mg/5ml | 3 | B/D; DL |
| <i>ondansetron hcl</i> SOLN 40mg/20ml | 2 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------------|
| <i>ondansetron hcl</i> TABS 4mg, 8mg | 2 | B/D; DL |
| <i>ondansetron tab 4mg odt</i> TBDP 4mg | 2 | B/D; DL |
| <i>ondansetron tab 8mg odt</i> TBDP 8mg | 2 | B/D; DL |
| <i>prochlorperazine</i> SUPP 25mg | 2 | |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | 2 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 2 | |
| <i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml | 2 | |
| <i>promethazine hcl</i> SUPP 12.5mg, 25mg; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg | 2 | DL |
| <i>promethegan</i> SUPP 25mg, 50mg | 2 | DL |
| SANCUSO PTCH 3.1mg/24hr | 4 | DL |
| <i>scopolamine</i> PT72 1mg/3days | 3 | QL (10 patches / 30 days) |
| VARUBI TBPK 90mg | 4 | B/D, QL (4 tabs / 30 days), NM; DL |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg | 2 | |
| <i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml; TABS 1mg, 2mg | 2 | |
| <i>methscopolamine bromide</i> TABS 2.5mg, 5mg | 2 | |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>famotidine</i> SOLN 20mg/2ml; SUSR 40mg/5ml; TABS 20mg, 40mg | 2 | |
| <i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml | 2 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 2 | |
| <i>ranitidine hcl</i> SOLN 50mg/2ml | 2 | |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> CAPS 750mg | 2 | |
| <i>budesonide</i> CPEP 3mg | 4 | |
| <i>budesonide</i> TB24 9mg | 5 | QL (30 tabs / 30 days); DL |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | 3 | |
| <i>mesalamine</i> CP24 .375gm | 3 | |
| <i>mesalamine</i> CPDR 400mg; SUPP 1000mg; TBEC 1.2gm, 800mg | 4 | |
| <i>mesalamine</i> ENEM 4gm | 2 | |
| ORTIKOS CP24 6mg, 9mg | 5 | DL |
| <i>sulfasalazine</i> TABS 500mg; TBEC 500mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| LAXATIVES | | |
| <i>constulose</i> SOLN 10gm/15ml | 2 | |
| <i>enulose</i> SOLN 10gm/15ml | 2 | |
| <i>gavilyte-c</i> | 2 | |
| <i>gavilyte-g</i> | 2 | |
| <i>generlac</i> SOLN 10gm/15ml | 2 | |
| <i>lactulose</i> SOLN 10gm/15ml | 2 | |
| <i>peg-3350/electrolytes/asc</i> | 2 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 2 | |
| MISCELLANEOUS | | |
| <i>alosetron hcl</i> TABS .5mg, 1mg | 5 | DL |
| <i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i> | 4 | |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | 2 | |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 2 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 2 | |
| GATTEX KIT 5mg | 5 | NM, LA, PA; DL |
| HELIDAC MIS THERAPY | 4 | |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 4 | QL (30 caps / 30 days) |
| <i>loperamide hcl</i> CAPS 2mg | 2 | |
| <i>lubiprostone</i> CAPS 8mcg, 24mcg | 3 | QL (60 caps / 30 days) |
| <i>misoprostol</i> TABS 100mcg, 200mcg | 2 | |
| MOVANTIK TABS 12.5mg, 25mg | 3 | |
| RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml | 5 | DL |
| SUCRAID SOLN 8500unit/ml | 5 | NM, LA; DL |
| <i>sucrafate</i> SUSP 1gm/10ml | 3 | |
| <i>sucrafate</i> TABS 1gm | 2 | |
| SYMPROIC TABS .2mg | 3 | |
| TALICIA CAP | 4 | |
| <i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg | 3 | |
| VOWST CAP | 5 | QL (12 caps / 30 days), NM, LA, PA; DL |
| XERMELO TABS 250mg | 5 | QL (90 tabs / 30 days), NM, LA, PA; DL |
| XIFAXAN TABS 550mg | 5 | PA; DL |
| PANCREATIC ENZYMES | | |
| CREON CAP 3000UNIT | 3 | |
| CREON CAP 6000UNIT | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| CREON CAP 12000UNT | 3 | |
| CREON CAP 24000UNT | 3 | |
| CREON CAP 36000UNT | 3 | |
| ZENPEP CAP 3000UNIT | 4 | |
| ZENPEP CAP 5000UNIT | 4 | |
| ZENPEP CAP 10000UNT | 4 | |
| ZENPEP CAP 15000UNT | 4 | |
| ZENPEP CAP 20000UNT | 4 | |
| ZENPEP CAP 25000UNT | 4 | |
| ZENPEP CAP 40000UNT | 4 | |
| PROTON PUMP INHIBITORS | | |
| <i>dexlansoprazole</i> CPDR 30mg, 60mg | 3 | QL (30 caps / 30 days) |
| <i>lansoprazole</i> CPDR 15mg, 30mg | 2 | QL (60 caps / 30 days) |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | QL (60 caps / 30 days) |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg | 1 | QL (60 tabs / 30 days) |
| <i>rabeprazole sodium</i> TBEC 20mg | 2 | QL (60 tabs / 30 days) |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> TB24 10mg | 2 | |
| <i>dutasteride</i> CAPS .5mg | 2 | |
| <i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg | 2 | |
| <i>finasteride</i> TABS 5mg | 2 | |
| <i>silodosin</i> CAPS 4mg, 8mg | 2 | |
| <i>tadalafil</i> TABS 2.5mg, 5mg | 3 | QL (30 tabs / 30 days), PA; DL |
| <i>tamsulosin hcl</i> CAPS .4mg | 2 | |
| MISCELLANEOUS | | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 2 | |
| <i>flavoxate hcl</i> TABS 100mg | 2 | |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | 3 | |
| <i>tiopronin</i> TABS 100mg | 5 | NM; DL |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg | 3 | |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg | 4 | |
| GEMTESA TABS 75mg | 4 | |
| MYRBETRIQ TB24 25mg, 50mg | 3 | |
| <i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg; TB24 5mg, 10mg, 15mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>solifenacin succinate</i> TABS 5mg, 10mg | 3 | |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg | 3 | |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg | 2 | |
| <i>tropium chloride</i> CP24 60mg | 3 | |
| <i>tropium chloride</i> TABS 20mg | 2 | |
| VAGINAL ANTI-INFECTIVES | | |
| CLEOCIN SUPP 100mg | 4 | |
| <i>clindamycin phosphate vaginal</i> CREA 2% | 2 | |
| <i>metronidazole vaginal</i> GEL .75% | 2 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 2 | |
| VANDAZOLE GEL .75% | 3 | |
| HEMATOLOGIC | | |
| ANTICOAGULANTS | | |
| <i>argatroban</i> SOLN 250mg/2.5ml | 5 | DL |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg | 4 | |
| ELIQUIS TABS 2.5mg, 5mg | 3 | |
| ELIQUIS STARTER PACK TBPK 5mg | 3 | |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | DL |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | 4 | DL |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | DL |
| FRAGMIN SOLN 9500unit/3.8ml; SOSY 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml | 5 | DL |
| FRAGMIN SOSY 2500unit/0.2ml, 5000unit/0.2ml | 4 | DL |
| HEP SOD/D5W INJ 25000UNT | 3 | |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 3 | |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 2 | |
| PRADAXA CAPS 75mg, 110mg, 150mg | 4 | |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 2 | |
| XARELTO SUSR 1mg/ml; TABS 2.5mg, 10mg, 15mg, 20mg | 3 | |
| XARELTO STAR TAB 15/20MG | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------------|
| HEMATOPOIETIC GROWTH FACTORS | | |
| GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NM; DL |
| MOZOBIL SOLN 24mg/1.2ml | 5 | NM, LA; DL |
| NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NM; DL |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | B/D, NM |
| PROCRIT SOLN 20000unit/ml | 5 | B/D, NM; DL |
| PROCRIT SOLN 40000unit/ml | 5 | B/D, QL (8 vials / 30 days), NM; DL |
| UDENYCA SOAJ 6mg/0.6ml; SOSY 6mg/0.6ml | 5 | NM; DL |
| MISCELLANEOUS | | |
| <i>aminocaproic acid</i> TABS 500mg, 1000mg | 3 | DL |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | 4 | |
| CABLIVI KIT 11mg | 5 | NM, LA; DL |
| <i>cilostazol</i> TABS 50mg, 100mg | 2 | |
| CINRYZE SOLR 500unit | 5 | NM, LA, PA; DL |
| DROXIA CAPS 200mg, 300mg, 400mg | 3 | |
| <i>icatibant acetate</i> SOSY 30mg/3ml | 5 | NM, PA; DL |
| MULPLETA TABS 3mg | 5 | NM, PA; DL |
| ORLADEYO CAPS 110mg, 150mg | 5 | NM, LA, PA; DL |
| OXBRYTA TABS 300mg, 500mg; TBSO 300mg | 5 | NM, LA; DL |
| <i>pentoxifylline</i> TBCR 400mg | 2 | |
| PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg | 5 | NM, LA, PA; DL |
| RUCONEST SOLR 2100unit | 5 | NM, LA, PA; DL |
| TAKHZYRO SOLN 300mg/2ml; SOSY 150mg/ml, 300mg/2ml | 5 | NM, LA, PA; DL |
| TAVNEOS CAPS 10mg | 5 | NM, LA; DL |
| <i>tranexamic acid</i> SOLN 1000mg/10ml | 2 | |
| <i>tranexamic acid</i> TABS 650mg | 3 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 3 | |
| BRILINTA TABS 60mg, 90mg | 3 | |
| <i>clopidogrel bisulfate</i> TABS 75mg, 300mg | 2 | |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS | | |
| DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml | 5 | NM, PA; DL |
| ENBREL SOLN 25mg/0.5ml; SOLR 25mg; SOSY 25mg/0.5ml, 50mg/ml | 5 | NM, PA; DL |
| ENBREL MINI SOCT 50mg/ml | 5 | NM, PA; DL |
| ENBREL SURECLICK SOAJ 50mg/ml | 5 | NM, PA; DL |
| HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEDIA INJ CROHNS | 5 | NM, PA; DL |
| HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN KIT PS/UV | 5 | NM, PA; DL |
| HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml | 5 | NM, PA; DL |
| HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml | 5 | NM, PA; DL |
| KINERET SOSY 100mg/0.67ml | 5 | NM, PA; DL |
| OTEZLA TABS 30mg | 5 | NM, PA; DL |
| OTEZLA TAB 10/20/30 | 5 | NM, PA; DL |
| RINVOQ TB24 15mg, 30mg, 45mg | 5 | NM, PA; DL |
| SKYRIZI PSKT 75mg/0.83ml; SOCT 180mg/1.2ml, 360mg/2.4ml; SOSY 150mg/ml | 5 | NM, PA; DL |
| SKYRIZI PEN SOAJ 150mg/ml | 5 | NM, PA; DL |
| STELARA SOLN 45mg/0.5ml | 5 | NM, LA, PA; DL; (vials) |
| STELARA SOSY 45mg/0.5ml | 5 | NM, PA; DL; (syringes) |
| STELARA SOSY 90mg/ml | 5 | NM, PA; DL |
| TALTZ SOAJ 80mg/ml; SOSY 80mg/ml | 5 | NM, LA, PA; DL |
| XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg | 5 | NM, PA; DL |
| XELJANZ XR TB24 11mg, 22mg | 5 | NM, PA; DL |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | | |
| <i>hydroxychloroquine sulfate</i> TABS 200mg | 3 | |
| <i>leflunomide</i> TABS 10mg, 20mg | 3 | |
| <i>methotrexate sodium</i> TABS 2.5mg | 2 | |
| RIDAURA CAPS 3mg | 3 | DL |
| XATMEP SOLN 2.5mg/ml | 4 | DL |
| IMMUNOGLOBULINS | | |
| BIVIGAM SOLN 5gm/50ml | 5 | NM, LA, PA; DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| FLEBOGAMMA DIF SOLN 5gm/50ml | 5 | NM, PA; DL |
| GAMASTAN INJ | 4 | NM, LA, PA |
| GAMMAGARD LIQUID SOLN 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA; DL |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 5 | NM, PA; DL |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NM, PA; DL |
| GAMMAPLEX SOLN 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml | 5 | NM, LA, PA; DL |
| GAMUNEX-C SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NM, PA; DL |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml | 5 | NM, PA; DL |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NM, PA; DL |
| PRIVIGEN SOLN 20gm/200ml | 5 | NM, PA; DL |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 2000000unit/0.5ml | 5 | NM, LA, PA; DL |
| ARCALYST SOLR 220mg | 5 | NM, LA, PA; DL |
| GRASTEK SUBL 2800bau | 4 | PA; DL |
| INTRON A SOLN 6000000unit/ml; SOLR 10000000unit, 18000000unit | 3 | NM, LA; DL |
| INTRON A SOLN 10000000unit/ml | 5 | NM; DL |
| INTRON A SOLR 50000000unit | 5 | NM, LA; DL |
| ODACTRA SUB | 4 | PA; DL |
| SYNAGIS SOLN 100mg/ml | 5 | NM; DL |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CP24 .5mg, 1mg, 5mg | 4 | B/D, NM |
| ATGAM INJ 50mg/ml | 5 | DL |
| AZATHIOPRINE SOLR 100mg | 3 | B/D |
| azathioprine TABS 50mg, 75mg, 100mg | 2 | B/D |
| BENLYSTA SOAJ 200mg/ml | 5 | QL (4 auto-injectors / 28 days), NM, LA, PA; DL |
| BENLYSTA SOLR 120mg, 400mg | 5 | NM, LA, PA; DL |
| BENLYSTA SOSY 200mg/ml | 5 | QL (4 syringes / 28 days), NM, LA, PA; DL |
| cyclosporine CAPS 25mg, 100mg | 3 | B/D, NM |
| cyclosporine SOLN 50mg/ml | 2 | B/D, NM |
| cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 2 | B/D, NM |
| ENVARUSUS XR TB24 .75mg, 1mg, 4mg | 4 | B/D, NM |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg | 5 | B/D, NM; DL |
| <i>everolimus (immunosuppressant)</i> TABS .25mg | 4 | B/D, QL (60 tabs / 30 days), NM; DL |
| <i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml | 2 | B/D, NM |
| LUPKYNIS CAPS 7.9mg | 5 | QL (180 caps / 30 days), NM, LA, PA; DL |
| <i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg | 2 | B/D, NM |
| <i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i> SOLR 500mg | 3 | B/D, NM |
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg | 3 | B/D, NM |
| NULOJIX SOLR 250mg | 5 | B/D, NM; DL |
| PROGRAF PACK .2mg, 1mg; SOLN 5mg/ml | 4 | B/D, NM |
| REZUROCK TABS 200mg | 5 | NM, LA, PA; DL |
| SIMULECT SOLR 10mg, 20mg | 4 | B/D |
| <i>sirolimus</i> SOLN 1mg/ml | 4 | B/D, NM |
| <i>sirolimus</i> TABS .5mg, 1mg, 2mg | 3 | B/D, NM |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | 2 | B/D, NM |
| THYMOGLOBULIN SOLR 25mg | 3 | B/D |
| VACCINES | | |
| ACTHIB INJ | 3 | |
| ADACEL INJ | 3 | |
| BCG VACCINE SOLR 50mg | 4 | |
| BEXSERO INJ | 3 | |
| BOOSTRIX INJ | 3 | |
| DAPTACEL INJ | 3 | |
| DIP/TET PED INJ 25-5LFU | 3 | |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 3 | B/D |
| GARDASIL 9 INJ | 4 | |
| HAVRIX SUSP 720elu/0.5ml, 1440elu/ml | 3 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 3 | B/D |
| HIBERIX SOLR 10mcg | 3 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 3 | |
| INFANRIX INJ | 3 | |
| IPOL INJ INACTIVE | 4 | |
| IXIARO INJ | 4 | |
| JYNNEOS SUSP .5ml | 3 | |
| KINRIX INJ | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| M-M-R II INJ | 3 | |
| MENACTRA INJ | 3 | |
| MENQUADFI INJ | 3 | |
| MENVEO INJ | 3 | |
| MENVEO SOL | 3 | |
| PEDIARIX INJ 0.5ML | 3 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 4 | |
| PENTACEL INJ | 3 | |
| PREHEVBRIO SUSP 10mcg/ml | 3 | B/D |
| PRIORIX INJ | 3 | |
| PROQUAD INJ | 4 | |
| QUADRACEL INJ | 3 | |
| QUADRACEL INJ 0.5ML | 3 | |
| RABAVERT INJ | 3 | DL |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 3 | B/D |
| ROTARIX SUS | 4 | |
| ROTATEQ SOL | 4 | |
| SHINGRIX SUSR 50mcg/0.5ml | 3 | QL (2 injections in lifetime) |
| TDVAX INJ 2-2 LF | 3 | |
| TENIVAC INJ 5-2LF | 3 | |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 3 | |
| TRUMENBA INJ | 3 | |
| TWINRIX INJ | 3 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 4 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml | 3 | |
| VARIVAX INJ 1350pfu/0.5ml | 3 | |
| YF-VAX INJ | 4 | |

NUTRITIONAL/SUPPLEMENTS**ELECTROLYTES/MINERALS, INJECTABLE**

| | | |
|--|---|----|
| D10W/NACL INJ 0.2% | 3 | |
| DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45% | 3 | |
| <i>dextrose 5% in lactated ringers</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | 3 | |
| ISOLYTE-P INJ /D5W | 4 | DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| ISOLYTE-S INJ PH 7.4 | 4 | DL |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 2 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 3 | |
| KCL/D5W/LACT INJ 20MEQ/L | 3 | |
| <i>lactated ringer's solution</i> | 3 | |
| <i>magnesium sulfate SOLN 50%</i> | 3 | |
| PLASMA-LYTE INJ -148 | 4 | DL |
| PLASMA-LYTE INJ -A | 4 | DL |
| <i>potassium chloride SOLN 2meq/ml</i> | 2 | |
| POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml | 3 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 3 | |
| <i>ringer's solution</i> | 3 | |
| <i>sodium chloride SOLN .9%</i> | 2 | |
| <i>sodium chloride SOLN .45%, 3%</i> | 3 | |
| ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| <i>effervescent pot chloride</i> | 2 | |
| <i>klor-con PACK 20meq</i> | 2 | |
| <i>klor-con 8 TBCR 8meq</i> | 3 | |
| <i>klor-con 10 TBCR 10meq</i> | 3 | |
| <i>klor-con m10 TBCR 10meq</i> | 2 | |
| <i>klor-con m15 TBCR 15meq</i> | 3 | |
| <i>klor-con m20 TBCR 20meq</i> | 2 | |
| <i>klor-con/ef TBEF 25meq</i> | 2 | |
| <i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq</i> | 2 | |
| <i>potassium chloride SOLN 10%, 20%; TBCR 20meq</i> | 3 | |
| <i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i> | 2 | |
| <i>sodium fluoride 2.2 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| IV NUTRITION | | |
| <i>dextrose SOLN 5%</i> | 2 | |
| <i>dextrose SOLN 10%</i> | 3 | |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4 | B/D; DL |
| PREMASOL SOL 10% | 3 | B/D; DL |
| PROSOL INJ 20% | 4 | B/D; DL |
| TRAVASOL INJ 10% | 3 | B/D; DL |
| TROPHAMINE INJ 10% | 4 | B/D; DL |
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 2 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 2 | |
| ANTI-INFECTIVES | | |
| AZASITE SOLN 1% | 4 | |
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 2 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 2 | |
| CILOXAN OINT .3% | 4 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 2 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 2 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 2 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 2 | |
| <i>levofloxacin (ophth) SOLN .5%</i> | 2 | |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i> | 2 | |
| NATACYN SUSP 5% | 4 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 2 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 2 | |
| <i>ofloxacin (ophth) SOLN .3%</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 2 | |
| <i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i> | 2 | |
| <i>tobramycin (ophth) SOLN .3%</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| TOBEX OINT .3% | 4 | |
| <i>trifluridine</i> SOLN 1% | 2 | |
| ZIRGAN GEL .15% | 4 | |
| ANTI-INFLAMMATORIES | | |
| <i>bromfenac sodium (ophth)</i> SOLN .09% | 2 | |
| <i>dexamethasone sodium phosphate (ophth)</i> SOLN .1% | 2 | |
| <i>diclofenac sodium (ophth)</i> SOLN .1% | 2 | |
| <i>difluprednate</i> EMUL .05% | 3 | |
| EYSUVIS SUSP .25% | 4 | |
| <i>fluorometholone (ophth)</i> SUSP .1% | 3 | |
| <i>flurbiprofen sodium</i> SOLN .03% | 2 | |
| FML FORTE SUSP .25% | 4 | |
| <i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5% | 2 | |
| LOTEMAX OINT .5% | 3 | |
| LOTEMAX SM GEL .38% | 4 | |
| <i>loteprednol etabonate</i> GEL .5%; SUSP .5% | 3 | |
| NEVANAC SUSP .1% | 4 | |
| PRED MILD SUSP .12% | 4 | |
| <i>prednisolone acetate (ophth)</i> SUSP 1% | 3 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 3 | |
| PROLENSA SOLN .07% | 4 | |
| ANTIALLERGICS | | |
| <i>azelastine hcl (ophth)</i> SOLN .05% | 2 | |
| <i>bepotastine besilate</i> SOLN 1.5% | 2 | |
| <i>cromolyn sodium (ophth)</i> SOLN 4% | 2 | |
| <i>epinastine hcl (ophth)</i> SOLN .05% | 2 | |
| <i>olopatadine hcl</i> SOLN .1% | 2 | |
| ZERVIATE SOLN .24% | 3 | |
| ANTIGLAUCOMA | | |
| <i>apraclonidine hcl</i> SOLN .5% | 2 | |
| <i>betaxolol hcl (ophth)</i> SOLN .5% | 2 | |
| BETOPTIC-S SUSP .25% | 4 | |
| <i>bimatoprost</i> SOLN .03% | 2 | |
| <i>brimonidine tartrate</i> SOLN .2% | 2 | |
| <i>brimonidine tartrate</i> SOLN .15% | 3 | |
| <i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5% | 2 | |
| <i>brinzolamide</i> SUSP 1% | 2 | |
| <i>carteolol hcl (ophth)</i> SOLN 1% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>dorzolamide hcl</i> SOLN 2% | 2 | |
| <i>dorzolamide hcl-timolol maleate ophth soln</i> 22.3-6.8 mg/ml | 2 | |
| IOPIDINE SOLN 1% | 4 | |
| <i>latanoprost</i> SOLN .005% | 2 | |
| <i>levobunolol hcl</i> SOLN .5% | 2 | |
| LUMIGAN SOLN .01% | 3 | |
| <i>pilocarpine hcl</i> SOLN 1%, 2%, 4% | 3 | |
| RHOPRESSA SOLN .02% | 3 | |
| ROCKLATAN DRO | 3 | |
| SIMBRINZA SUS 1-0.2% | 4 | |
| <i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5% | 2 | |
| <i>travoprost</i> SOLN .004% | 2 | |
| VYZULTA SOLN .024% | 4 | |
| MISCELLANEOUS | | |
| <i>atropine sulfate (ophthalmic)</i> SOLN 1% | 3 | |
| <i>cyclosporine (ophth)</i> EMUL .05% | 3 | |
| CYSTADROPS SOLN .37% | 5 | NM, LA, PA; DL |
| CYSTARAN SOLN .44% | 5 | NM, LA, PA; DL |
| EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml | 5 | NM, LA; DL |
| LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml | 5 | NM, LA; DL |
| OXERVATE SOLN .002% | 5 | NM, LA; DL |
| RESTASIS EMUL .05% | 3 | |
| RESTASIS MULTIDOSE EMUL .05% | 3 | |
| XIIDRA SOLN 5% | 3 | |
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid (otic)</i> SOLN 2% | 3 | |
| <i>ciprofloxacin hcl (otic)</i> SOLN .2% | 2 | |
| <i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1% | 2 | |
| <i>fluocinolone acetonide (otic)</i> OIL .01% | 2 | |
| <i>neomycin-polymyxin-hc otic soln</i> 1% | 2 | |
| <i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1% | 2 | |
| <i>ofloxacin (otic)</i> SOLN .3% | 2 | |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPT AER 62.5-25 | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| BEVESPI AER 9-4.8MCG | 3 | |
| BREZTRI AERO AER SPHERE | 3 | |
| COMBIVENT AER 20-100 | 3 | |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 2 | B/D |
| TRELEGY AER 100MCG | 3 | |
| TRELEGY AER 200MCG | 3 | |
| ANTICHOLINERGICS | | |
| ATROVENT HFA AERS 17mcg/act | 3 | |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 3 | |
| <i>ipratropium bromide SOLN .02%</i> | 2 | B/D |
| <i>ipratropium bromide (nasal) SOLN .03%, .06%</i> | 2 | |
| YUPELRI SOLN 175mcg/3ml | 4 | B/D |
| ANTI-HISTAMINES | | |
| <i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> | 2 | |
| <i>azelastine spr 0.1% SOLN .1%</i> | 2 | |
| <i>cyproheptadine hcl TABS 4mg</i> | 3 | |
| <i>desloratadine TABS 5mg</i> | 2 | |
| <i>diphenhydramine hcl SOLN 50mg/ml</i> | 2 | |
| <i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i> | 2 | |
| <i>hydroxyzine pamoate CAPS 25mg, 50mg, 100mg</i> | 2 | |
| <i>levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg</i> | 2 | |
| <i>olopatadine hcl (nasal) SOLN .6%</i> | 2 | |
| BETA AGONISTS | | |
| <i>albuterol sulfate AERS 108mcg/act; SYRP 2mg/5ml; TABS 2mg, 4mg</i> | 2 | |
| <i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i> | 2 | B/D |
| <i>arformoterol tartrate NEBU 15mcg/2ml</i> | 4 | B/D; DL |
| <i>formoterol fumarate NEBU 20mcg/2ml</i> | 4 | B/D; DL |
| <i>levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i> | 2 | B/D |
| <i>levalbuterol tartrate AERO 45mcg/act</i> | 3 | |
| SEREVENT DISKUS AEPB 50mcg/dose | 3 | |
| <i>terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg</i> | 2 | |
| VENTOLIN HFA AERS 108mcg/act | 3 | |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium CHEW 4mg, 5mg; TABS 10mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>zafirlukast</i> TABS 10mg, 20mg | 2 | |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 2 | B/D; DL |
| ARALAST NP SOLR 1000mg | 5 | NM, LA, PA; DL |
| BRONCHITOL CAPS 40mg | 4 | NM, LA, PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 2 | B/D |
| DALIRESP TABS 250mcg, 500mcg | 4 | DL |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml | 3 | QL (4 pens / 30 days) |
| ESBRIET CAPS 267mg; TABS 267mg, 801mg | 5 | NM, LA, PA; DL |
| FASENRA SOSY 30mg/ml | 5 | NM, LA, PA; DL |
| FASENRA PEN SOAJ 30mg/ml | 5 | NM, LA, PA; DL |
| GLASSIA SOLN 1000mg/50ml | 5 | NM, LA, PA; DL |
| KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg | 5 | NM, LA, PA; DL |
| KALYDECO TABS 150mg | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| OFEV CAPS 100mg, 150mg | 5 | NM, LA, PA; DL |
| ORKAMBI GRA 75-94MG | 5 | NM, LA, PA; DL |
| ORKAMBI GRA 100-125 | 5 | NM, LA, PA; DL |
| ORKAMBI GRA 150-188 | 5 | NM, LA, PA; DL |
| ORKAMBI TAB 100-125 | 5 | NM, LA, PA; DL |
| ORKAMBI TAB 200-125 | 5 | NM, LA, PA; DL |
| <i>pirfenidone</i> CAPS 267mg; TABS 267mg, 534mg, 801mg | 5 | NM, PA; DL |
| PROLASTIN-C SOLR 1000mg | 5 | NM, LA, PA; DL |
| PULMOZYME SOLN 2.5mg/2.5ml | 5 | B/D, NM; DL |
| <i>roflumilast</i> TABS 250mcg, 500mcg | 4 | DL |
| SYMDEKO TAB 50-75MG | 5 | QL (60 tabs / 30 days), NM, LA, PA; DL |
| THEO-24 CP24 100mg, 200mg | 4 | |
| <i>theophylline</i> TB12 300mg, 450mg | 3 | |
| <i>theophylline</i> TB24 400mg, 600mg | 2 | |
| TRIKAFTA TAB | 5 | QL (84 tabs / 28 days), NM, LA, PA; DL |
| XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml | 5 | NM, LA, PA; DL |
| ZEMAIRA SOLR 1000mg | 5 | NM, LA, PA; DL |
| NASAL STEROIDS | | |
| <i>flunisolide (nasal)</i> SOLN .025% | 2 | |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act | 2 | |
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| XHANCE EXHU 93mcg/act | 3 | |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 3 | |
| <i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml | 3 | B/D |
| FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist | 3 | |
| FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act | 3 | |
| <i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act | 3 | |
| PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act | 4 | |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR HFA AER 45/21 | 4 | |
| ADVAIR HFA AER 115/21 | 4 | |
| ADVAIR HFA AER 230/21 | 4 | |
| BREO ELLIPTA INH 100-25 | 3 | |
| BREO ELLIPTA INH 200-25 | 3 | |
| DULERA AER 50-5MCG | 4 | |
| DULERA AER 100-5MCG | 4 | |
| DULERA AER 200-5MCG | 4 | |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 2 | |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 2 | |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 2 | |
| <i>wixela inhub</i> | 2 | |
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 3 | |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 3 | |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 3 | |
| <i>clindamycin phosphate (topical)</i> GEL 1%; LOTN 1%; SOLN 1%; SWAB 1% | 2 | |
| <i>ery</i> PADS 2% | 2 | |
| <i>erythromycin (acne aid)</i> GEL 2%; SOLN 2% | 2 | |
| <i>sulfacetamide sodium (acne)</i> LOTN 10% | 2 | |
| <i>tretinoin</i> CREA .025%, .05%, .1% | 3 | PA; DL |
| DERMATOLOGY, ANTIBIOTICS | | |
| ALTABAX OINT 1% | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% | 2 | |
| <i>mupirocin</i> OINT 2% | 2 | |
| <i>mupirocin calcium (topical)</i> CREA 2% | 2 | |
| <i>silver sulfadiazine</i> CREA 1% | 3 | |
| <i>ssd</i> CREA 1% | 3 | |
| SULFAMYLON CREA 85mg/gm | 3 | |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox</i> GEL .77% | 2 | |
| <i>ciclopirox</i> SHAM 1% | 3 | |
| <i>ciclopirox</i> SOLN 8% | 2 | DL |
| <i>ciclopirox olamine</i> CREA .77%; SUSP .77% | 2 | |
| <i>clotrimazole (topical)</i> CREA 1% | 2 | |
| <i>clotrimazole (topical)</i> SOLN 1% | 2 | QL (90 mL / 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 3 | QL (90 gm / 30 days) |
| <i>ketconazole (topical)</i> CREA 2% | 2 | |
| <i>luliconazole</i> CREA 1% | 2 | |
| <i>nyamyc</i> POWD 100000unit/gm | 2 | |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm; POWD 100000unit/gm | 2 | |
| <i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> | 3 | |
| <i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> | 3 | |
| <i>nystop</i> POWD 100000unit/gm | 2 | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 3 | |
| <i>calcipotriene</i> CREA .005%; FOAM .005%; OINT .005%; SOLN .005% | 4 | |
| <i>calcitriol (topical)</i> OINT 3mcg/gm | 3 | |
| <i>methoxsalen rapid</i> CAPS 10mg | 5 | DL |
| <i>tazarotene</i> CREA .1%; GEL .05%, .1% | 4 | |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketconazole (topical)</i> SHAM 2% | 2 | |
| <i>selenium sulfide</i> LOTN 2.5% | 2 | |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort</i> CREA 2.5% | 2 | |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | 2 | |
| <i>amcinonide</i> LOTN .1% | 3 | |
| <i>betamethasone dipropionate (topical)</i> CREA .05%; LOTN .05%; OINT .05% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|------------------------------|
| <i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05% | 2 | |
| <i>betamethasone dipropionate augmented</i> LOTN .05%; OINT .05% | 3 | |
| <i>betamethasone valerate</i> CREA .1%; LOTN .1%; OINT .1% | 2 | |
| <i>calcipotriene-betamethasone dipropionate oint</i> 0.005- 0.064% | 4 | |
| <i>calcipotriene-betamethasone dipropionate susp</i> 0.005- 0.064% | 4 | |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate</i> FOAM .05% | 4 | QL (100 gm / 30 days) |
| <i>clobetasol propionate</i> LIQD .05%; LOTN .05%; SHAM .05% | 4 | QL (120 mL / 30 days) |
| <i>clobetasol propionate</i> SOLN .05% | 4 | QL (100 mL / 30 days) |
| <i>clobetasol propionate e</i> CREA .05% | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate emulsion</i> FOAM .05% | 4 | QL (100 gm / 30 days) |
| <i>clocortolone pivalate</i> CREA .1% | 2 | |
| <i>desonide</i> CREA .05%; OINT .05% | 4 | QL (90 gm / 30 days) |
| <i>desonide</i> LOTN .05% | 4 | QL (120 mL / 30 days) |
| <i>fluocinolone acetonide</i> CREA .01%, .025%; OINT .025% | 2 | |
| <i>fluocinolone acetonide</i> SOLN .01% | 3 | QL (120 mL / 30 days) |
| <i>fluocinolone acetonide sc</i> OIL .01% | 3 | QL (120 mL / 30 days) |
| <i>fluocinonide</i> CREA .05%; GEL .05%; OINT .05% | 2 | |
| <i>fluocinonide</i> SOLN .05% | 3 | QL (120 mL / 30 days) |
| <i>fluocinonide emulsified base</i> CREA .05% | 2 | |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 2 | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | 3 | QL (120 gm / 30 days) |
| <i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5% | 2 | |
| <i>hydrocortisone butyrate</i> CREA .1%; OINT .1%; SOLN .1% | 3 | |
| <i>hydrocortisone valerate</i> CREA .2%; OINT .2% | 3 | |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 2 | |
| <i>tovet</i> FOAM .05% | 4 | QL (100 gm / 30 days) |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5% | 2 | |
| <i>triderm</i> CREA .5% | 2 | |
| VERDESO FOAM .05% | 5 | QL (100 gm / 30 days); DL |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine</i> OINT 5% | 3 | PA |
| <i>lidocaine</i> PTCH 5% | 3 | QL (90 patches / 30 days), PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | 2 | QL (30 gm / 30 days) |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>acyclovir topical</i> OINT 5% | 3 | |
| <i>azelaic acid</i> GEL 15% | 2 | |
| <i>bexarotene (topical)</i> GEL 1% | 5 | NM, PA; DL |
| <i>diclofenac sodium (topical)</i> GEL 1% | 2 | QL (500 gm / 30 days) |
| <i>diclofenac sodium soln</i> 1.5% SOLN 1.5% | 3 | QL (300 mL / 30 days) |
| EUCRISA OINT 2% | 4 | |
| FLUOROPLEX CREA 1% | 5 | DL |
| <i>fluorouracil (topical)</i> CREA 5% | 3 | |
| <i>fluorouracil (topical)</i> CREA .5% | 5 | DL |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% | 2 | |
| <i>hydrocortisone (rectal)</i> CREA 2.5% | 2 | |
| HYFTOR GEL .2% | 5 | NM, LA; DL |
| <i>imiquimod</i> CREA 5% | 3 | |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 2 | |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75%; LOTN .75% | 2 | |
| PANRETIN GEL .1% | 5 | DL |
| <i>penciclovir</i> CREA 1% | 4 | DL |
| <i>pimecrolimus</i> CREA 1% | 3 | |
| <i>podofilox</i> SOLN .5% | 2 | |
| <i>procto-med hc</i> CREA 2.5% | 2 | |
| <i>proctosol hc</i> CREA 2.5% | 2 | |
| <i>proctozone-hc</i> CREA 2.5% | 2 | |
| QBREXZA PADS 2.4% | 4 | QL (30 pledgets / 30 days) |
| RECTIV OINT .4% | 4 | |
| <i>tacrolimus (topical)</i> OINT .03%, .1% | 3 | |
| TARGRETIN GEL 1% | 5 | NM, PA; DL |
| VALCHLOR GEL .016% | 5 | NM, LA, PA; DL |
| ZYCLARA PUMP CREA 2.5% | 5 | DL |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> LOTN .5% | 2 | |
| <i>permethrin</i> CREA 5% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>spinosad</i> SUSP .9% | 2 | |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| <i>lactated ringer's for irrigation</i> | 3 | |
| REGRANEX GEL .01% | 5 | QL (30 gm / 30 days); DL |
| <i>ringer's solution for irrigation</i> | 3 | |
| SANTYL OINT 250unit/gm | 3 | |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | 3 | |
| <i>water for irrigation, sterile irrigation soln</i> | 3 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ARESTIN MISC 1mg | 4 | NM |
| <i>cevimeline hcl</i> CAPS 30mg | 3 | |
| <i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12% | 2 | |
| <i>clotrimazole</i> TROC 10mg | 2 | |
| <i>lidocaine hcl (mouth-throat)</i> SOLN 2% | 2 | |
| <i>nystatin (mouth-throat)</i> SUSP 100000unit/ml | 2 | |
| <i>periogard</i> SOLN .12% | 2 | |
| <i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg | 2 | |
| <i>sf 5000 plus</i> CREA 1.1% | 2 | |
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| <i>cefotetan disodium</i> | 9 | <i>clindamycin phosphate in d5w iv soln 900</i> <i>mg/50ml</i> | 3 |
| <i>cefoxitin sodium</i> | 9 | <i>clindamycin phosphate vaginal</i> | 53 |
| <i>cefpodoxime proxetil</i> | 9 | <i>clindamycin phosph-benzoyl peroxide (refrig) gel</i> <i>1.2 (1)-5%</i> | 65 |
| <i>cefprozil</i> | 9 | <i>clobazam</i> | 30 |
| <i>ceftazidime</i> | 9 | <i>clobetasol propionate</i> | 67 |
| <i>ceftriaxone sodium</i> | 9 | <i>clobetasol propionate e</i> | 67 |
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| <i>cephalexin</i> | 9 | <i>clonazepam</i> | 30 |
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| <i>chloroquine phosphate</i> | 5 | <i>clotrimazole (topical)</i> | 66 |
| <i>chlorpromazine hcl</i> | 29 | <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 66 |
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| <i>ciclopirox</i> | 66 | <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 1 |
| <i>ciclopirox olamine</i> | 66 | <i>colesevelam hcl</i> | 22 |
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| | | <i>gentamicin in saline inj 1.6 mg/ml</i> | 3 |

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