



Clear Spring Health Value Rx (PDP)

2024 Formulary

(List of Covered Drugs)

PLEASE READ:

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

HPMS Approved Formulary File Submission ID 00024487, Version Number 8

This formulary was updated on 08/25/2023. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at www.clearspringhealthcare.com. We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

Important Message About What You Pay for Vaccines | Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Clear Spring Health. When it refers to "plan" or "our plan," it means Clear Spring Health Value Rx (PDP).

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

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

What is the Clear Spring Health Value Rx (PDP) Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

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

immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?”

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

The enclosed formulary is current as of August 2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

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, “Miscellaneous Cardiovascular Agents”. 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 Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 93. 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. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as

having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you don't get approval, Clear Spring Health may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Clear Spring Health Value Rx (PDP) Formulary?

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

you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

For more information

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

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

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

Clear Spring Health's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 93.

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

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

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

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

NDS: Non-extended Day Supply Drug. This prescription drug is not available for an extended days' supply.

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

PA NSO: Prior Authorization for New Starts Only. The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

ST NSO: Step Therapy for New Starts Only. The Step Therapy restriction only applies if you are a new member or have not taken this drug before.

Drug Name	Drug Tier	Requirements/ Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 100mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 200mg</i>	2	QL(60 EA per 30 days)
<i>celecoxib capsule 400mg</i>	3	QL(60 EA per 30 days)
<i>celecoxib capsule 50mg</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 25mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 50mg</i>	3	
<i>diclofenac sodium dr tablet delayed release 75mg</i>	3	
<i>diclofenac sodium er tablet extended release 24 hour 100mg</i>	3	
<i>diclofenac sodium gel 1%</i>	3	QL(1000 GM per 30 days)
<i>ec-naproxen tablet delayed release 375mg</i>	3	
<i>etodolac capsule 200mg</i>	3	
<i>etodolac capsule 300mg</i>	3	
<i>etodolac tablet 400mg</i>	3	
<i>etodolac tablet 500mg</i>	3	
<i>flurbiprofen tablet 100mg</i>	3	
<i>flurbiprofen tablet 50mg</i>	3	
<i>ibuprofen tablet 400mg</i>	1	
<i>ibuprofen tablet 600mg</i>	1	
<i>ibuprofen tablet 800mg</i>	1	
<i>ibu tablet 400mg</i>	1	
<i>ibu tablet 600mg</i>	1	
<i>ibu tablet 800mg</i>	1	
<i>indomethacin er capsule extended release 75mg</i>	4	
<i>indomethacin capsule 25mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>indomethacin capsule 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine injection 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	3	QL(20 EA per 30 days)
<i>meloxicam tablet 15mg</i>	1	
<i>meloxicam tablet 7.5mg</i>	1	
<i>nabumetone tablet 500mg</i>	2	
<i>nabumetone tablet 750mg</i>	2	
<i>naproxen sodium tablet 275mg</i>	3	
<i>naproxen sodium tablet 550mg</i>	3	
<i>naproxen tablet delayed release 375mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	3	
<i>naproxen tablet 250mg</i>	1	
<i>naproxen tablet 375mg</i>	1	
<i>naproxen tablet 500mg</i>	1	
<i>oxaprozin tablet 600mg</i>	4	
<i>sulindac tablet 150mg</i>	2	
<i>sulindac tablet 200mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine patch weekly 10mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 15mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 20mcg/hr</i>	4	QL(4 EA per 28 days); NDS
BUPRENORPHINE PATCH WEEKLY 5MCG/HR	4	QL(4 EA per 28 days); NDS
<i>buprenorphine patch weekly 7.5mcg/hr</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>fentanyl patch 72 hour 25mcg/hr</i>	4	QL(10 EA per 30 days); NDS

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

Drug Name	Drug Tier	Requirements/ Limits
<i>fentanyl patch 72 hour 50mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>fentanyl patch 72 hour 75mcg/hr</i>	4	QL(10 EA per 30 days); NDS
<i>methadone hcl solution 10mg/5ml</i>	3	NDS
<i>methadone hcl solution 5mg/5ml</i>	3	NDS
<i>methadone hcl tablet 10mg</i>	2	QL(120 EA per 30 days); NDS
<i>methadone hcl tablet 5mg</i>	2	QL(240 EA per 30 days); NDS
<i>methadone hydrochloride concentrate 10mg/ml</i>	3	
<i>morphine sulfate er tablet extended release 100mg</i>	4	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 15mg</i>	3	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 30mg</i>	3	QL(120 EA per 30 days); NDS
<i>morphine sulfate er tablet extended release 60mg</i>	3	QL(120 EA per 30 days); NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	NDS
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9MG	3	NDS

Drug Name	Drug Tier	Requirements/ Limits
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL(4500 ML per 30 days); NDS
<i>acetaminophen/codeine tablet 300mg; 15mg</i>	2	QL(360 EA per 30 days); NDS
<i>acetaminophen/codeine tablet 300mg; 30mg</i>	2	QL(360 EA per 30 days); NDS
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL(180 EA per 30 days); NDS
<i>endocet tablet 325mg; 10mg</i>	3	QL(360 EA per 30 days); NDS
<i>endocet tablet 325mg; 2.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>endocet tablet 325mg; 5mg</i>	2	QL(360 EA per 30 days); NDS
<i>endocet tablet 325mg; 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1600mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 400mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 600mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 800mcg</i>	5	QL(120 EA per 30 days); PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	4	QL(5550 ML per 30 days); NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg</i>	3	QL(360 EA per 30 days); NDS

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Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 5mg</i>	3	QL(360 EA per 30 days); NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>hydromorphone hcl injection 10mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 1mg/ml</i>	4	NDS
<i>hydromorphone hcl injection 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg</i>	2	QL(180 EA per 30 days); NDS
<i>hydromorphone hcl tablet 4mg</i>	2	QL(180 EA per 30 days); NDS
<i>hydromorphone hcl tablet 8mg</i>	3	QL(180 EA per 30 days); NDS
<i>hydromorphone hydrochloride dosette injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	NDS
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	NDS
<i>morphine sulfate injection 10mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate injection 4mg/ml</i>	4	NDS
<i>morphine sulfate solution 10mg/5ml</i>	3	QL(900 ML per 30 days); NDS
<i>morphine sulfate solution 20mg/5ml</i>	3	QL(900 ML per 30 days); NDS
<i>morphine sulfate solution 20mg/ml</i>	4	QL(900 ML per 30 days); NDS

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate tablet 15mg</i>	3	QL(180 EA per 30 days); NDS
<i>morphine sulfate tablet 30mg</i>	3	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride solution 5mg/5ml</i>	4	QL(1200 ML per 30 days); NDS
<i>oxycodone hydrochloride tablet 10mg</i>	2	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 15mg</i>	2	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 20mg</i>	3	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 30mg</i>	3	QL(180 EA per 30 days); NDS
<i>oxycodone hydrochloride tablet 5mg</i>	2	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg</i>	3	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 2.5mg</i>	4	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg</i>	2	QL(360 EA per 30 days); NDS
<i>oxycodone/acetaminophen tablet 325mg; 7.5mg</i>	3	QL(360 EA per 30 days); NDS
<i>tramadol hcl tablet 50mg</i>	2	QL(240 EA per 30 days); NDS
<i>tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg</i>	2	QL(240 EA per 30 days); NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine/prilocaine cream 2.5%; 2.5%</i>	4	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	4	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	QL(90 EA per 30 days); PA
<i>premium lidocaine ointment 5%</i>	4	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

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Drug Name	Drug Tier	Requirements/ Limits
acamprosate calcium dr tablet delayed release 333mg	4	
disulfiram tablet 250mg	4	
disulfiram tablet 500mg	4	
naltrexone hcl tablet 50mg	2	
VIVITROL INJECTION 380MG	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL(90 EA per 30 days)
buprenorphine hcl tablet sublingual 2mg	2	
buprenorphine hcl tablet sublingual 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	4	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	4	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg	4	QL(60 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg	4	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride tablet sublingual 2mg; 0.5mg	2	QL(360 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl injection 2mg/2ml	3	
naloxone hcl injection 4mg/10ml	2	

Drug Name	Drug Tier	Requirements/ Limits
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride injection 0.4mg/ml	2	
naloxone hydrochloride liquid 4mg/0.1ml	4	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg	2	QL(60 EA per 30 days)
NICOTROL NS SOLUTION 10MG/ML	4	QL(360 ML per 365 days)
varenicline starting month box tablet therapy pack 0	4	QL(504 EA per 365 days)
varenicline tartrate tablet 0.5mg	4	QL(504 EA per 365 days)
varenicline tartrate tablet 1mg	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
gentamicin sulfate cream 0.1%	4	
GENTAMICIN SULFATE INJECTION 40MG/ML	4	
gentamicin sulfate ointment 0.1%	3	
neomycin sulfate tablet 500mg	3	
paromomycin sulfate capsule 250mg	4	
streptomycin sulfate injection 1gm	4	
tobramycin sulfate injection 1.2gm/30ml	4	
tobramycin sulfate injection 1.2gm	3	
tobramycin sulfate injection 10mg/ml	4	
tobramycin sulfate injection 40mg/ml	4	
tobramycin sulfate injection 80mg/2ml	4	
Antibacterials, Other		

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Drug Name	Drug Tier	Requirements/ Limits
<i>aztreonam injection 1gm</i>	4	
<i>aztreonam injection 2gm</i>	4	
<i>clindacin etz pledgets swab 1%</i>	3	
<i>clindacin-p swab 1%</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg</i>	2	
<i>clindamycin hydrochloride capsule 75mg</i>	2	
<i>clindamycin palmitate hcl solution reconstituted 75mg/5ml</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml</i>	4	
<i>clindamycin phosphate injection 600mg/4ml</i>	4	
<i>clindamycin phosphate injection 900mg/6ml</i>	4	
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium injection 150mg</i>	4	
<i>daptomycin injection 350mg</i>	4	
<i>daptomycin injection 500mg</i>	4	
FIRVANQ SOLUTION RECONSTITUTED 25MG/ML	4	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	QL(450 ML per 10 days)
IMPAVIDO CAPSULE 50MG	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>linezolid suspension reconstituted 100mg/5ml</i>	5	QL(1800 ML per 28 days)
<i>linezolid tablet 600mg</i>	4	QL(56 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>methenamine hippurate tablet 1gm</i>	4	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg</i>	2	
<i>metronidazole tablet 500mg</i>	2	
<i>nitrofurantoin macrocrystals capsule 100mg</i>	3	
<i>nitrofurantoin macrocrystals capsule 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	
<i>nitrofurantoin monohydrate capsule 100mg</i>	2	
<i>tinidazole tablet 250mg</i>	3	
<i>tinidazole tablet 500mg</i>	3	
<i>trimethoprim tablet 100mg</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
<i>vancomycin hydrochloride injection 1gm</i>	4	
<i>vancomycin hydrochloride injection 250mg</i>	4	
<i>vancomycin hydrochloride injection 500mg</i>	4	
<i>vancomycin hydrochloride injection 750mg</i>	4	
<i>vancomycin hydrochloride solution reconstituted 250mg/5ml</i>	4	QL(450 ML per 10 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>vancomycin hydrochloride solution reconstituted 25mg/ml</i>	4	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule 250mg</i>	3	
<i>cefaclor capsule 500mg</i>	3	
<i>cefadroxil capsule 500mg</i>	2	
<i>cefadroxil suspension reconstituted 250mg/5ml</i>	2	
<i>cefadroxil suspension reconstituted 500mg/5ml</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM	4	
<i>cefdinir capsule 300mg</i>	2	
<i>cefdinir suspension reconstituted 125mg/5ml</i>	3	
<i>cefdinir suspension reconstituted 250mg/5ml</i>	3	
<i>cefepime hydrochloride injection 100gm</i>	4	
<i>cefepime hydrochloride injection 2gm</i>	4	
<i>cefepime injection 1gm/50ml</i>	4	
<i>cefepime injection 1gm</i>	4	
<i>cefepime injection 2gm/100ml</i>	4	
<i>cefepime injection 2gm</i>	4	
<i>cefixime capsule 400mg</i>	4	
<i>cefotaxime sodium injection 1gm</i>	3	
<i>cefotaxime sodium injection 2gm</i>	3	
<i>cefotaxime sodium injection 500mg</i>	3	
<i>cefotetan injection 1gm</i>	4	
<i>cefotetan injection 2gm</i>	4	
<i>cefoxitin sodium injection 10gm</i>	4	
<i>cefoxitin sodium injection 1gm</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>cefoxitin sodium injection 2gm</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 100mg/5ml</i>	4	
<i>cefpodoxime proxetil suspension reconstituted 50mg/5ml</i>	4	
<i>cefpodoxime proxetil tablet 100mg</i>	4	
<i>cefpodoxime proxetil tablet 200mg</i>	4	
<i>cefprozil suspension reconstituted 125mg/5ml</i>	3	
<i>cefprozil suspension reconstituted 250mg/5ml</i>	3	
<i>cefprozil tablet 250mg</i>	3	
<i>cefprozil tablet 500mg</i>	3	
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm</i>	4	
<i>ceftazidime injection 2gm</i>	4	
<i>ceftazidime injection 6gm</i>	4	
<i>ceftriaxone sodium injection 10gm</i>	3	
<i>ceftriaxone sodium injection 1gm</i>	4	
<i>ceftriaxone sodium injection 250mg</i>	4	
<i>ceftriaxone sodium injection 2gm</i>	4	
<i>ceftriaxone sodium injection 500mg</i>	4	
<i>cefuroxime axetil tablet 250mg</i>	2	
<i>cefuroxime axetil tablet 500mg</i>	2	
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	
<i>cephalexin capsule 250mg</i>	2	
<i>cephalexin capsule 500mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>cephalexin suspension reconstituted 125mg/5ml</i>	2	
<i>cephalexin suspension reconstituted 250mg/5ml</i>	2	
<i>tazicef injection 1gm</i>	4	
<i>tazicef injection 1gm</i>	4	
<i>tazicef injection 2gm</i>	4	
<i>tazicef injection 6gm</i>	4	
TEFLARO INJECTION 400MG	5	
TEFLARO INJECTION 600MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er tablet extended release 12 hour 1000mg; 62.5mg</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium suspension reconstituted 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 875mg; 125mg</i>	2	
<i>amoxicillin capsule 250mg</i>	2	
<i>amoxicillin capsule 500mg</i>	2	
<i>amoxicillin suspension reconstituted 125mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 200mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 250mg/5ml</i>	2	
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	
<i>amoxicillin tablet chewable 125mg</i>	2	
<i>amoxicillin tablet chewable 250mg</i>	2	
<i>amoxicillin tablet 500mg</i>	2	
<i>amoxicillin tablet 875mg</i>	2	
<i>ampicillin sodium injection 10gm</i>	4	
<i>ampicillin sodium injection 125mg</i>	4	
<i>ampicillin sodium injection 1gm</i>	4	
<i>ampicillin-sulbactam injection 10gm; 5gm</i>	4	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	4	
<i>ampicillin-sulbactam injection 1gm; 0.5gm</i>	4	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin-sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	

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Drug Name	Drug Tier	Requirements/ Limits
BICILLIN L-A INJECTION 1200000UNIT/2ML	4	
BICILLIN L-A INJECTION 2400000UNIT/4ML	4	
BICILLIN L-A INJECTION 600000UNIT/ML	4	
<i>dicloxacillin sodium capsule 250mg</i>	2	
<i>dicloxacillin sodium capsule 500mg</i>	2	
<i>nafcillin sodium injection 10gm</i>	4	
<i>nafcillin sodium injection 1 gm</i>	4	
<i>nafcillin sodium injection 1gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	
<i>penicillin g sodium injection 5000000unit</i>	5	
<i>penicillin v potassium solution reconstituted 125mg/5ml</i>	2	
<i>penicillin v potassium solution reconstituted 250mg/5ml</i>	2	
<i>penicillin v potassium tablet 250mg</i>	2	
<i>penicillin v potassium tablet 500mg</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 36gm; 4.5gm</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>piperacillin sodium/tazobactam sodium injection 3gm; 0.375gm</i>	4	
<i>piperacillin sodium/tazobactam sodium injection 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection 1gm</i>	4	
<i>ertapenem injection 1gm</i>	4	
<i>imipenem/cilastatin injection 250mg; 250mg</i>	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem injection 1gm</i>	4	
<i>meropenem injection 500mg</i>	4	
Macrolides		
<i>azithromycin injection 500mg</i>	4	
<i>azithromycin packet 1gm</i>	3	
<i>azithromycin suspension reconstituted 100mg/5ml</i>	3	
<i>azithromycin suspension reconstituted 200mg/5ml</i>	3	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 250mg</i>	2	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 500mg</i>	3	
<i>azithromycin tablet 600mg</i>	3	
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	4	
<i>clarithromycin suspension reconstituted 125mg/5ml</i>	4	
<i>clarithromycin suspension reconstituted 250mg/5ml</i>	4	
<i>clarithromycin tablet 250mg</i>	3	
<i>clarithromycin tablet 500mg</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
DIFICID TABLET 200MG	4	
<i>erythromycin dr tablet delayed release 250mg</i>	4	
<i>erythromycin dr tablet delayed release 333mg</i>	4	
<i>erythromycin dr tablet delayed release 500mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hcl tablet 750mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 250mg</i>	2	
<i>ciprofloxacin hydrochloride tablet 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	4	
CIPRO SUSPENSION RECONSTITUTED 500MG/5ML	4	
CIPRO SUSPENSION RECONSTITUTED 5GM/100ML	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 250mg/50ml</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml</i>	4	
<i>levofloxacin in d5w injection 5%; 750mg/150ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg</i>	2	
<i>levofloxacin tablet 500mg</i>	2	
<i>levofloxacin tablet 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet 500mg</i>	4	
<i>sulfamethoxazole/trimetho prim ds tablet 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimetho prim suspension 200mg/5ml; 40mg/5ml</i>	3	
<i>sulfamethoxazole/trimetho prim tablet 400mg; 80mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl tablet 150mg</i>	4	
<i>demeclocycline hcl tablet 300mg</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100 injection 100mg</i>	4	
<i>doxycycline hyclate capsule 100mg</i>	3	
<i>doxycycline hyclate capsule 50mg</i>	3	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>doxycycline monohydrate capsule 50mg</i>	3	
<i>doxycycline monohydrate tablet 100mg</i>	3	
<i>doxycycline monohydrate tablet 50mg</i>	3	
<i>doxycycline suspension reconstituted 25mg/5ml</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg</i>	3	
<i>minocycline hydrochloride capsule 50mg</i>	3	
<i>mondoxyne nl capsule 100mg</i>	3	
<i>morgidox 1x100mg capsule 100mg</i>	3	
<i>morgidox 2x100mg capsule 100mg</i>	3	
<i>tetracycline hydrochloride capsule 250mg</i>	3	
<i>tetracycline hydrochloride capsule 500mg</i>	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION 10MG/ML	5	QL(600 ML per 30 days); PA NSO
BRIVIACT TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 50MG	5	QL(60 EA per 30 days); PA NSO
BRIVIACT TABLET 75MG	5	QL(60 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
EPIDIOLEX SOLUTION 100MG/ML	5	PA NSO
EPRONTIA SOLUTION 25MG/ML	4	ST NSO
<i>felbamate suspension 600mg/5ml</i>	5	
<i>felbamate tablet 400mg</i>	4	
<i>felbamate tablet 600mg</i>	4	
FINTEPLA SOLUTION 2.2MG/ML	5	QL(360 ML per 30 days); PA NSO
FYCOMPA SUSPENSION 0.5MG/ML	5	QL(720 ML per 30 days); ST NSO
FYCOMPA TABLET 10MG	5	QL(30 EA per 30 days); ST NSO
FYCOMPA TABLET 12MG	5	QL(30 EA per 30 days); ST NSO
FYCOMPA TABLET 2MG	4	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FYCOMPA TABLET 8MG	5	QL(30 EA per 30 days); ST NSO
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine tablet chewable 25mg</i>	2	
<i>lamotrigine tablet chewable 5mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>lamotrigine tablet 100mg</i>	2	
<i>lamotrigine tablet 150mg</i>	2	
<i>lamotrigine tablet 200mg</i>	2	
<i>lamotrigine tablet 25mg</i>	2	
<i>levetiracetam er tablet extended release 24 hour 500mg</i>	3	
<i>levetiracetam er tablet extended release 24 hour 750mg</i>	3	
<i>levetiracetam solution 100mg/ml</i>	2	
<i>levetiracetam tablet 1000mg</i>	2	
<i>levetiracetam tablet 250mg</i>	2	
<i>levetiracetam tablet 500mg</i>	2	
<i>levetiracetam tablet 750mg</i>	2	
NAYZILAM SOLUTION 5MG/0.1ML	4	QL(10 EA per 30 days)
<i>roweepra tablet 500mg</i>	2	
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL(90 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL(120 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL(120 EA per 30 days)
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL(120 EA per 30 days)
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tablet 100mg</i>	2	
<i>subvenite tablet 150mg</i>	2	
<i>subvenite tablet 200mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>subvenite tablet 25mg</i>	2	
<i>topiramate capsule sprinkle 15mg</i>	3	
<i>topiramate capsule sprinkle 25mg</i>	3	
<i>topiramate tablet 100mg</i>	2	
<i>topiramate tablet 200mg</i>	2	
<i>topiramate tablet 25mg</i>	2	
<i>topiramate tablet 50mg</i>	2	
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	4	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 180 days); PA NSO
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA NSO
XCOPRI TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
XCOPRI TABLET 150MG	5	QL(60 EA per 30 days); PA NSO
XCOPRI TABLET 200MG	5	QL(60 EA per 30 days); PA NSO
XCOPRI TABLET 50MG	5	QL(240 EA per 30 days); PA NSO
Calcium Channel Modifying Agents		
<i>ethosuximide capsule 250mg</i>	3	
<i>ethosuximide solution 250mg/5ml</i>	4	

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<i>methsuximide capsule 300mg</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension 2.5mg/ml</i>	4	QL(480 ML per 30 days); PA NSO
<i>clobazam tablet 10mg</i>	4	QL(60 EA per 30 days); PA NSO
<i>clobazam tablet 20mg</i>	4	QL(60 EA per 30 days); PA NSO
<i>clonazepam odt tablet disintegrating 0.125mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.25mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.5mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
DIACOMIT CAPSULE 250MG	5	PA NSO
DIACOMIT CAPSULE 500MG	5	PA NSO
DIACOMIT PACKET 250MG	5	PA NSO
DIACOMIT PACKET 500MG	5	PA NSO
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>divalproex sodium dr tablet delayed release 125mg</i>	2	
<i>divalproex sodium dr tablet delayed release 250mg</i>	2	
<i>divalproex sodium dr tablet delayed release 500mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 250mg</i>	2	
<i>divalproex sodium er tablet extended release 24 hour 500mg</i>	2	
<i>divalproex sodium capsule delayed release sprinkle 125mg</i>	3	
<i>gabapentin capsule 100mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg</i>	4	
<i>phenobarbital tablet 15mg</i>	4	
<i>phenobarbital tablet 16.2mg</i>	4	
<i>phenobarbital tablet 30mg</i>	4	
<i>phenobarbital tablet 32.4mg</i>	4	
<i>phenobarbital tablet 60mg</i>	4	
<i>phenobarbital tablet 64.8mg</i>	4	

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<i>phenobarbital tablet 97.2mg</i>	4	
<i>primidone tablet 125mg</i>	2	
<i>primidone tablet 250mg</i>	2	
<i>primidone tablet 50mg</i>	2	
SYMPAZAN FILM 10MG	5	QL(60 EA per 30 days)
SYMPAZAN FILM 20MG	5	QL(60 EA per 30 days)
SYMPAZAN FILM 5MG	5	QL(60 EA per 30 days)
<i>tiagabine hydrochloride tablet 12mg</i>	4	
<i>tiagabine hydrochloride tablet 16mg</i>	4	
<i>tiagabine hydrochloride tablet 2mg</i>	4	
<i>tiagabine hydrochloride tablet 4mg</i>	4	
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL(10 EA per 30 days)
<i>vigabatrin packet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
<i>vigabatrin tablet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
<i>vigadrone packet 500mg</i>	5	QL(180 EA per 30 days); PA NSO
Sodium Channel Agents		
APTIOM TABLET 200MG	5	QL(180 EA per 30 days); ST NSO

Drug Name	Drug Tier	Requirements/ Limits
APTIOM TABLET 400MG	5	QL(90 EA per 30 days); ST NSO
APTIOM TABLET 600MG	5	QL(60 EA per 30 days); ST NSO
APTIOM TABLET 800MG	5	QL(60 EA per 30 days); ST NSO
<i>carbamazepine er capsule extended release 12 hour 100mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 200mg</i>	4	
<i>carbamazepine er capsule extended release 12 hour 300mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 200mg</i>	4	
<i>carbamazepine er tablet extended release 12 hour 400mg</i>	4	
<i>carbamazepine suspension 100mg/5ml</i>	4	
<i>carbamazepine tablet chewable 100mg</i>	2	
<i>carbamazepine tablet 200mg</i>	3	
DILANTIN CAPSULE 30MG	4	
<i>epitol tablet 200mg</i>	3	
<i>lacosamide solution 10mg/ml</i>	4	QL(1200 ML per 30 days)
<i>lacosamide tablet 100mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide tablet 150mg</i>	4	QL(60 EA per 30 days)
<i>lacosamide tablet 200mg</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>lacosamide tablet 50mg</i>	4	QL(120 EA per 30 days)
<i>oxcarbazepine suspension 300mg/5ml</i>	4	
<i>oxcarbazepine tablet 150mg</i>	2	
<i>oxcarbazepine tablet 300mg</i>	2	
<i>oxcarbazepine tablet 600mg</i>	2	
<i>phenytoin sodium extended capsule 100mg</i>	3	
<i>phenytoin sodium extended capsule 200mg</i>	3	
<i>phenytoin sodium extended capsule 300mg</i>	3	
<i>phenytoin suspension 125mg/5ml</i>	2	
<i>phenytoin tablet chewable 50mg</i>	2	
<i>rufinamide suspension 40mg/ml</i>	5	QL(2760 ML per 30 days)
<i>rufinamide tablet 200mg</i>	4	QL(480 EA per 30 days)
<i>rufinamide tablet 400mg</i>	5	QL(240 EA per 30 days)
ZONISADE SUSPENSION 100MG/5ML	4	ST NSO
<i>zonisamide capsule 100mg</i>	2	
<i>zonisamide capsule 25mg</i>	2	
<i>zonisamide capsule 50mg</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates tablet 1mg</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 14MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 21MG	4	QL(30 EA per 30 days); ST

Drug Name	Drug Tier	Requirements/ Limits
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 28MG	4	QL(30 EA per 30 days); ST
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	QL(30 EA per 30 days); ST
Cholinesterase Inhibitors		
<i>donepezil hcl tablet disintegrating 10mg</i>	3	
<i>donepezil hcl tablet disintegrating 5mg</i>	3	
<i>donepezil hcl tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 10mg</i>	2	
<i>donepezil hydrochloride tablet 5mg</i>	2	
<i>galantamine hydrobromide er capsule extended release 24 hour 16mg</i>	4	QL(30 EA per 30 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 24mg</i>	4	QL(30 EA per 30 days)
<i>galantamine hydrobromide er capsule extended release 24 hour 8mg</i>	4	QL(30 EA per 30 days)
<i>galantamine hydrobromide solution 4mg/ml</i>	4	
<i>galantamine hydrobromide tablet 12mg</i>	3	QL(60 EA per 30 days)
<i>galantamine hydrobromide tablet 4mg</i>	3	QL(60 EA per 30 days)
<i>galantamine hydrobromide tablet 8mg</i>	3	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 1.5mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 3mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine tartrate capsule 4.5mg</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>rivastigmine tartrate capsule 6mg</i>	4	QL(60 EA per 30 days)
<i>rivastigmine transdermal system patch 24 hour 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system patch 24 hour 9.5mg/24hr</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak tablet 0</i>	2	PA
<i>memantine hydrochloride er capsule extended release 24 hour 14mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride er capsule extended release 24 hour 21mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride er capsule extended release 24 hour 28mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride er capsule extended release 24 hour 7mg</i>	4	QL(30 EA per 30 days); PA
<i>memantine hydrochloride tablet 10mg</i>	2	PA
<i>memantine hydrochloride tablet 5mg</i>	2	PA
Antidepressants		
Antidepressants, Other		
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	3	QL(60 EA per 30 days); ST NSO
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl tablet 25mg</i>	4	
<i>maprotiline hcl tablet 50mg</i>	4	
<i>maprotiline hcl tablet 75mg</i>	4	
<i>mirtazapine odt tablet disintegrating 15mg</i>	3	QL(30 EA per 30 days)
<i>mirtazapine odt tablet disintegrating 30mg</i>	3	QL(30 EA per 30 days)
<i>mirtazapine odt tablet disintegrating 45mg</i>	3	QL(30 EA per 30 days)
<i>mirtazapine tablet 15mg</i>	2	
<i>mirtazapine tablet 30mg</i>	2	
<i>mirtazapine tablet 45mg</i>	2	
<i>mirtazapine tablet 7.5mg</i>	2	
SPRAVATO 56MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
SPRAVATO 84MG DOSE SOLUTION THERAPY PACK 0	5	PA NSO
Monoamine Oxidase Inhibitors		
EMSAM PATCH 24 HOUR 12MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 6MG/24HR	4	QL(30 EA per 30 days); ST NSO
EMSAM PATCH 24 HOUR 9MG/24HR	4	QL(30 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/ Limits
MARPLAN TABLET 10MG	4	QL(180 EA per 30 days)
<i>phenelzine sulfate tablet 15mg</i>	3	
<i>tranylcypromine sulfate tablet 10mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution 10mg/5ml</i>	4	
<i>citalopram hydrobromide tablet 10mg</i>	1	
<i>citalopram hydrobromide tablet 20mg</i>	1	
<i>citalopram hydrobromide tablet 40mg</i>	1	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	4	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg</i>	4	QL(30 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 50mg</i>	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL(90 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60MG	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hydrochloride capsule delayed release particles 20mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(60 EA per 30 days)
<i>escitalopram oxalate solution 5mg/5ml</i>	4	QL(600 ML per 30 days)
<i>escitalopram oxalate tablet 10mg</i>	2	
<i>escitalopram oxalate tablet 20mg</i>	2	
<i>escitalopram oxalate tablet 5mg</i>	2	
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 0	4	QL(56 EA per 365 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40MG	4	QL(30 EA per 30 days); ST NSO
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80MG	4	QL(30 EA per 30 days); ST NSO
<i>fluoxetine hcl capsule 20mg</i>	1	
<i>fluoxetine hcl solution 20mg/5ml</i>	4	
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL(30 EA per 30 days)
<i>fluoxetine hydrochloride capsule 40mg</i>	1	
<i>fluoxetine hydrochloride solution 20mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluvoxamine maleate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>fluvoxamine maleate tablet 25mg</i>	3	QL(30 EA per 30 days)
<i>fluvoxamine maleate tablet 50mg</i>	3	QL(60 EA per 30 days)
<i>nefazodone hydrochloride tablet 100mg</i>	4	
<i>nefazodone hydrochloride tablet 150mg</i>	4	
<i>nefazodone hydrochloride tablet 200mg</i>	4	
<i>nefazodone hydrochloride tablet 250mg</i>	4	
<i>nefazodone hydrochloride tablet 50mg</i>	4	
<i>paroxetine hcl tablet 30mg</i>	2	
<i>paroxetine hcl tablet 40mg</i>	2	
<i>paroxetine hydrochloride suspension 10mg/5ml</i>	4	
<i>paroxetine hydrochloride tablet 10mg</i>	2	
<i>paroxetine hydrochloride tablet 20mg</i>	2	
<i>sertraline hcl concentrate 20mg/ml</i>	4	
<i>sertraline hcl tablet 25mg</i>	1	QL(30 EA per 30 days)
<i>sertraline hcl tablet 50mg</i>	1	QL(60 EA per 30 days)
<i>sertraline hydrochloride tablet 100mg</i>	1	QL(60 EA per 30 days)
<i>trazodone hydrochloride tablet 100mg</i>	2	
<i>trazodone hydrochloride tablet 150mg</i>	2	
<i>trazodone hydrochloride tablet 50mg</i>	2	
TRINTELLIX TABLET 10MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 20MG	4	QL(30 EA per 30 days)
TRINTELLIX TABLET 5MG	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL(30 EA per 30 days)
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL(90 EA per 30 days)
<i>venlafaxine hydrochloride tablet 100mg</i>	2	
<i>venlafaxine hydrochloride tablet 25mg</i>	2	
<i>venlafaxine hydrochloride tablet 37.5mg</i>	2	
<i>venlafaxine hydrochloride tablet 50mg</i>	2	
<i>venlafaxine hydrochloride tablet 75mg</i>	2	
VIIBRYD STARTER PACK KIT 0	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride tablet 10mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>vilazodone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg</i>	3	
<i>amitriptyline hcl tablet 150mg</i>	3	
<i>amitriptyline hcl tablet 25mg</i>	3	
<i>amitriptyline hcl tablet 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 10mg</i>	3	
<i>amitriptyline hydrochloride tablet 50mg</i>	3	
<i>amoxapine tablet 100mg</i>	4	
<i>amoxapine tablet 150mg</i>	4	
<i>amoxapine tablet 25mg</i>	4	
<i>amoxapine tablet 50mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clomipramine hydrochloride capsule 25mg</i>	4	
<i>clomipramine hydrochloride capsule 50mg</i>	4	
<i>clomipramine hydrochloride capsule 75mg</i>	4	
<i>desipramine hydrochloride tablet 100mg</i>	4	
<i>desipramine hydrochloride tablet 10mg</i>	4	
<i>desipramine hydrochloride tablet 150mg</i>	4	
<i>desipramine hydrochloride tablet 25mg</i>	4	
<i>desipramine hydrochloride tablet 50mg</i>	4	
<i>desipramine hydrochloride tablet 75mg</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate 10mg/ml</i>	4	
<i>doxepin hydrochloride capsule 100mg</i>	3	
<i>doxepin hydrochloride capsule 10mg</i>	3	
<i>doxepin hydrochloride capsule 150mg</i>	3	
<i>doxepin hydrochloride capsule 25mg</i>	3	
<i>doxepin hydrochloride capsule 50mg</i>	3	
<i>imipramine hcl tablet 25mg</i>	4	
<i>imipramine hcl tablet 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nortriptyline hcl capsule 75mg</i>	2	
<i>nortriptyline hcl solution 10mg/5ml</i>	4	
<i>nortriptyline hydrochloride capsule 10mg</i>	2	
<i>nortriptyline hydrochloride capsule 50mg</i>	2	
<i>protriptyline hcl tablet 10mg</i>	4	
<i>protriptyline hcl tablet 5mg</i>	4	
<i>trimipramine maleate capsule 100mg</i>	4	
<i>trimipramine maleate capsule 25mg</i>	4	
<i>trimipramine maleate capsule 50mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro suppository 25mg</i>	4	
<i>meclizine hcl tablet 12.5mg</i>	3	
<i>meclizine hcl tablet 25mg</i>	3	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet 10mg</i>	2	
<i>prochlorperazine maleate tablet 5mg</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	4	
<i>promethazine hcl suppository 12.5mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	3	
<i>promethazine hydrochloride tablet 25mg</i>	3	
<i>promethazine hydrochloride tablet 50mg</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>scopolamine patch 72 hour 1mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol capsule 10mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 2.5mg</i>	4	QL(60 EA per 30 days); PA
<i>dronabinol capsule 5mg</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution 4mg/5ml</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron hydrochloride tablet 4mg</i>	2	B/D
<i>ondansetron hydrochloride tablet 8mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg</i>	3	B/D
<i>ondansetron odt tablet disintegrating 8mg</i>	3	B/D
Antifungals		
Antifungals		
ABELCET INJECTION 5MG/ML	4	B/D
<i>amphotericin b liposome injection 50mg</i>	5	B/D
<i>amphotericin b injection 50mg</i>	4	B/D
<i>caspofungin acetate injection 50mg</i>	4	
CASPOFUNGIN ACETATE INJECTION 70MG	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole cream 1%</i>	3	QL(45 GM per 28 days)
<i>clotrimazole troche 10mg</i>	4	
<i>econazole nitrate cream 1%</i>	3	QL(85 GM per 28 days)
<i>fluconazole in sodium chloride injection 200mg/100ml; 0.9%</i>	4	
<i>fluconazole in sodium chloride injection 400mg/200ml; 0.9%</i>	4	
<i>fluconazole suspension reconstituted 10mg/ml</i>	3	
<i>fluconazole suspension reconstituted 40mg/ml</i>	3	
<i>fluconazole tablet 100mg</i>	2	
<i>fluconazole tablet 150mg</i>	2	
<i>fluconazole tablet 200mg</i>	2	
<i>fluconazole tablet 50mg</i>	2	
<i>flucytosine capsule 250mg</i>	5	
<i>flucytosine capsule 500mg</i>	5	
<i>griseofulvin microsize suspension 125mg/5ml</i>	4	
<i>griseofulvin microsize tablet 500mg</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg</i>	4	
<i>griseofulvin ultramicrosize tablet 250mg</i>	4	
<i>itraconazole capsule 100mg</i>	4	QL(120 EA per 30 days); PA
JUBLIA SOLUTION 10%	4	
<i>ketoconazole cream 2%</i>	3	QL(90 GM per 30 days)
<i>ketoconazole shampoo 2%</i>	2	QL(120 ML per 28 days)
<i>ketoconazole tablet 200mg</i>	3	
<i>nyamyc powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	
<i>nystatin ointment 100000unit/gm</i>	2	

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<i>nystatin powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>nystatin suspension 100000unit/ml</i>	3	
<i>nystatin tablet 500000unit</i>	4	
<i>nystop powder 100000unit/gm</i>	3	QL(120 GM per 30 days)
<i>posaconazole dr tablet delayed release 100mg</i>	4	QL(96 EA per 30 days); PA
<i>posaconazole suspension 40mg/ml</i>	5	PA
<i>terbinafine hcl tablet 250mg</i>	2	QL(84 EA per 180 days)
<i>terconazole cream 0.4%</i>	3	
<i>terconazole cream 0.8%</i>	3	
<i>voriconazole injection 200mg</i>	4	PA
<i>voriconazole suspension reconstituted 40mg/ml</i>	4	
<i>voriconazole tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>voriconazole tablet 50mg</i>	4	QL(120 EA per 30 days)
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg</i>	2	
<i>allopurinol tablet 300mg</i>	2	
COLCHICINE TABLET 0.6MG	4	
<i>febuxostat tablet 40mg</i>	4	ST
<i>febuxostat tablet 80mg</i>	4	ST
<i>probenecid/colchicine tablet 0.5mg; 500mg</i>	3	
<i>probenecid tablet 500mg</i>	4	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution 4mg/ml</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tablet 100mg; 1mg</i>	3	QL(24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 30 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 30 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(1 ML per 30 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(1 ML per 30 days); PA
NURTEC TABLET DISINTEGRATING 75MG	5	QL(18 EA per 30 days)
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride tablet 10mg</i>	2	
<i>propranolol hydrochloride tablet 20mg</i>	2	
<i>propranolol hydrochloride tablet 60mg</i>	2	
<i>propranolol hydrochloride tablet 80mg</i>	2	
UBRELVY TABLET 100MG	5	QL(16 EA per 30 days); PA
UBRELVY TABLET 50MG	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl tablet 1mg</i>	3	QL(9 EA per 30 days)
<i>naratriptan hcl tablet 2.5mg</i>	4	QL(9 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 4mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate injection 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tablet 100mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 25mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate tablet 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan solution 20mg/act</i>	4	QL(12 EA per 30 days)
<i>sumatriptan solution 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 2.5mg</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet 5mg</i>	4	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl tablet 125mg</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet 100mg</i>	3	
<i>dapsone tablet 25mg</i>	3	
<i>rifabutin capsule 150mg</i>	4	
Antituberculars		
<i>cycloserine capsule 250mg</i>	5	
<i>ethambutol hydrochloride tablet 100mg</i>	3	
<i>ethambutol hydrochloride tablet 400mg</i>	3	
ISONIAZID INJECTION 100MG/ML	4	
<i>isoniazid syrup 50mg/5ml</i>	4	
<i>isoniazid tablet 100mg</i>	2	
<i>isoniazid tablet 300mg</i>	2	
<i>paser packet 4gm</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
PRIFTIN TABLET 150MG	4	
<i>pyrazinamide tablet 500mg</i>	4	
<i>rifampin capsule 150mg</i>	4	
<i>rifampin capsule 300mg</i>	4	
<i>rifampin injection 600mg</i>	4	
SIRTURO TABLET 100MG	5	
SIRTURO TABLET 20MG	5	
TRECTOR TABLET 250MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule 25mg</i>	3	B/D
<i>cyclophosphamide capsule 50mg</i>	3	B/D
GLEOSTINE CAPSULE 100MG	4	
GLEOSTINE CAPSULE 10MG	4	
GLEOSTINE CAPSULE 40MG	4	
LEUKERAN TABLET 2MG	5	
MATULANE CAPSULE 50MG	5	
VALCHLOR GEL 0.016%	5	QL(60 GM per 14 days); PA NSO
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	4	QL(120 EA per 30 days); PA NSO
<i>abiraterone acetate tablet 500mg</i>	4	QL(60 EA per 30 days); PA NSO
<i>bicalutamide tablet 50mg</i>	3	
ERLEADA TABLET 240MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
ERLEADA TABLET 60MG	5	QL(120 EA per 30 days); PA NSO
<i>flutamide capsule 125mg</i>	4	
<i>nilutamide tablet 150mg</i>	5	QL(60 EA per 30 days)
NUBEQA TABLET 300MG	5	QL(120 EA per 30 days); PA NSO
XTANDI CAPSULE 40MG	5	QL(120 EA per 30 days); PA NSO
XTANDI TABLET 40MG	5	QL(120 EA per 30 days); PA NSO
XTANDI TABLET 80MG	5	QL(60 EA per 30 days); PA NSO
Antiangiogenic Agents		
FOTIVDA CAPSULE 0.89MG	5	QL(21 EA per 28 days); PA NSO
FOTIVDA CAPSULE 1.34MG	5	QL(21 EA per 28 days); PA NSO
<i>lenalidomide capsule 10mg</i>	5	PA NSO
<i>lenalidomide capsule 15mg</i>	5	PA NSO
<i>lenalidomide capsule 2.5mg</i>	5	PA NSO
<i>lenalidomide capsule 20mg</i>	5	PA NSO
<i>lenalidomide capsule 25mg</i>	5	PA NSO
<i>lenalidomide capsule 5mg</i>	5	PA NSO
POMALYST CAPSULE 1MG	5	QL(21 EA per 28 days); PA NSO
POMALYST CAPSULE 2MG	5	QL(21 EA per 28 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
POMALYST CAPSULE 3MG	5	QL(21 EA per 28 days); PA NSO
POMALYST CAPSULE 4MG	5	QL(21 EA per 28 days); PA NSO
QINLOCK TABLET 50MG	5	QL(90 EA per 30 days); PA NSO
TABRECTA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TABRECTA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
THALOMID CAPSULE 100MG	5	QL(28 EA per 28 days); PA NSO
THALOMID CAPSULE 150MG	5	QL(56 EA per 28 days); PA NSO
THALOMID CAPSULE 200MG	5	QL(56 EA per 28 days); PA NSO
THALOMID CAPSULE 50MG	5	QL(28 EA per 28 days); PA NSO
Antiestrogens/Modifiers		
EMCYT CAPSULE 140MG	5	
SOLTAMOX SOLUTION 10MG/5ML	4	
<i>tamoxifen citrate tablet 10mg</i>	2	
<i>tamoxifen citrate tablet 20mg</i>	2	
<i>toremifene citrate tablet 60mg</i>	5	QL(30 EA per 30 days)
Antimetabolites		
DROXIA CAPSULE 200MG	3	
DROXIA CAPSULE 300MG	3	

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Drug Name	Drug Tier	Requirements/ Limits
DROXIA CAPSULE 400MG	3	
<i>hydroxyurea capsule 500mg</i>	2	
<i>mercaptopurine tablet 50mg</i>	4	
PURIXAN SUSPENSION 2000MG/100ML	5	
TABLOID TABLET 40MG	4	
Antineoplastics, Other		
BESREMI INJECTION 500MCG/ML	5	PA NSO
COLUMVI INJECTION 10MG/10ML	5	PA NSO
COLUMVI INJECTION 2.5MG/2.5ML	5	PA NSO
EPKINLY INJECTION 48MG/0.8ML	5	PA NSO
EPKINLY INJECTION 4MG/0.8ML	5	PA NSO
GAVRETO CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO
IBRANCE TABLET 100MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE TABLET 125MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE TABLET 75MG	5	QL(21 EA per 28 days); PA NSO
IDHIFA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
IDHIFA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
INREBIC CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
KISQALI FEMARA 200 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	QL(49 EA per 28 days); PA NSO
KISQALI FEMARA 400 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	QL(70 EA per 28 days); PA NSO
KISQALI FEMARA 600 DOSE TABLET THERAPY PACK 2.5MG; 200MG	5	QL(91 EA per 28 days); PA NSO
KRAZATI TABLET 200MG	5	PA NSO
LONSURF TABLET 6.14MG; 15MG	5	PA NSO
LONSURF TABLET 8.19MG; 20MG	5	PA NSO
LUMAKRAS TABLET 120MG	5	PA NSO
LUMAKRAS TABLET 320MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
LYTGOBI TABLET THERAPY PACK 4MG	5	PA NSO
NINLARO CAPSULE 2.3MG	5	QL(3 EA per 28 days); PA NSO
NINLARO CAPSULE 3MG	5	QL(3 EA per 28 days); PA NSO
NINLARO CAPSULE 4MG	5	QL(3 EA per 28 days); PA NSO
ONUREG TABLET 200MG	5	QL(14 EA per 14 days); PA NSO
ONUREG TABLET 300MG	5	QL(14 EA per 14 days); PA NSO
ORSERDU TABLET 345MG	5	PA NSO
ORSERDU TABLET 86MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
PEMAZYRE TABLET 13.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 4.5MG	5	QL(30 EA per 30 days); PA NSO
PEMAZYRE TABLET 9MG	5	QL(30 EA per 30 days); PA NSO
PHEGO INJECTION 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA NSO
PHEGO INJECTION 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA NSO
RETEVMO CAPSULE 40MG	5	QL(180 EA per 30 days); PA NSO
RETEVMO CAPSULE 80MG	5	QL(120 EA per 30 days); PA NSO
SCSEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SCSEMBLIX TABLET 40MG	5	QL(300 EA per 30 days); PA NSO
SYNRIBO INJECTION 3.5MG	5	PA NSO
TAZVERIK TABLET 200MG	5	QL(240 EA per 30 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 0	5	QL(42 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 21 days); PA NSO
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(42 EA per 21 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA NSO
VONJO CAPSULE 100MG	5	QL(120 EA per 30 days); PA NSO
XPOVIO 100 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 40 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG ONCE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 40MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 50MG	5	PA NSO
XPOVIO TABLET THERAPY PACK 60MG	5	PA NSO
ZOLINZA CAPSULE 100MG	5	PA NSO
Antineoplastics		

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Drug Name	Drug Tier	Requirements/ Limits
OPDUALAG INJECTION 240MG/20ML; 80MG/20ML	5	PA NSO
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet 1mg</i>	2	
<i>exemestane tablet 25mg</i>	4	
<i>letrozole tablet 2.5mg</i>	2	
Molecular Target Inhibitors		
ALECENSA CAPSULE 150MG	5	QL(240 EA per 30 days); PA NSO
ALUNBRIG TABLET THERAPY PACK 0	5	QL(60 EA per 365 days); PA NSO
ALUNBRIG TABLET 180MG	5	QL(30 EA per 30 days); PA NSO
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA NSO
ALUNBRIG TABLET 90MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 200MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 25MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
AYVAKIT TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
BALVERSA TABLET 3MG	5	QL(90 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
BALVERSA TABLET 4MG	5	QL(60 EA per 30 days); PA NSO
BALVERSA TABLET 5MG	5	QL(30 EA per 30 days); PA NSO
BOSULIF TABLET 100MG	5	QL(90 EA per 30 days); PA NSO
BOSULIF TABLET 400MG	5	QL(30 EA per 30 days); PA NSO
BOSULIF TABLET 500MG	5	QL(30 EA per 30 days); PA NSO
BRAFTOVI CAPSULE 75MG	5	QL(180 EA per 30 days); PA NSO
BRUKINSA CAPSULE 80MG	5	QL(120 EA per 30 days); PA NSO
CABOMETYX TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
CABOMETYX TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
CABOMETYX TABLET 60MG	5	QL(30 EA per 30 days); PA NSO
CALQUENCE CAPSULE 100MG	5	QL(60 EA per 30 days); PA NSO
CALQUENCE TABLET 100MG	5	PA NSO
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
CAPRELSA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
COMETRIQ KIT 0	5	QL(112 EA per 28 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
COMETRIQ KIT 0	5	QL(56 EA per 28 days); PA NSO
COMETRIQ KIT 20MG	5	QL(84 EA per 28 days); PA NSO
COPIKTRA CAPSULE 15MG	5	QL(60 EA per 30 days); PA NSO
COPIKTRA CAPSULE 25MG	5	QL(60 EA per 30 days); PA NSO
COTELIC TABLET 20MG	5	QL(63 EA per 28 days); PA NSO
DAURISMO TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
DAURISMO TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
ERIVEDGE CAPSULE 150MG	5	QL(30 EA per 30 days); PA NSO
<i>erlotinib hydrochloride tablet 100mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>erlotinib hydrochloride tablet 150mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL(60 EA per 30 days); PA NSO
<i>everolimus tablet soluble 2mg</i>	5	QL(330 EA per 30 days); PA NSO
<i>everolimus tablet soluble 3mg</i>	5	QL(240 EA per 30 days); PA NSO
<i>everolimus tablet soluble 5mg</i>	5	QL(180 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus tablet 10mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 2.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>everolimus tablet 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO
EXKIVITY CAPSULE 40MG	5	QL(120 EA per 30 days); PA NSO
FARYDAK CAPSULE 10MG	5	PA NSO
FARYDAK CAPSULE 15MG	5	PA NSO
FARYDAK CAPSULE 20MG	5	PA NSO
<i>gefitinib tablet 250mg</i>	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 20MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
GILOTRIF TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
IBRANCE CAPSULE 100MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE CAPSULE 125MG	5	QL(21 EA per 28 days); PA NSO
IBRANCE CAPSULE 75MG	5	QL(21 EA per 28 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
ICLUSIG TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 30MG	5	QL(30 EA per 30 days); PA NSO
ICLUSIG TABLET 45MG	5	QL(30 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 100mg</i>	3	QL(180 EA per 30 days); PA NSO
<i>imatinib mesylate tablet 400mg</i>	4	QL(60 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 140MG	5	QL(120 EA per 30 days); PA NSO
IMBRUVICA CAPSULE 70MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA SUSPENSION 70MG/ML	5	PA NSO
IMBRUVICA TABLET 140MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA TABLET 280MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA TABLET 420MG	5	QL(30 EA per 30 days); PA NSO
IMBRUVICA TABLET 560MG	5	QL(30 EA per 30 days); PA NSO
INLYTA TABLET 1MG	5	QL(180 EA per 30 days); PA NSO
INLYTA TABLET 5MG	5	QL(120 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
INQOVI TABLET 100MG; 35MG	5	QL(5 EA per 28 days); PA NSO
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 15MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 25MG	5	QL(60 EA per 30 days); PA NSO
JAKAFI TABLET 5MG	5	QL(60 EA per 30 days); PA NSO
JAYPIRCA TABLET 100MG	5	QL(90 EA per 30 days); PA NSO
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(21 EA per 28 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(42 EA per 28 days); PA NSO
KISQALI TABLET THERAPY PACK 200MG	5	QL(63 EA per 28 days); PA NSO
KOSELUGO CAPSULE 10MG	5	PA NSO
KOSELUGO CAPSULE 25MG	5	PA NSO
<i>lapatinib ditosylate tablet 250mg</i>	5	QL(180 EA per 30 days); PA NSO
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA NSO
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK 0	5	PA NSO
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA NSO
LORBRENA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
LORBRENA TABLET 25MG	5	QL(90 EA per 30 days); PA NSO
LYNPARZA TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
LYNPARZA TABLET 150MG	5	QL(120 EA per 30 days); PA NSO
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	PA NSO
MEKINIST TABLET 0.5MG	5	QL(90 EA per 30 days); PA NSO
MEKINIST TABLET 2MG	5	QL(30 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
MEKTOVI TABLET 15MG	5	QL(180 EA per 30 days); PA NSO
NERLYNX TABLET 40MG	5	QL(180 EA per 30 days); PA NSO
ODOMZO CAPSULE 200MG	5	QL(30 EA per 30 days); PA NSO
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	PA NSO
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK 0	5	PA NSO
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	PA NSO
REZLIDHIA CAPSULE 150MG	5	PA NSO
ROZLYTREK CAPSULE 100MG	5	QL(150 EA per 30 days); PA NSO
ROZLYTREK CAPSULE 200MG	5	QL(90 EA per 30 days); PA NSO
RUBRACA TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
RUBRACA TABLET 250MG	5	QL(120 EA per 30 days); PA NSO
RUBRACA TABLET 300MG	5	QL(120 EA per 30 days); PA NSO
RYDAPT CAPSULE 25MG	5	QL(240 EA per 30 days); PA NSO
<i>sorafenib tosylate tablet 200mg</i>	5	QL(120 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
<i>sorafenib tablet 200mg</i>	5	QL(120 EA per 30 days); PA NSO
SPRYCEL TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
SPRYCEL TABLET 140MG	5	QL(30 EA per 30 days); PA NSO
SPRYCEL TABLET 20MG	5	QL(60 EA per 30 days); PA NSO
SPRYCEL TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
SPRYCEL TABLET 70MG	5	QL(60 EA per 30 days); PA NSO
SPRYCEL TABLET 80MG	5	QL(30 EA per 30 days); PA NSO
STIVARGA TABLET 40MG	5	QL(84 EA per 28 days); PA NSO
<i>sunitinib malate capsule 12.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>sunitinib malate capsule 25mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>sunitinib malate capsule 37.5mg</i>	5	QL(30 EA per 30 days); PA NSO
<i>sunitinib malate capsule 50mg</i>	5	QL(30 EA per 30 days); PA NSO
TAFINLAR CAPSULE 50MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR CAPSULE 75MG	5	QL(120 EA per 30 days); PA NSO
TAFINLAR TABLET SOLUBLE 10MG	5	PA NSO

Drug Name	Drug Tier	Requirements/ Limits
TAGRISSO TABLET 40MG	5	QL(30 EA per 30 days); PA NSO
TAGRISSO TABLET 80MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.1MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.25MG	5	QL(90 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.35MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.5MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 0.75MG	5	QL(30 EA per 30 days); PA NSO
TALZENNA CAPSULE 1MG	5	QL(30 EA per 30 days); PA NSO
TASIGNA CAPSULE 150MG	5	QL(112 EA per 28 days); PA NSO
TASIGNA CAPSULE 200MG	5	QL(112 EA per 28 days); PA NSO
TASIGNA CAPSULE 50MG	5	QL(120 EA per 30 days); PA NSO
TEPMETKO TABLET 225MG	5	PA NSO
TIBSOVO TABLET 250MG	5	QL(60 EA per 30 days); PA NSO
TURALIO CAPSULE 125MG	5	PA NSO
TURALIO CAPSULE 200MG	5	QL(120 EA per 30 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
VANFLYTA TABLET 17.7MG	5	PA NSO
VANFLYTA TABLET 26.5MG	5	PA NSO
VENCLEXTA STARTING PACK TABLET THERAPY PACK 0	5	QL(42 EA per 30 days); PA NSO
VENCLEXTA TABLET 100MG	5	QL(120 EA per 30 days); PA NSO
VENCLEXTA TABLET 10MG	3	QL(60 EA per 30 days); PA NSO
VENCLEXTA TABLET 50MG	5	QL(30 EA per 30 days); PA NSO
VERZENIO TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
VERZENIO TABLET 150MG	5	QL(60 EA per 30 days); PA NSO
VERZENIO TABLET 200MG	5	QL(60 EA per 30 days); PA NSO
VERZENIO TABLET 50MG	5	QL(60 EA per 30 days); PA NSO
VITRAKVI CAPSULE 100MG	5	QL(60 EA per 30 days); PA NSO
VITRAKVI CAPSULE 25MG	5	QL(180 EA per 30 days); PA NSO
VITRAKVI SOLUTION 20MG/ML	5	QL(300 ML per 30 days); PA NSO
VIZIMPRO TABLET 15MG	5	QL(30 EA per 30 days); PA NSO
VIZIMPRO TABLET 30MG	5	QL(30 EA per 30 days); PA NSO

Drug Name	Drug Tier	Requirements/ Limits
VIZIMPRO TABLET 45MG	5	QL(30 EA per 30 days); PA NSO
VOTRIENT TABLET 200MG	5	QL(120 EA per 30 days); PA NSO
WELIREG TABLET 40MG	5	PA NSO
XALKORI CAPSULE 200MG	5	QL(60 EA per 30 days); PA NSO
XALKORI CAPSULE 250MG	5	QL(60 EA per 30 days); PA NSO
XOSPATA TABLET 40MG	5	QL(90 EA per 30 days); PA NSO
ZEJULA CAPSULE 100MG	5	QL(90 EA per 30 days); PA NSO
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 200MG	5	QL(30 EA per 30 days); PA NSO
ZEJULA TABLET 300MG	5	QL(30 EA per 30 days); PA NSO
ZELBORAF TABLET 240MG	5	QL(240 EA per 30 days); PA NSO
ZYDELIG TABLET 100MG	5	QL(60 EA per 30 days); PA NSO
ZYDELIG TABLET 150MG	5	QL(60 EA per 30 days); PA NSO
ZYKADIA TABLET 150MG	5	QL(90 EA per 30 days); PA NSO
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		

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Drug Name	Drug Tier	Requirements/ Limits
DARZALEX FASPRO INJECTION 1800MG/15ML; 30000UNIT/15ML	5	PA NSO
KANJINTI INJECTION 150MG	5	PA NSO
KANJINTI INJECTION 420MG	5	PA NSO
RUXIENCE INJECTION 100MG/10ML	5	PA NSO
RUXIENCE INJECTION 500MG/50ML	5	PA NSO
TRAZIMERA INJECTION 150MG	5	PA NSO
TRAZIMERA INJECTION 420MG	5	PA NSO
Retinoids		
<i>bexarotene capsule 75mg</i>	5	PA NSO
<i>bexarotene gel 1%</i>	5	PA NSO
PANRETIN GEL 0.1%	5	PA NSO
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
LEUCOVORIN CALCIUM TABLET 10MG	3	
LEUCOVORIN CALCIUM TABLET 15MG	3	
LEUCOVORIN CALCIUM TABLET 25MG	3	
LEUCOVORIN CALCIUM TABLET 5MG	3	
MESNEX TABLET 400MG	4	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet 200mg</i>	4	
<i>ivermectin tablet 3mg</i>	3	QL(20 EA per 30 days); PA
<i>praziquantel tablet 600mg</i>	4	
Antiprotozoals		

Drug Name	Drug Tier	Requirements/ Limits
ALINIA SUSPENSION RECONSTITUTED 100MG/5ML	4	
<i>atovaquone/proguanil hcl tablet 250mg; 100mg</i>	4	
<i>atovaquone/proguanil hcl tablet 62.5mg; 25mg</i>	4	
<i>atovaquone suspension 750mg/5ml</i>	4	
BENZNIDAZOLE TABLET 100MG	4	
BENZNIDAZOLE TABLET 12.5MG	4	
<i>chloroquine phosphate tablet 250mg</i>	4	
<i>chloroquine phosphate tablet 500mg</i>	4	
COARTEM TABLET 20MG; 120MG	4	QL(24 EA per 30 days)
<i>hydroxychloroquine sulfate tablet 100mg</i>	2	
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	
<i>mefloquine hcl tablet 250mg</i>	3	
<i>nitazoxanide tablet 500mg</i>	4	
<i>pentamidine isethionate injection 300mg</i>	4	
<i>pentamidine isethionate solution reconstituted 300mg</i>	4	QL(1 EA per 28 days); B/D
<i>primaquine phosphate tablet 26.3mg</i>	3	
<i>pyrimethamine tablet 25mg</i>	5	PA
QUININE SULFATE CAPSULE 324MG	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet 0.5mg</i>	2	
<i>benztropine mesylate tablet 1mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>benztropine mesylate</i> tablet 2mg	2	
<i>trihexyphenidyl</i> <i>hydrochloride</i> tablet 2mg	3	
<i>trihexyphenidyl</i> <i>hydrochloride</i> tablet 5mg	3	
Antiparkinson Agents, Other		
<i>entacapone</i> tablet 200mg	4	
OSMOLEX ER TABLET ER 24 HOUR THERAPY PACK 0	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 129MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 193MG	4	PA
OSMOLEX ER TABLET EXTENDED RELEASE 24 HOUR 258MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate</i> capsule 5mg	4	
<i>bromocriptine mesylate</i> tablet 2.5mg	4	
KYNMOBI TITRATION KIT KIT 0	5	QL(20 EA per 365 days); PA
<i>kynmobi film</i> 10mg	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 15MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 20MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 25MG	5	QL(150 EA per 30 days); PA
KYNMOBI FILM 30MG	5	QL(150 EA per 30 days); PA
NEUPRO PATCH 24 HOUR 1MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 2MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 3MG/24HR	4	ST

Drug Name	Drug Tier	Requirements/ Limits
NEUPRO PATCH 24 HOUR 4MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 6MG/24HR	4	ST
NEUPRO PATCH 24 HOUR 8MG/24HR	4	ST
<i>pramipexole</i> <i>dihydrochloride</i> tablet 0.125mg	2	
<i>pramipexole</i> <i>dihydrochloride</i> tablet 0.25mg	2	
<i>pramipexole</i> <i>dihydrochloride</i> tablet 0.5mg	2	
<i>pramipexole</i> <i>dihydrochloride</i> tablet 0.75mg	2	
<i>pramipexole</i> <i>dihydrochloride</i> tablet 1.5mg	2	
<i>pramipexole</i> <i>dihydrochloride</i> tablet 1mg	2	
<i>ropinirole hcl</i> tablet 0.5mg	2	
<i>ropinirole hcl</i> tablet 1mg	2	
<i>ropinirole hcl</i> tablet 2mg	2	
<i>ropinirole hcl</i> tablet 4mg	2	
<i>ropinirole hcl</i> tablet 5mg	2	
<i>ropinirole hydrochloride</i> tablet 0.25mg	2	
<i>ropinirole hydrochloride</i> tablet 3mg	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er</i> tablet extended release 25mg; 100mg	3	
<i>carbidopa/levodopa er</i> tablet extended release 50mg; 200mg	3	
<i>carbidopa/levodopa odt</i> tablet disintegrating 10mg; 100mg	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 100mg</i>	4	
<i>carbidopa/levodopa odt tablet disintegrating 25mg; 250mg</i>	4	
<i>carbidopa/levodopa tablet 10mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 100mg</i>	2	
<i>carbidopa/levodopa tablet 25mg; 250mg</i>	2	
<i>carbidopa tablet 25mg</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet 0.5mg</i>	4	
<i>rasagiline mesylate tablet 1mg</i>	4	
<i>selegiline hcl capsule 5mg</i>	3	
<i>selegiline hcl tablet 5mg</i>	3	
Antipsychotics		
Ist Generation/Typical		
<i>chlorpromazine hcl tablet 100mg</i>	4	
<i>chlorpromazine hcl tablet 10mg</i>	4	
<i>chlorpromazine hcl tablet 200mg</i>	4	
<i>chlorpromazine hcl tablet 25mg</i>	4	
<i>chlorpromazine hcl tablet 50mg</i>	4	
<i>chlorpromazine hydrochloride concentrate 100mg/ml</i>	4	
<i>chlorpromazine hydrochloride concentrate 30mg/ml</i>	4	
<i>fluphenazine decanoate injection 25mg/ml</i>	4	
<i>fluphenazine hcl concentrate 5mg/ml</i>	4	
<i>fluphenazine hcl injection 2.5mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl tablet 10mg</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hcl tablet 2.5mg</i>	4	
<i>fluphenazine hcl tablet 5mg</i>	4	
<i>fluphenazine hydrochloride elixir 2.5mg/5ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 100mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol decanoate injection 50mg/ml</i>	4	
<i>haloperidol lactate injection 5mg/ml</i>	4	
<i>haloperidol concentrate 2mg/ml</i>	2	
<i>haloperidol tablet 0.5mg</i>	2	
<i>haloperidol tablet 10mg</i>	2	
<i>haloperidol tablet 1mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>haloperidol tablet 2mg</i>	2	
<i>haloperidol tablet 5mg</i>	2	
<i>loxapine capsule 10mg</i>	3	
<i>loxapine capsule 25mg</i>	3	
<i>loxapine capsule 50mg</i>	3	
<i>loxapine capsule 5mg</i>	3	
<i>molindone hydrochloride tablet 10mg</i>	4	
<i>molindone hydrochloride tablet 25mg</i>	4	
<i>molindone hydrochloride tablet 5mg</i>	4	
<i>perphenazine tablet 16mg</i>	4	
<i>perphenazine tablet 2mg</i>	4	
<i>perphenazine tablet 4mg</i>	4	
<i>perphenazine tablet 8mg</i>	4	
<i>pimozide tablet 1mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>pimozide tablet 2mg</i>	4	
<i>thioridazine hcl tablet 100mg</i>	3	
<i>thioridazine hcl tablet 10mg</i>	3	
<i>thioridazine hcl tablet 25mg</i>	3	
<i>thioridazine hcl tablet 50mg</i>	3	
<i>thiothixene capsule 10mg</i>	4	
<i>thiothixene capsule 1mg</i>	4	
<i>thiothixene capsule 2mg</i>	4	
<i>thiothixene capsule 5mg</i>	4	
<i>trifluoperazine hcl tablet 10mg</i>	3	
<i>trifluoperazine hcl tablet 2mg</i>	3	
<i>trifluoperazine hcl tablet 5mg</i>	3	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	4	
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	4	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 300MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
ABILIFY MAINTENA INJECTION 400MG	5	
<i>aripiprazole odt tablet disintegrating 10mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole odt tablet disintegrating 15mg</i>	4	QL(60 EA per 30 days)
<i>aripiprazole solution 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>aripiprazole tablet 10mg</i>	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>aripiprazole tablet 15mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 2mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 30mg</i>	4	QL(30 EA per 30 days)
<i>aripiprazole tablet 5mg</i>	4	QL(30 EA per 30 days)
ARISTADA INITIO INJECTION 675MG/2.4ML	5	
ARISTADA INJECTION 1064MG/3.9ML	5	
ARISTADA INJECTION 441MG/1.6ML	5	
ARISTADA INJECTION 662MG/2.4ML	5	
ARISTADA INJECTION 882MG/3.2ML	5	
<i>asenapine maleate sl tablet sublingual 10mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 2.5mg</i>	4	QL(60 EA per 30 days)
<i>asenapine maleate sl tablet sublingual 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPSULE 10.5MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 21MG	5	QL(30 EA per 30 days); PA NSO
CAPLYTA CAPSULE 42MG	5	QL(30 EA per 30 days); PA NSO
FANAPT TITRATION PACK TABLET 0	4	QL(8 EA per 180 days); ST NSO
FANAPT TABLET 10MG	5	QL(60 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/ Limits
FANAPT TABLET 12MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 1MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 2MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 4MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 6MG	5	QL(60 EA per 30 days); ST NSO
FANAPT TABLET 8MG	5	QL(60 EA per 30 days); ST NSO
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	ST NSO
INVEGA HAFYERA INJECTION 1560MG/5ML	5	ST NSO
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	
INVEGA SUSTENNA INJECTION 156MG/ML	5	
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	
INVEGA TRINZA INJECTION 273MG/0.88ML	5	
INVEGA TRINZA INJECTION 410MG/1.32ML	5	

Drug Name	Drug Tier	Requirements/ Limits
INVEGA TRINZA INJECTION 546MG/1.75ML	5	
INVEGA TRINZA INJECTION 819MG/2.63ML	5	
<i>lurasidone hydrochloride tablet 120mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 20mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 40mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABLET 10MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 15MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 20MG; 10MG	5	QL(30 EA per 30 days); ST NSO
LYBALVI TABLET 5MG; 10MG	5	QL(30 EA per 30 days); ST NSO
NUPLAZID CAPSULE 34MG	5	QL(30 EA per 30 days); PA NSO
NUPLAZID TABLET 10MG	5	QL(30 EA per 30 days); PA NSO
<i>olanzapine odt tablet disintegrating 10mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 15mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 20mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine odt tablet disintegrating 5mg</i>	4	QL(30 EA per 30 days)
<i>olanzapine injection 10mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 15mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 2.5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 20mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 5mg</i>	2	QL(30 EA per 30 days)
<i>olanzapine tablet 7.5mg</i>	2	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 3mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 9mg</i>	4	QL(30 EA per 30 days)
PERSERIS INJECTION 120MG	5	QL(1 EA per 30 days)
PERSERIS INJECTION 90MG	5	QL(1 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 150mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	4	QL(90 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 300mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 400mg</i>	4	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 50mg</i>	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 150mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 25mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 50mg</i>	2	QL(90 EA per 30 days)
REXULTI TABLET 0.25MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 0.5MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 1MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 2MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 3MG	5	QL(30 EA per 30 days); ST NSO
REXULTI TABLET 4MG	5	QL(30 EA per 30 days); ST NSO
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG	5	
RISPERDAL CONSTA INJECTION 37.5MG	5	
RISPERDAL CONSTA INJECTION 50MG	5	
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 0.5mg</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone odt tablet disintegrating 1mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 2mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 3mg</i>	4	QL(60 EA per 30 days)
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone solution 1mg/ml</i>	3	QL(240 ML per 30 days)
<i>risperidone tablet 0.25mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 0.5mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 1mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 2mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 3mg</i>	2	QL(60 EA per 30 days)
<i>risperidone tablet 4mg</i>	2	QL(60 EA per 30 days)
SECUADO PATCH 24 HOUR 3.8MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 5.7MG/24HR	5	QL(30 EA per 30 days); ST NSO
SECUADO PATCH 24 HOUR 7.6MG/24HR	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE THERAPY PACK 0	4	QL(14 EA per 365 days); ST NSO
VRAYLAR CAPSULE 1.5MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 3MG	5	QL(30 EA per 30 days); ST NSO
VRAYLAR CAPSULE 4.5MG	5	QL(30 EA per 30 days); ST NSO

Drug Name	Drug Tier	Requirements/ Limits
VRAYLAR CAPSULE 6MG	5	QL(30 EA per 30 days); ST NSO
<i>ziprasidone hcl capsule 20mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 40mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 60mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone hcl capsule 80mg</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate injection 20mg</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	QL(2 EA per 28 days); ST NSO
ZYPREXA RELPREVV INJECTION 300MG	5	ST NSO
ZYPREXA RELPREVV INJECTION 405MG	5	ST NSO
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL(270 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days); ST NSO
<i>clozapine odt tablet disintegrating 25mg</i>	4	QL(270 EA per 30 days); ST NSO
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days); ST NSO
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days); ST NSO
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days); ST NSO

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Drug Name	Drug Tier	Requirements/ Limits
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days); ST NSO
VERSACLOZ SUSPENSION 50MG/ML	5	QL(540 ML per 30 days); ST NSO
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg</i>	2	
<i>baclofen tablet 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule 100mg</i>	4	
<i>dantrolene sodium capsule 25mg</i>	4	
<i>dantrolene sodium capsule 50mg</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir injection 75mg/ml</i>	5	
<i>ganciclovir injection 500mg/10ml</i>	3	B/D
<i>ganciclovir injection 500mg</i>	3	B/D
PREVYMIS TABLET 240MG	5	
PREVYMIS TABLET 480MG	5	
<i>valganciclovir hydrochloride solution reconstituted 50mg/ml</i>	4	
<i>valganciclovir tablet 450mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil tablet 10mg</i>	4	
BARACLUDGE SOLUTION 0.05MG/ML	5	QL(600 ML per 30 days)
<i>entecavir tablet 0.5mg</i>	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>entecavir tablet 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET PACKET 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABLET 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tablet 200mg</i>	3	
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INJECTION 600MG/3ML	5	
BIKTARVY TABLET 30MG; 120MG; 15MG	5	QL(30 EA per 30 days)
BIKTARVY TABLET 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	5	
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	5	
DOVATO TABLET 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABLET 600MG	5	QL(60 EA per 30 days)
ISENTRESS PACKET 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABLET CHEWABLE 100MG	4	QL(180 EA per 30 days)
ISENTRESS TABLET CHEWABLE 25MG	4	QL(180 EA per 30 days)
ISENTRESS TABLET 400MG	5	QL(120 EA per 30 days)
JULUCA TABLET 50MG; 25MG	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TABLET SOLUBLE 5MG	4	
TIVICAY TABLET 10MG	4	QL(60 EA per 30 days)
TIVICAY TABLET 25MG	5	QL(60 EA per 30 days)
TIVICAY TABLET 50MG	5	QL(60 EA per 30 days)
VOCABRIA TABLET 30MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA TABLET 200MG; 25MG; 300MG	5	QL(30 EA per 30 days)
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABLET 25MG	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz capsule 200mg</i>	4	QL(120 EA per 30 days)
<i>efavirenz capsule 50mg</i>	4	QL(180 EA per 30 days)
<i>efavirenz tablet 600mg</i>	4	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	QL(120 EA per 30 days)
<i>etravirine tablet 200mg</i>	5	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
INTELENCE TABLET 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 100mg</i>	4	QL(90 EA per 30 days)
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	QL(30 EA per 30 days)
<i>nevirapine suspension 50mg/5ml</i>	4	QL(1200 ML per 30 days)
<i>nevirapine tablet 200mg</i>	3	QL(60 EA per 30 days)
PIFELTRO TABLET 100MG	5	QL(30 EA per 30 days)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate/lamivudine/zidovudine tablet 300mg; 150mg; 300mg</i>	5	QL(60 EA per 30 days)
<i>abacavir sulfate/lamivudine tablet 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate tablet 300mg</i>	4	QL(60 EA per 30 days)
<i>abacavir solution 20mg/ml</i>	4	QL(960 ML per 30 days)
<i>abacavir tablet 300mg</i>	4	QL(60 EA per 30 days)
CIMDUO TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 120MG; 15MG	5	QL(30 EA per 30 days)
DESCOVY TABLET 200MG; 25MG	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine capsule 200mg</i>	2	QL(30 EA per 30 days)
EMTRIVA SOLUTION 10MG/ML	4	QL(680 ML per 28 days)
<i>lamivudine/zidovudine tablet 150mg; 300mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine solution 10mg/ml</i>	4	
<i>lamivudine tablet 150mg</i>	4	QL(60 EA per 30 days)
<i>lamivudine tablet 300mg</i>	4	QL(30 EA per 30 days)
ODEFSEY TABLET 200MG; 25MG; 25MG	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION INJECTION 10MG/ML	4	
<i>stavudine capsule 15mg</i>	4	
<i>stavudine capsule 20mg</i>	4	
<i>stavudine capsule 30mg</i>	4	
<i>stavudine capsule 40mg</i>	4	
TEMIXYS TABLET 300MG; 300MG	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tablet 300mg</i>	4	QL(30 EA per 30 days)
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	QL(180 EA per 30 days)
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	QL(30 EA per 30 days)
TRIZIVIR TABLET 300MG; 150MG; 300MG	5	QL(60 EA per 30 days)
VIREAD POWDER 40MG/GM	5	QL(225 GM per 30 days)
VIREAD TABLET 150MG	5	QL(30 EA per 30 days)
VIREAD TABLET 200MG	5	QL(30 EA per 30 days)
VIREAD TABLET 250MG	5	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>zidovudine capsule 100mg</i>	4	QL(180 EA per 30 days)
<i>zidovudine syrup 50mg/5ml</i>	4	QL(1680 ML per 28 days)
<i>zidovudine tablet 300mg</i>	3	QL(60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON INJECTION 90MG	5	
<i>maraviroc tablet 150mg</i>	5	QL(60 EA per 30 days)
<i>maraviroc tablet 300mg</i>	5	QL(120 EA per 30 days)
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	
SELZENTRY SOLUTION 20MG/ML	5	QL(1800 ML per 30 days)
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION 463.5MG/1.5ML	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
SUNLENCA TABLET THERAPY PACK 300MG	5	
TROGARZO INJECTION 200MG/1.33ML	5	
TYBOST TABLET 150MG	4	QL(30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE 250MG	5	QL(120 EA per 30 days)
APTIVUS SOLUTION 100MG/ML	5	
<i>atazanavir sulfate capsule 300mg</i>	4	QL(30 EA per 30 days)
<i>atazanavir capsule 150mg</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>atazanavir capsule 200mg</i>	4	QL(60 EA per 30 days)
<i>darunavir tablet 600mg</i>	5	QL(60 EA per 30 days)
<i>darunavir tablet 800mg</i>	5	QL(30 EA per 30 days)
EVOTAZ TABLET 300MG; 150MG	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium tablet 700mg</i>	5	QL(120 EA per 30 days)
INVIRASE TABLET 500MG	5	
LEXIVA SUSPENSION 50MG/ML	4	QL(1575 ML per 28 days)
<i>lopinavir/ritonavir solution 400mg/5ml; 100mg/5ml</i>	4	QL(400 ML per 30 days)
<i>lopinavir/ritonavir tablet 100mg; 25mg</i>	4	
<i>lopinavir/ritonavir tablet 200mg; 50mg</i>	4	QL(150 EA per 30 days)
NORVIR PACKET 100MG	4	QL(360 EA per 30 days)
NORVIR SOLUTION 80MG/ML	4	
PREZCOBIX TABLET 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION 100MG/ML	5	QL(360 ML per 30 days)
PREZISTA TABLET 150MG	4	QL(240 EA per 30 days)
PREZISTA TABLET 75MG	4	QL(420 EA per 30 days)
REYATAZ PACKET 50MG	5	
<i>ritonavir tablet 100mg</i>	3	QL(360 EA per 30 days)
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABLET 250MG	5	QL(270 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT TABLET 625MG	5	QL(120 EA per 30 days)
Anti-influenza Agents		
<i>amantadine hcl capsule 100mg</i>	3	
<i>amantadine hcl solution 50mg/5ml</i>	2	
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted 6mg/ml</i>	3	QL(1080 ML per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG	4	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	4	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 40MG	4	QL(4 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	4	QL(2 EA per 365 days)
Antitherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg</i>	2	
<i>acyclovir tablet 800mg</i>	2	
<i>famciclovir tablet 125mg</i>	3	
<i>famciclovir tablet 250mg</i>	3	
<i>famciclovir tablet 500mg</i>	3	
<i>valacyclovir hcl tablet 1gm</i>	3	QL(120 EA per 30 days)
<i>valacyclovir hydrochloride tablet 500mg</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hcl tablet 30mg</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>bupirone hydrochloride tablet 10mg</i>	2	
<i>bupirone hydrochloride tablet 5mg</i>	2	
<i>bupirone hydrochloride tablet 7.5mg</i>	3	
<i>hydroxyzine pamoate capsule 100mg</i>	4	
<i>hydroxyzine pamoate capsule 25mg</i>	4	
<i>hydroxyzine pamoate capsule 50mg</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 0.5mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>diazepam intensol concentrate 5mg/ml</i>	4	QL(240 ML per 30 days)
<i>diazepam concentrate 5mg/ml</i>	4	QL(240 ML per 30 days)
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam solution 5mg/5ml</i>	4	
<i>diazepam tablet 10mg</i>	3	QL(120 EA per 30 days)
<i>diazepam tablet 2mg</i>	3	QL(300 EA per 30 days)
<i>diazepam tablet 5mg</i>	3	QL(240 EA per 30 days)
<i>lorazepam intensol concentrate 2mg/ml</i>	3	QL(150 ML per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>lorazepam tablet 0.5mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 1mg</i>	3	QL(90 EA per 30 days)
<i>lorazepam tablet 2mg</i>	3	QL(150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium carbonate er tablet extended release 300mg</i>	2	
<i>lithium carbonate er tablet extended release 450mg</i>	2	
<i>lithium carbonate capsule 150mg</i>	2	
<i>lithium carbonate capsule 300mg</i>	2	
<i>lithium carbonate capsule 600mg</i>	2	
<i>lithium carbonate tablet 300mg</i>	2	
<i>valproic acid capsule 250mg</i>	2	
<i>valproic acid solution 250mg/5ml</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet 100mg</i>	2	QL(90 EA per 30 days)
<i>acarbose tablet 25mg</i>	2	QL(360 EA per 30 days)
<i>acarbose tablet 50mg</i>	2	QL(180 EA per 30 days)
BYDUREON BCISE INJECTION 2MG/0.85ML	4	QL(3.4 ML per 28 days); PA
FARXIGA TABLET 10MG	3	
FARXIGA TABLET 5MG	3	
<i>glimepiride tablet 1mg</i>	1	
<i>glimepiride tablet 2mg</i>	1	
<i>glimepiride tablet 4mg</i>	1	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days)
<i>glipizide er tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days)
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL(60 EA per 30 days)
<i>glipizide xl tablet extended release 24 hour 2.5mg</i>	1	QL(240 EA per 30 days)
<i>glipizide xl tablet extended release 24 hour 5mg</i>	1	QL(120 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	3	QL(240 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg</i>	3	QL(120 EA per 30 days)
<i>glipizide/metformin hydrochloride tablet 5mg; 500mg</i>	3	QL(120 EA per 30 days)
<i>glipizide tablet 10mg</i>	1	QL(120 EA per 30 days)
<i>glipizide tablet 5mg</i>	1	QL(240 EA per 30 days)
<i>glyburide/metformin hydrochloride tablet 1.25mg; 250mg</i>	2	
<i>glyburide/metformin hydrochloride tablet 2.5mg; 500mg</i>	2	
<i>glyburide/metformin hydrochloride tablet 5mg; 500mg</i>	2	
<i>glyburide tablet 1.25mg</i>	2	
<i>glyburide tablet 2.5mg</i>	2	
<i>glyburide tablet 5mg</i>	2	
GLYXAMBI TABLET 10MG; 5MG	3	QL(30 EA per 30 days)
GLYXAMBI TABLET 25MG; 5MG	3	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(30 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG	3	QL(60 EA per 30 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 500MG; 50MG	3	QL(60 EA per 30 days)
JANUMET TABLET 1000MG; 50MG	3	QL(60 EA per 30 days)
JANUMET TABLET 500MG; 50MG	3	QL(60 EA per 30 days)
JANUVIA TABLET 100MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 25MG	3	QL(30 EA per 30 days)
JANUVIA TABLET 50MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 10MG	3	QL(30 EA per 30 days)
JARDIANCE TABLET 25MG	3	QL(30 EA per 30 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 1000MG	3	
JENTADUETO TABLET 2.5MG; 500MG	3	
JENTADUETO TABLET 2.5MG; 850MG	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg</i>	1	QL(120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>metformin hydrochloride er tablet extended release 24 hour 750mg</i>	1	QL(60 EA per 30 days)
<i>metformin hydrochloride tablet 1000mg</i>	1	QL(75 EA per 30 days)
<i>metformin hydrochloride tablet 500mg</i>	1	QL(150 EA per 30 days)
<i>metformin hydrochloride tablet 850mg</i>	1	QL(90 EA per 30 days)
MOUNJARO INJECTION 10MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 12.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 15MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 5MG/0.5ML	3	QL(2 ML per 28 days); PA
MOUNJARO INJECTION 7.5MG/0.5ML	3	QL(2 ML per 28 days); PA
<i>nateglinide tablet 120mg</i>	4	QL(90 EA per 30 days)
<i>nateglinide tablet 60mg</i>	4	QL(180 EA per 30 days)
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 2MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 4MG/3ML	3	QL(3 ML per 28 days); PA
OZEMPIC INJECTION 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tablet 500mg; 15mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pioglitazone hcl/metformin hcl tablet 850mg; 15mg</i>	3	
<i>pioglitazone hcl tablet 45mg</i>	1	QL(30 EA per 30 days)
<i>pioglitazone hydrochloride tablet 15mg</i>	1	QL(30 EA per 30 days)
<i>pioglitazone hydrochloride tablet 30mg</i>	1	QL(30 EA per 30 days)
<i>repaglinide tablet 0.5mg</i>	3	QL(960 EA per 30 days)
<i>repaglinide tablet 1mg</i>	3	QL(480 EA per 30 days)
<i>repaglinide tablet 2mg</i>	3	QL(240 EA per 30 days)
RYBELSUS TABLET 14MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
RYBELSUS TABLET 7MG	3	QL(30 EA per 30 days); PA
SOLQUA 100/33 INJECTION 100UNIT/ML; 33MCG/ML	3	QL(90 ML per 30 days); PA
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(30 EA per 30 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 12.5MG; 500MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
SYNJARDY TABLET 5MG; 1000MG	3	QL(60 EA per 30 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(60 EA per 30 days)
TRADJENTA TABLET 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 5MG; 1000MG	3	QL(30 EA per 30 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 2.5MG; 1000MG	3	QL(60 EA per 30 days)
TRULICITY INJECTION 0.75MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 1.5MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 3MG/0.5ML	3	QL(2 ML per 28 days); PA
TRULICITY INJECTION 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 500MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	

Drug Name	Drug Tier	Requirements/ Limits
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 500MG	3	
Glycemic Agents		
BAQSIMI ONE PACK POWDER 3MG/DOSE	3	
BAQSIMI TWO PACK POWDER 3MG/DOSE	3	
<i>diazoxide suspension 50mg/ml</i>	4	
GLUCAGEN HYPOKIT INJECTION 1MG	4	ST
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	4	
GLUCAGON EMERGENCY KIT INJECTION 1MG	4	
GVOKE HYPOPEN 1- PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1- PACK INJECTION 1MG/0.2ML	3	
GVOKE HYPOPEN 2- PACK INJECTION 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2- PACK INJECTION 1MG/0.2ML	3	
GVOKE KIT INJECTION 1MG/0.2ML	3	
GVOKE PFS INJECTION 0.5MG/0.1ML	3	
GVOKE PFS INJECTION 1MG/0.2ML	3	
Insulins		

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Drug Name	Drug Tier	Requirements/ Limits
HUMALOG JUNIOR KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	
HUMALOG KWIKPEN INJECTION 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJECTION 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJECTION 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMALOG INJECTION 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJECTION 100UNIT/ML	3	
HUMULIN N INJECTION 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJECTION 500UNIT/ML	3	

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	3	
HUMULIN R INJECTION 100UNIT/ML	3	
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	
LANTUS INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	3	
LYUMJEV INJECTION 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJECTION 300UNIT/ML	3	
TOUJEO SOLOSTAR INJECTION 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJECTION 200UNIT/ML	3	
TRESIBA INJECTION 100UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium injection 100mg/ml</i>	4	QL(35 ML per 90 days)
<i>enoxaparin sodium injection 120mg/0.8ml</i>	4	QL(28 ML per 90 days)
<i>enoxaparin sodium injection 150mg/ml</i>	4	QL(35 ML per 90 days)
<i>enoxaparin sodium injection 300mg/3ml</i>	4	QL(105 ML per 90 days)
<i>enoxaparin sodium injection 30mg/0.3ml</i>	4	QL(10.5 ML per 90 days)
<i>enoxaparin sodium injection 40mg/0.4ml</i>	4	QL(14 ML per 90 days)
<i>enoxaparin sodium injection 60mg/0.6ml</i>	4	QL(21 ML per 90 days)
<i>enoxaparin sodium injection 80mg/0.8ml</i>	4	QL(28 ML per 90 days)
<i>fondaparinux sodium injection 10mg/0.8ml</i>	4	QL(28 ML per 90 days)
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	QL(17.5 ML per 90 days)
<i>fondaparinux sodium injection 5mg/0.4ml</i>	4	QL(14 ML per 90 days)
<i>fondaparinux sodium injection 7.5mg/0.6ml</i>	4	QL(21 ML per 90 days)
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven tablet 10mg</i>	1	
<i>jantoven tablet 1mg</i>	1	
<i>jantoven tablet 2.5mg</i>	1	
<i>jantoven tablet 2mg</i>	1	
<i>jantoven tablet 3mg</i>	1	
<i>jantoven tablet 4mg</i>	1	
<i>jantoven tablet 5mg</i>	1	
<i>jantoven tablet 6mg</i>	1	
<i>jantoven tablet 7.5mg</i>	1	
<i>warfarin sodium tablet 10mg</i>	1	
<i>warfarin sodium tablet 1mg</i>	1	
<i>warfarin sodium tablet 2.5mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>warfarin sodium tablet 2mg</i>	1	
<i>warfarin sodium tablet 3mg</i>	1	
<i>warfarin sodium tablet 4mg</i>	1	
<i>warfarin sodium tablet 5mg</i>	1	
<i>warfarin sodium tablet 6mg</i>	1	
<i>warfarin sodium tablet 7.5mg</i>	1	
XARELTO STARTER PACK TABLET THERAPY PACK 0	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG	3	QL(60 EA per 30 days)
XARELTO TABLET 2.5MG	3	QL(60 EA per 30 days)
XARELTO TABLET 20MG	3	QL(30 EA per 30 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride capsule 0.5mg</i>	3	
<i>anagrelide hydrochloride capsule 1mg</i>	3	
NEULASTA ONPRO KIT INJECTION 6MG/0.6ML	5	PA
NEULASTA INJECTION 6MG/0.6ML	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML	5	PA
PROCRIT INJECTION 20000UNIT/ML	4	PA
PROCRIT INJECTION 2000UNIT/ML	4	PA
PROCRIT INJECTION 3000UNIT/ML	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROCRIT INJECTION 4000UNIT/ML	4	PA
PROMACTA PACKET 12.5MG	5	QL(180 EA per 30 days); PA
PROMACTA PACKET 25MG	5	PA
PROMACTA TABLET 12.5MG	5	QL(30 EA per 30 days); PA
PROMACTA TABLET 25MG	5	QL(30 EA per 30 days); PA
PROMACTA TABLET 50MG	5	QL(30 EA per 30 days); PA
PROMACTA TABLET 75MG	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(30 EA per 30 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 20MG	5	QL(60 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML	4	PA
RETACRIT INJECTION 20000UNIT/2ML	4	PA
RETACRIT INJECTION 20000UNIT/ML	4	PA
RETACRIT INJECTION 2000UNIT/ML	4	PA
RETACRIT INJECTION 3000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/ Limits
RETACRIT INJECTION 4000UNIT/ML	4	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
UDENYCA INJECTION 6MG/0.6ML	5	PA
ZARXIO INJECTION 300MCG/0.5ML	5	
ZARXIO INJECTION 480MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid tablet 650mg</i>	3	
Platelet Modifying Agents		
ASPIRIN/DIPYRIDAMO LE ER CAPSULE EXTENDED RELEASE 12 HOUR 25MG; 200MG	4	
<i>aspirin/dipyridamole capsule extended release 12 hour 25mg; 200mg</i>	4	
BRILINTA TABLET 60MG	4	QL(60 EA per 30 days)
BRILINTA TABLET 90MG	4	QL(60 EA per 30 days)
CABLIVI INJECTION 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tablet 100mg</i>	2	
<i>cilostazol tablet 50mg</i>	2	
<i>clopidogrel tablet 300mg</i>	2	
<i>clopidogrel tablet 75mg</i>	2	QL(30 EA per 30 days)
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
DOPTELET TABLET 20MG	5	PA
<i>prasugrel tablet 10mg</i>	4	
<i>prasugrel tablet 5mg</i>	4	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clonidine hcl patch weekly 0.2mg/24hr</i>	4	
<i>clonidine hcl patch weekly 0.3mg/24hr</i>	4	
<i>clonidine hydrochloride tablet 0.1mg</i>	2	
<i>clonidine hydrochloride tablet 0.2mg</i>	2	
<i>clonidine hydrochloride tablet 0.3mg</i>	2	
<i>droxidopa capsule 100mg</i>	4	PA
<i>droxidopa capsule 200mg</i>	4	PA
<i>droxidopa capsule 300mg</i>	4	PA
<i>guanfacine hydrochloride tablet 1mg</i>	4	
<i>guanfacine hydrochloride tablet 2mg</i>	4	
<i>methyldopa tablet 250mg</i>	4	
<i>methyldopa tablet 500mg</i>	4	
<i>midodrine hcl tablet 10mg</i>	3	
<i>midodrine hcl tablet 2.5mg</i>	3	
<i>midodrine hcl tablet 5mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hydrochloride capsule 1mg</i>	2	
<i>prazosin hydrochloride capsule 2mg</i>	2	
<i>prazosin hydrochloride capsule 5mg</i>	2	
<i>terazosin hcl capsule 10mg</i>	2	
<i>terazosin hcl capsule 1mg</i>	2	
<i>terazosin hcl capsule 5mg</i>	2	
<i>terazosin hydrochloride capsule 2mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil tablet 16mg</i>	3	QL(60 EA per 30 days)
<i>candesartan cilexetil tablet 32mg</i>	3	QL(30 EA per 30 days)
<i>candesartan cilexetil tablet 4mg</i>	3	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan cilexetil tablet 8mg</i>	3	QL(60 EA per 30 days)
<i>irbesartan tablet 150mg</i>	1	QL(30 EA per 30 days)
<i>irbesartan tablet 300mg</i>	1	QL(30 EA per 30 days)
<i>irbesartan tablet 75mg</i>	1	QL(30 EA per 30 days)
<i>losartan potassium tablet 100mg</i>	1	
<i>losartan potassium tablet 25mg</i>	1	
<i>losartan potassium tablet 50mg</i>	1	
<i>olmesartan medoxomil tablet 20mg</i>	2	
<i>olmesartan medoxomil tablet 40mg</i>	2	
<i>olmesartan medoxomil tablet 5mg</i>	2	
<i>telmisartan tablet 20mg</i>	3	QL(30 EA per 30 days)
<i>telmisartan tablet 40mg</i>	3	QL(30 EA per 30 days)
<i>telmisartan tablet 80mg</i>	3	QL(30 EA per 30 days)
<i>valsartan tablet 160mg</i>	2	QL(30 EA per 30 days)
<i>valsartan tablet 320mg</i>	2	QL(30 EA per 30 days)
<i>valsartan tablet 40mg</i>	2	QL(90 EA per 30 days)
<i>valsartan tablet 80mg</i>	2	QL(90 EA per 30 days)
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg</i>	1	
<i>benazepril hcl tablet 40mg</i>	1	
<i>benazepril hcl tablet 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>enalapril maleate tablet 10mg</i>	1	
<i>enalapril maleate tablet 2.5mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>enalapril maleate tablet 20mg</i>	1	
<i>enalapril maleate tablet 5mg</i>	1	
<i>fosinopril sodium tablet 10mg</i>	2	
<i>fosinopril sodium tablet 20mg</i>	2	
<i>fosinopril sodium tablet 40mg</i>	2	
<i>lisinopril tablet 10mg</i>	1	
<i>lisinopril tablet 2.5mg</i>	1	
<i>lisinopril tablet 20mg</i>	1	
<i>lisinopril tablet 30mg</i>	1	
<i>lisinopril tablet 40mg</i>	1	
<i>lisinopril tablet 5mg</i>	1	
<i>moexipril hcl tablet 15mg</i>	3	
<i>moexipril hcl tablet 7.5mg</i>	3	
<i>perindopril erbumine tablet 2mg</i>	3	
<i>perindopril erbumine tablet 4mg</i>	3	
<i>perindopril erbumine tablet 8mg</i>	3	
<i>quinapril hcl tablet 20mg</i>	1	
<i>quinapril hcl tablet 40mg</i>	1	
<i>quinapril hydrochloride tablet 10mg</i>	1	
<i>quinapril hydrochloride tablet 5mg</i>	1	
<i>ramipril capsule 1.25mg</i>	1	
<i>ramipril capsule 10mg</i>	1	
<i>ramipril capsule 2.5mg</i>	1	
<i>ramipril capsule 5mg</i>	1	
<i>trandolapril tablet 1mg</i>	2	
<i>trandolapril tablet 2mg</i>	2	
<i>trandolapril tablet 4mg</i>	2	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 100mg</i>	4	
<i>amiodarone hydrochloride tablet 200mg</i>	2	
<i>amiodarone hydrochloride tablet 400mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>digitek tablet 0.125mg</i>	2	
<i>digitek tablet 0.25mg</i>	2	
<i>digoxin solution 0.05mg/ml</i>	4	
<i>digoxin tablet 125mcg</i>	2	
<i>digoxin tablet 250mcg</i>	2	
<i>digoxin tablet 62.5mcg</i>	2	
<i>digox tablet 125mcg</i>	2	
<i>digox tablet 250mcg</i>	2	
<i>dofetilide capsule 125mcg</i>	4	
<i>dofetilide capsule 250mcg</i>	4	
<i>dofetilide capsule 500mcg</i>	4	
<i>flecainide acetate tablet 100mg</i>	2	
<i>flecainide acetate tablet 150mg</i>	2	
<i>flecainide acetate tablet 50mg</i>	2	
<i>mexiletine hcl capsule 150mg</i>	4	
<i>mexiletine hcl capsule 200mg</i>	4	
<i>mexiletine hcl capsule 250mg</i>	4	
<i>pacerone tablet 100mg</i>	4	
<i>pacerone tablet 200mg</i>	2	
<i>pacerone tablet 400mg</i>	4	
<i>propafenone hcl tablet 150mg</i>	2	
<i>propafenone hcl tablet 225mg</i>	2	
<i>propafenone hcl tablet 300mg</i>	2	
<i>propafenone hydrochloride er capsule extended release 12 hour 225mg</i>	4	
<i>propafenone hydrochloride er capsule extended release 12 hour 325mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propafenone hydrochloride er capsule extended release 12 hour 425mg</i>	4	
QUINIDINE SULFATE TABLET 200MG	3	
QUINIDINE SULFATE TABLET 300MG	3	
<i>sorine tablet 120mg</i>	2	
<i>sorine tablet 160mg</i>	2	
<i>sorine tablet 240mg</i>	2	
<i>sorine tablet 80mg</i>	2	
<i>sotalol hcl tablet 120mg</i>	2	
<i>sotalol hcl tablet 160mg</i>	2	
<i>sotalol hcl tablet 240mg</i>	2	
<i>sotalol hcl tablet 80mg</i>	2	
<i>sotalol hydrochloride (af) tablet 120mg</i>	2	
<i>sotalol hydrochloride (af) tablet 160mg</i>	2	
<i>sotalol hydrochloride (af) tablet 80mg</i>	2	
<i>sotalol hydrochloride tablet 120mg</i>	2	
<i>sotalol hydrochloride tablet 160mg</i>	2	
<i>sotalol hydrochloride tablet 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride capsule 200mg</i>	2	
<i>acebutolol hydrochloride capsule 400mg</i>	2	
<i>atenolol tablet 100mg</i>	1	
<i>atenolol tablet 25mg</i>	1	
<i>atenolol tablet 50mg</i>	1	
<i>betaxolol hcl tablet 10mg</i>	3	
<i>betaxolol hcl tablet 20mg</i>	3	
<i>bisoprolol fumarate tablet 10mg</i>	2	
<i>bisoprolol fumarate tablet 5mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>carvedilol tablet 12.5mg</i>	1	
<i>carvedilol tablet 25mg</i>	1	
<i>carvedilol tablet 3.125mg</i>	1	
<i>carvedilol tablet 6.25mg</i>	1	
<i>labetalol hydrochloride tablet 100mg</i>	2	
<i>labetalol hydrochloride tablet 200mg</i>	2	
<i>labetalol hydrochloride tablet 300mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 100mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 200mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 25mg</i>	2	
<i>metoprolol succinate er tablet extended release 24 hour 50mg</i>	2	
<i>metoprolol tartrate tablet 100mg</i>	1	
<i>metoprolol tartrate tablet 25mg</i>	1	
<i>metoprolol tartrate tablet 37.5mg</i>	1	
<i>metoprolol tartrate tablet 50mg</i>	1	
<i>metoprolol tartrate tablet 75mg</i>	2	
<i>nadolol tablet 20mg</i>	4	
<i>nadolol tablet 40mg</i>	4	
<i>nadolol tablet 80mg</i>	4	
<i>nebivolol hydrochloride tablet 10mg</i>	4	
<i>nebivolol hydrochloride tablet 2.5mg</i>	4	
<i>nebivolol hydrochloride tablet 20mg</i>	4	
<i>nebivolol hydrochloride tablet 5mg</i>	4	
<i>nebivolol tablet 5mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>propranolol hcl er capsule extended release 24 hour 120mg</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 160mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg</i>	3	
<i>propranolol hydrochloride er capsule extended release 24 hour 80mg</i>	3	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet 10mg</i>	1	
<i>amlodipine besylate tablet 2.5mg</i>	1	
<i>amlodipine besylate tablet 5mg</i>	1	
<i>felodipine er tablet extended release 24 hour 10mg</i>	2	
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	2	
<i>felodipine er tablet extended release 24 hour 5mg</i>	2	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 30mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 60mg</i>	3	
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>nifedipine er tablet extended release 24 hour 90mg</i>	3	
<i>nimodipine capsule 30mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt capsule extended release 24 hour 120mg</i>	2	
<i>cartia xt capsule extended release 24 hour 180mg</i>	2	
<i>cartia xt capsule extended release 24 hour 240mg</i>	2	
<i>cartia xt capsule extended release 24 hour 300mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 120mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 180mg</i>	2	
<i>dilt-xr capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour 120mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 60mg</i>	4	
<i>diltiazem hcl er capsule extended release 12 hour 90mg</i>	4	
<i>diltiazem hcl er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 420mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>diltiazem hcl tablet 30mg</i>	2	
<i>diltiazem hcl tablet 60mg</i>	2	
<i>diltiazem hcl tablet 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 180mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 240mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 300mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>taztia xt capsule extended release 24 hour 120mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>taztia xt capsule extended release 24 hour 180mg</i>	2	
<i>taztia xt capsule extended release 24 hour 240mg</i>	2	
<i>taztia xt capsule extended release 24 hour 300mg</i>	2	
<i>taztia xt capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 120mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 180mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 240mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 300mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	
<i>verapamil hcl er tablet extended release 120mg</i>	2	
<i>verapamil hcl er tablet extended release 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour 120mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 180mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 240mg</i>	4	
<i>verapamil hcl sr capsule extended release 24 hour 360mg</i>	4	
<i>verapamil hcl tablet 40mg</i>	2	
<i>verapamil hcl tablet 80mg</i>	2	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	2	
Cardiovascular Agents, Other		

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Drug Name	Drug Tier	Requirements/ Limits
acetazolamide tablet 125mg	4	
acetazolamide tablet 250mg	4	
aliskiren tablet 150mg	4	
aliskiren tablet 300mg	4	
amiloride/hydrochlorothiazide tablet 5mg; 50mg	3	
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg	1	QL(30 EA per 30 days)
amlodipine besylate/benazepril hydrochloride capsule 10mg; 40mg	1	QL(30 EA per 30 days)
amlodipine besylate/benazepril hydrochloride capsule 2.5mg; 10mg	1	QL(45 EA per 30 days)
amlodipine besylate/benazepril hydrochloride capsule 5mg; 10mg	1	QL(45 EA per 30 days)
amlodipine besylate/benazepril hydrochloride capsule 5mg; 20mg	1	QL(45 EA per 30 days)
amlodipine besylate/benazepril hydrochloride capsule 5mg; 40mg	1	QL(30 EA per 30 days)
amlodipine besylate/valsartan tablet 10mg; 160mg	3	
amlodipine besylate/valsartan tablet 10mg; 320mg	3	
amlodipine besylate/valsartan tablet 5mg; 160mg	3	
amlodipine besylate/valsartan tablet 5mg; 320mg	3	

Drug Name	Drug Tier	Requirements/ Limits
atenolol/chlorthalidone tablet 100mg; 25mg	2	
atenolol/chlorthalidone tablet 50mg; 25mg	2	
benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg	3	
benazepril hcl/hydrochlorothiazide tablet 20mg; 12.5mg	3	
benazepril hcl/hydrochlorothiazide tablet 20mg; 25mg	3	
benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg	3	
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg	3	
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 12.5mg	3	
benazepril hydrochloride/hydrochlorothiazide tablet 20mg; 25mg	3	
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg	2	
bisoprolol fumarate/hydrochlorothiazide tablet 2.5mg; 6.25mg	2	
bisoprolol fumarate/hydrochlorothiazide tablet 5mg; 6.25mg	2	
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg	2	QL(30 EA per 30 days)
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>candesartan</i>	2	QL(30 EA per 30 days)
<i>cilexetil/hydrochlorothiazide tablet 32mg; 25mg</i>		
CORLANOR TABLET 5MG	4	QL(60 EA per 30 days); PA
CORLANOR TABLET 7.5MG	4	QL(60 EA per 30 days); PA
<i>enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tablet 5mg; 12.5mg</i>	1	
ENTRESTO TABLET 24MG; 26MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 49MG; 51MG	3	QL(60 EA per 30 days)
ENTRESTO TABLET 97MG; 103MG	3	QL(60 EA per 30 days)
<i>fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg</i>	3	
<i>fosinopril sodium/hydrochlorothiazide tablet 20mg; 12.5mg</i>	3	
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	3	QL(30 EA per 30 days)
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	3	QL(30 EA per 30 days)
KERENDIA TABLET 10MG	4	QL(30 EA per 30 days); PA
KERENDIA TABLET 20MG	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tablet 25mg; 20mg</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tablet 25mg; 100mg</i>	1	
<i>losartan metyrosine capsule 250mg</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tablet 25mg; 40mg</i>	2	
<i>pentoxifylline er tablet extended release 400mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg</i>	3	
<i>quinapril/hydrochlorothiazide tablet 25mg; 20mg</i>	3	
<i>ranolazine er tablet extended release 12 hour 1000mg</i>	4	QL(60 EA per 30 days)
<i>ranolazine er tablet extended release 12 hour 500mg</i>	4	QL(120 EA per 30 days)
<i>spironolactone/hydrochlorothiazide tablet 25mg; 25mg</i>	3	
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg</i>	2	QL(30 EA per 30 days)
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan/hydrochlorothiazide tablet 25mg; 80mg</i>	2	QL(30 EA per 30 days)
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet 50mg; 75mg</i>	1	
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 160mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 320mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 25mg; 160mg</i>	2	QL(30 EA per 30 days)
<i>valsartan/hydrochlorothiazide tablet 25mg; 320mg</i>	2	QL(30 EA per 30 days)
VYNDAMAX CAPSULE 61MG	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection 0.25mg/ml</i>	2	
<i>bumetanide tablet 0.5mg</i>	3	
<i>bumetanide tablet 1mg</i>	3	
<i>bumetanide tablet 2mg</i>	3	
<i>furosemide injection 10mg/ml</i>	4	
<i>furosemide tablet 20mg</i>	1	
<i>furosemide tablet 40mg</i>	1	
<i>furosemide tablet 80mg</i>	1	
<i>torseamide tablet 100mg</i>	2	
<i>torseamide tablet 10mg</i>	2	
<i>torseamide tablet 20mg</i>	2	
<i>torseamide tablet 5mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet 5mg</i>	2	
<i>eplerenone tablet 25mg</i>	3	
<i>eplerenone tablet 50mg</i>	3	
<i>spironolactone tablet 100mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>spironolactone tablet 25mg</i>	2	
<i>spironolactone tablet 50mg</i>	2	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg</i>	2	
<i>chlorthalidone tablet 50mg</i>	2	
<i>hydrochlorothiazide capsule 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 12.5mg</i>	1	
<i>hydrochlorothiazide tablet 25mg</i>	1	
<i>hydrochlorothiazide tablet 50mg</i>	1	
<i>indapamide tablet 1.25mg</i>	2	
<i>indapamide tablet 2.5mg</i>	2	
<i>metolazone tablet 10mg</i>	3	
<i>metolazone tablet 2.5mg</i>	3	
<i>metolazone tablet 5mg</i>	3	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg</i>	2	
<i>fenofibrate micronized capsule 200mg</i>	2	
<i>fenofibrate micronized capsule 67mg</i>	2	
<i>fenofibrate capsule 200mg</i>	2	
<i>fenofibrate capsule 67mg</i>	2	
<i>fenofibrate tablet 145mg</i>	2	QL(30 EA per 30 days)
<i>fenofibrate tablet 160mg</i>	2	
<i>fenofibrate tablet 48mg</i>	2	QL(60 EA per 30 days)
<i>fenofibrate tablet 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 135mg</i>	4	
<i>fenofibric acid dr capsule delayed release 45mg</i>	4	
<i>gemfibrozil tablet 600mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		

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Drug Name	Drug Tier	Requirements/ Limits
<i>atorvastatin calcium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>atorvastatin calcium tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>atorvastatin calcium tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>atorvastatin calcium tablet 80mg</i>	1	QL(30 EA per 30 days)
<i>fluvastatin capsule 20mg</i>	4	
<i>fluvastatin capsule 40mg</i>	4	
LIVALO TABLET 1MG	4	ST
LIVALO TABLET 2MG	4	ST
LIVALO TABLET 4MG	4	ST
<i>lovastatin tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>lovastatin tablet 20mg</i>	1	QL(60 EA per 30 days)
<i>lovastatin tablet 40mg</i>	1	QL(60 EA per 30 days)
<i>pravastatin sodium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>pravastatin sodium tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>rosuvastatin calcium tablet 5mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 10mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 20mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 40mg</i>	1	QL(30 EA per 30 days)
<i>simvastatin tablet 5mg</i>	1	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>simvastatin tablet 80mg</i>	1	QL(30 EA per 30 days)
Dyslipidemics, Other		
<i>cholestyramine light packet 4gm</i>	4	
<i>cholestyramine light powder 4gm/dose</i>	4	
<i>cholestyramine packet 4gm</i>	4	
<i>cholestyramine powder 4gm/dose</i>	4	
<i>colesevelam hydrochloride tablet 625mg</i>	4	
<i>colestipol hcl granules 5gm</i>	4	
<i>colestipol hcl packet 5gm</i>	4	
<i>colestipol hcl tablet 1gm</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 10mg</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 20mg</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 40mg</i>	4	
<i>ezetimibe/simvastatin tablet 10mg; 80mg</i>	4	
<i>ezetimibe tablet 10mg</i>	2	
<i>icosapent ethyl capsule 0.5gm</i>	4	
<i>icosapent ethyl capsule 1gm</i>	4	
<i>niacin er tablet extended release 1000mg</i>	4	
<i>niacin er tablet extended release 500mg</i>	4	
<i>niacin er tablet extended release 750mg</i>	4	
<i>omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm</i>	3	
<i>prevalite packet 4gm</i>	4	
<i>prevalite powder 4gm/dose</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
REPATHA PUSHTRONEX SYSTEM INJECTION 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJECTION 140MG/ML	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg</i>	3	
<i>isosorbide dinitrate tablet 20mg</i>	3	
<i>isosorbide dinitrate tablet 30mg</i>	3	
<i>isosorbide dinitrate tablet 5mg</i>	3	
<i>isosorbide mononitrate er tablet extended release 24 hour 120mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 30mg</i>	2	
<i>isosorbide mononitrate er tablet extended release 24 hour 60mg</i>	2	
<i>isosorbide mononitrate tablet 10mg</i>	2	
<i>isosorbide mononitrate tablet 20mg</i>	2	
NITRO-BID OINTMENT 2%	3	
<i>nitroglycerin transdermal patch 24 hour 0.1mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.2mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.4mg/hr</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.6mg/hr</i>	2	
<i>nitroglycerin tablet sublingual 0.3mg</i>	2	
<i>nitroglycerin tablet sublingual 0.4mg</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>nitroglycerin tablet sublingual 0.6mg</i>	2	
VERQUVO TABLET 10MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG	3	QL(30 EA per 30 days); PA
VERQUVO TABLET 5MG	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	2	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>hydralazine hydrochloride tablet 25mg</i>	2	
<i>hydralazine hydrochloride tablet 50mg</i>	2	
<i>minoxidil tablet 10mg</i>	3	
<i>minoxidil tablet 2.5mg</i>	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamph etamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL(60 EA per 30 days); Extended- release capsule 5mg
<i>amphetamine/dextroamph etamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL(60 EA per 30 days); Extended- release capsule 10mg
<i>amphetamine/dextroamph etamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL(60 EA per 30 days); Extended- release capsule 15mg
<i>amphetamine/dextroamph etamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	4	QL(60 EA per 30 days); Extended- release capsule 20mg

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Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 1.875mg; 1.875mg; 1.875mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 2.5mg; 2.5mg; 2.5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.125mg; 3.125mg; 3.125mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 3.75mg; 3.75mg; 3.75mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg</i>	3	QL(90 EA per 30 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 5mg</i>	4	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine capsule 100mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 18mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 40mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 60mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine capsule 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	3	
<i>guanfacine hydrochloride tablet extended release 24 hour 4mg</i>	3	
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tablet 10mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tablet 5mg</i>	2	QL(90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO TABLET 12MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 6MG	5	QL(120 EA per 30 days); PA
AUSTEDO TABLET 9MG	5	QL(120 EA per 30 days); PA
NUEDEXTA CAPSULE 20MG; 10MG	4	PA
<i>riluzole tablet 50mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/ Limits
tetrabenazine tablet 12.5mg	4	QL(240 EA per 30 days); PA
tetrabenazine tablet 25mg	4	QL(120 EA per 30 days); PA
ZTALMY SUSPENSION 50MG/ML	5	PA NSO
Fibromyalgia Agents		
pregabalin capsule 100mg	2	QL(90 EA per 30 days)
pregabalin capsule 150mg	2	QL(90 EA per 30 days)
pregabalin capsule 200mg	2	QL(90 EA per 30 days)
pregabalin capsule 225mg	2	QL(90 EA per 30 days)
pregabalin capsule 25mg	2	QL(90 EA per 30 days)
pregabalin capsule 300mg	2	QL(60 EA per 30 days)
pregabalin capsule 50mg	2	QL(90 EA per 30 days)
pregabalin capsule 75mg	2	QL(90 EA per 30 days)
pregabalin solution 20mg/ml	4	QL(900 ML per 30 days)
SAVELLA TITRATION PACK MISCELLANEOUS 0	3	QL(110 EA per 365 days)
SAVELLA TABLET 100MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 12.5MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 25MG	3	QL(60 EA per 30 days)
SAVELLA TABLET 50MG	3	QL(60 EA per 30 days)
Multiple Sclerosis Agents		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL(120 EA per 30 days); PA
BETASERON INJECTION 0.3MG	5	QL(15 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
dalfampridine er tablet extended release 12 hour 10mg	3	QL(60 EA per 30 days); PA
dimethyl fumarate starterpack miscellaneous 0	4	QL(120 EA per 365 days); PA
dimethyl fumarate capsule delayed release 120mg	4	QL(60 EA per 30 days); PA
dimethyl fumarate capsule delayed release 240mg	4	QL(60 EA per 30 days); PA
fingolimod capsule 0.5mg	5	QL(30 EA per 30 days); PA
glatiramer acetate injection 20mg/ml	5	QL(30 ML per 30 days); PA
glatiramer acetate injection 40mg/ml	5	QL(12 ML per 28 days); PA
KESIMPTA INJECTION 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
TYSABRI INJECTION 300MG/15ML	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
chlorhexidine gluconate solution 0.12%	2	
doxycycline hyclate tablet 20mg	3	
lidocaine hydrochloride viscous solution 2%	2	
lidocaine viscous solution 2%	2	
periogard solution 0.12%	2	
pilocarpine hydrochloride tablet 5mg	4	
pilocarpine hydrochloride tablet 7.5mg	4	
triamcinolone acetonide dental paste paste 0.1%	3	
Dermatological Agents		
Acne and Rosacea Agents		
acitretin capsule 10mg	4	PA
acitretin capsule 17.5mg	4	PA
acitretin capsule 25mg	4	PA
amnestem capsule 10mg	4	
amnestem capsule 20mg	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>amnesteem capsule 40mg</i>	4	
<i>azelaic acid gel 15%</i>	4	
<i>claravis capsule 10mg</i>	4	
<i>claravis capsule 20mg</i>	4	
<i>claravis capsule 30mg</i>	4	
<i>claravis capsule 40mg</i>	4	
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg</i>	4	
<i>isotretinoin capsule 20mg</i>	4	
<i>isotretinoin capsule 30mg</i>	4	
<i>isotretinoin capsule 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>myorisan capsule 10mg</i>	4	
<i>myorisan capsule 20mg</i>	4	
<i>myorisan capsule 30mg</i>	4	
<i>myorisan capsule 40mg</i>	4	
<i>rosadan cream 0.75%</i>	4	
<i>rosadan gel 0.75%</i>	4	
TAZAROTENE CREAM 0.1%	4	
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane capsule 10mg</i>	4	
<i>zenatane capsule 20mg</i>	4	
<i>zenatane capsule 30mg</i>	4	
<i>zenatane capsule 40mg</i>	4	
Dermatitis and Pruitus Agents		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate cream 0.05%</i>	3	
<i>alclometasone dipropionate ointment 0.05%</i>	3	
<i>ammonium lactate cream 12%</i>	3	
<i>ammonium lactate lotion 12%</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented ointment 0.05%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	4	
<i>betamethasone dipropionate lotion 0.05%</i>	3	
<i>betamethasone dipropionate ointment 0.05%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	3	
<i>betamethasone valerate lotion 0.1%</i>	3	
<i>betamethasone valerate ointment 0.1%</i>	3	
<i>clobetasol propionate e cream 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate cream 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate ointment 0.05%</i>	4	QL(120 GM per 28 days)
<i>clobetasol propionate solution 0.05%</i>	3	QL(100 ML per 28 days)
<i>desonide cream 0.05%</i>	3	
<i>desonide ointment 0.05%</i>	4	QL(120 GM per 30 days)
EUCRISA OINTMENT 2%	4	PA
<i>fluocinolone acetonide cream 0.01%</i>	4	
<i>fluocinolone acetonide cream 0.025%</i>	4	
<i>fluocinolone acetonide ointment 0.025%</i>	4	
<i>fluocinolone acetonide solution 0.01%</i>	4	
<i>fluocinonide cream 0.05%</i>	3	

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Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	4	QL(120 GM per 30 days)
<i>fluocinonide ointment 0.05%</i>	4	QL(120 GM per 30 days)
<i>fluocinonide solution 0.05%</i>	4	QL(120 ML per 30 days)
<i>fluticasone propionate cream 0.05%</i>	3	
<i>fluticasone propionate ointment 0.005%</i>	3	
<i>halobetasol propionate ointment 0.05%</i>	4	
<i>hydrocortisone valerate cream 0.2%</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 1%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	3	
<i>selenium sulfide lotion 2.5%</i>	2	
<i>tacrolimus ointment 0.03%</i>	4	QL(100 GM per 30 days)
<i>tacrolimus ointment 0.1%</i>	4	QL(100 GM per 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	2	
<i>triamcinolone acetonide cream 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>triamcinolone acetonide cream 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%</i>	2	
<i>triamcinolone acetonide ointment 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.5%</i>	2	
<i>triderm cream 0.1%</i>	2	
<i>triderm cream 0.5%</i>	2	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene cream 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene ointment 0.005%</i>	4	QL(120 GM per 30 days)
<i>calcipotriene solution 0.005%</i>	3	QL(60 ML per 30 days)
<i>clotrimazole/betamethasone dipropionate cream 0.05%; 1%</i>	2	QL(45 GM per 28 days)
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	4	QL(40 GM per 30 days)
<i>fluorouracil solution 2%</i>	3	
<i>fluorouracil solution 5%</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI OINTMENT 1%	5	ST
<i>nystatin/triamcinolone cream 100000unit/gm; 1mg/gm</i>	3	QL(60 GM per 28 days)
<i>nystatin/triamcinolone ointment 100000unit/gm; 0.1%</i>	3	
OTEZLA TABLET 30MG	5	QL(60 EA per 30 days); PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
<i>podofilox solution 0.5%</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
SANTYL OINTMENT 250UNIT/GM	4	QL(180 GM per 30 days)
<i>silver sulfadiazine cream 1%</i>	2	
<i>ssd cream 1%</i>	2	
<i>urea lotion 40%</i>	4	
Pediculicides/Scabicides		
<i>malathion lotion 0.5%</i>	4	
<i>permethrin cream 5%</i>	3	
Topical Anti-infectives		
<i>acyclovir ointment 5%</i>	3	
<i>ciclodan solution 8%</i>	3	PA
<i>ciclopirox nail lacquer solution 8%</i>	3	PA
<i>ciclopirox olamine cream 0.77%</i>	2	QL(90 GM per 28 days)
<i>ciclopirox gel 0.77%</i>	3	QL(45 GM per 28 days)
<i>ciclopirox shampoo 1%</i>	3	QL(120 ML per 28 days)
<i>ciclopirox suspension 0.77%</i>	3	QL(60 ML per 28 days)
<i>clindamycin phosphate solution 1%</i>	3	QL(60 ML per 30 days)
<i>ery pad 2%</i>	3	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin solution 2%</i>	4	
<i>mupirocin ointment 2%</i>	2	QL(110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

Drug Name	Drug Tier	Requirements/ Limits
AMINOSYN II INJECTION	4	B/D
107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML		
<i>carglumic acid tablet soluble 200mg</i>	5	
<i>dextrose 5%/nacl 0.45% injection 5%; 0.45%</i>	4	
<i>dextrose 5%/nacl 0.9% injection 5%; 0.9%</i>	4	
<i>dextrose 5% injection 5%</i>	2	
<i>effer-k tablet effervescent 25meq</i>	2	
<i>klor-con 10 tablet extended release 10meq</i>	2	
<i>klor-con 8 tablet extended release 8meq</i>	2	
<i>klor-con m10 tablet extended release 10meq</i>	2	
<i>klor-con m15 tablet extended release 15meq</i>	3	
<i>klor-con m20 tablet extended release 20meq</i>	2	
<i>klor-con/ef tablet effervescent 25meq</i>	2	
<i>klor-con packet 20meq</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate injection 50%</i>	4	
<i>magnesium sulfate injection 50%</i>	4	
PLENAMINE INJECTION 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	4	B/D
<i>potassium chloride er capsule extended release 10meq</i>	2	
<i>potassium chloride er capsule extended release 8meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 10meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride er tablet extended release 20meq</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>potassium chloride er tablet extended release 20meq</i>	2	
<i>potassium chloride er tablet extended release 8meq</i>	2	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet 20meq</i>	4	
<i>potassium chloride solution 10%</i>	4	
<i>potassium chloride solution 20%</i>	4	
<i>potassium citrate er tablet extended release 1080mg</i>	4	
<i>potassium citrate er tablet extended release 15meq</i>	4	
<i>potassium citrate er tablet extended release 540mg</i>	4	
<i>sodium chloride 0.45% injection 0.45%</i>	4	
<i>sodium chloride injection 0.45%</i>	4	
<i>sodium chloride injection 0.9%</i>	4	
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET CAPSULE 100MG	5	
CLOVIQUE CAPSULE 250MG	5	PA
<i>deferasirox packet 180mg</i>	5	PA
<i>deferasirox packet 360mg</i>	5	PA
<i>deferasirox packet 90mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg</i>	5	PA
<i>deferasirox tablet soluble 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>deferasirox tablet 90mg</i>	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sodium polystyrene sulfonate powder 0</i>	3	
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule 667mg</i>	3	QL(360 EA per 30 days)
<i>calcium acetate tablet 667mg</i>	3	QL(360 EA per 30 days)
<i>sevelamer carbonate packet 0.8gm</i>	4	QL(180 EA per 30 days)
<i>sevelamer carbonate packet 2.4gm</i>	4	QL(90 EA per 30 days)
<i>sevelamer carbonate tablet 800mg</i>	4	QL(270 EA per 30 days)
Potassium Binders		
LOKELMA PACKET 10GM	3	
LOKELMA PACKET 5GM	3	
<i>sps suspension 15gm/60ml</i>	3	
VELTASSA PACKET 16.8GM	4	
VELTASSA PACKET 25.2GM	4	
VELTASSA PACKET 8.4GM	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose solution 10gm/15ml</i>	2	
<i>enulose solution 10gm/15ml</i>	2	
<i>generlac solution 10gm/15ml</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS CAPSULE 145MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 290MCG	3	QL(30 EA per 30 days)
LINZESS CAPSULE 72MCG	3	QL(30 EA per 30 days)
LUBIPROSTONE CAPSULE 24MCG	3	QL(60 EA per 30 days)
LUBIPROSTONE CAPSULE 8MCG	3	QL(60 EA per 30 days)
MOTEGRITY TABLET 1MG	3	QL(30 EA per 30 days)
MOTEGRITY TABLET 2MG	3	QL(30 EA per 30 days)
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR TABLET 150MG	5	QL(90 EA per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL(60 EA per 30 days); PA
<i>alosetron hydrochloride tablet 1mg</i>	5	QL(60 EA per 30 days); PA
<i>diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg</i>	4	
<i>loperamide hcl capsule 2mg</i>	3	
XERMELO TABLET 250MG	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hydrochloride capsule 10mg</i>	2	
<i>dicyclomine hydrochloride tablet 20mg</i>	2	
<i>glycopyrrolate tablet 1mg</i>	3	PA
<i>glycopyrrolate tablet 2mg</i>	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
Gastrointestinal Agents, Other		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
<i>gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>metoclopramide hcl solution 5mg/5ml</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride injection 5mg/ml</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
<i>peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
RECTIV OINTMENT 0.4%	4	

Drug Name	Drug Tier	Requirements/ Limits
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE SOLUTION 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	3	
SUTAB TABLET 225MG; 188MG; 1479MG	3	
<i>ursodiol tablet 250mg</i>	3	
<i>ursodiol tablet 500mg</i>	3	
XIFAXAN TABLET 200MG	4	QL(9 EA per 30 days); PA
XIFAXAN TABLET 550MG	5	QL(90 EA per 30 days); PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine tablet 20mg</i>	2	
<i>famotidine tablet 40mg</i>	2	
<i>nizatidine capsule 150mg</i>	4	
<i>nizatidine capsule 300mg</i>	4	
<i>nizatidine solution 15mg/ml</i>	4	
Protectants		
<i>misoprostol tablet 100mcg</i>	3	
<i>misoprostol tablet 200mcg</i>	3	
<i>sucralfate tablet 1gm</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release 20mg</i>	3	QL(60 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release 40mg</i>	3	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 15mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 20mg</i>	2	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
<i>omeprazole capsule delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium dr tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 20mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tablet delayed release 20mg</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME INJECTION 2.9MG/5ML	5	PA
<i>betaine anhydrous powder 0</i>	5	
CERDELGA CAPSULE 84MG	5	PA
CHOLBAM CAPSULE 250MG	5	PA
CHOLBAM CAPSULE 50MG	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 180000UNIT; 36000UNIT; 114000UNIT	3	

Drug Name	Drug Tier	Requirements/ Limits
CREON CAPSULE DELAYED RELEASE PARTICLES 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CAPSULE DELAYED RELEASE PARTICLES 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON CAPSULE 150MG	4	
CYSTAGON CAPSULE 50MG	4	
ELAPRASE INJECTION 6MG/3ML	5	PA
ENDARI PACKET 5GM	5	PA
EVRYSDI SOLUTION RECONSTITUTED 0.75MG/ML	5	QL(240 ML per 30 days); PA
FABRAZYME INJECTION 35MG	5	
FABRAZYME INJECTION 5MG	5	
KANUMA INJECTION 20MG/10ML	5	PA
LUMIZYME INJECTION 50MG	5	PA
<i>miglustat capsule 100mg</i>	5	PA
NAGLAZYME INJECTION 1MG/ML	5	PA
<i>nitisinone capsule 10mg</i>	5	
<i>nitisinone capsule 20mg</i>	5	
<i>nitisinone capsule 2mg</i>	5	
<i>nitisinone capsule 5mg</i>	5	
PROLASTIN-C INJECTION 1000MG	5	PA
REVCovi INJECTION 2.4MG/1.5ML	5	
<i>sapropterin dihydrochloride packet 100mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>sapropterin dihydrochloride packet 500mg</i>	5	PA
<i>sapropterin dihydrochloride tablet 100mg</i>	5	PA
<i>sodium phenylbutyrate powder 3gm/tsp</i>	5	
STRENSIQ INJECTION 18MG/0.45ML	5	PA
STRENSIQ INJECTION 28MG/0.7ML	5	PA
STRENSIQ INJECTION 40MG/ML	5	PA
STRENSIQ INJECTION 80MG/0.8ML	5	PA
SUCRAID SOLUTION 8500UNIT/ML	5	
TEGSEDI INJECTION 284MG/1.5ML	5	
VIMIZIM INJECTION 5MG/5ML	5	PA
VIOKACE TABLET 39150UNIT; 10440UNIT; 39150UNIT	4	
VIOKACE TABLET 78300UNIT; 20880UNIT; 78300UNIT	4	
VYENDAQEL CAPSULE 20MG	5	QL(120 EA per 30 days)
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 168000UNIT; 40000UNIT; 126000UNIT	3	

Drug Name	Drug Tier	Requirements/ Limits
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY CAPSULE 50MG	5	QL(120 EA per 30 days); PA
ZOKINVY CAPSULE 75MG	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA TABLET 75MG	4	
MYRBETRIQ SUSPENSION RECONSTITUTED ER 8MG/ML	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 25MG	3	
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR 50MG	3	
<i>oxybutynin chloride er tablet extended release 24 hour 10mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 15mg</i>	2	
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride solution 5mg/5ml</i>	2	
<i>oxybutynin chloride syrup 5mg/5ml</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>tolterodine tartrate er capsule extended release 24 hour 2mg</i>	4	
<i>tolterodine tartrate er capsule extended release 24 hour 4mg</i>	4	
<i>tolterodine tartrate tablet 1mg</i>	4	
<i>tolterodine tartrate tablet 2mg</i>	4	
<i>trospium chloride tablet 20mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tablet extended release 24 hour 10mg</i>	2	
<i>doxazosin mesylate tablet 1mg</i>	2	
<i>doxazosin mesylate tablet 2mg</i>	2	
<i>doxazosin mesylate tablet 4mg</i>	2	
<i>doxazosin mesylate tablet 8mg</i>	2	
<i>dutasteride capsule 0.5mg</i>	3	
<i>finasteride tablet 5mg</i>	2	
<i>silodosin capsule 4mg</i>	3	
<i>silodosin capsule 8mg</i>	3	
<i>tamsulosin hydrochloride capsule 0.4mg</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25% solution 0.25%</i>	2	
<i>bethanechol chloride tablet 10mg</i>	3	
<i>bethanechol chloride tablet 25mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>bethanechol chloride tablet 50mg</i>	3	
<i>bethanechol chloride tablet 5mg</i>	3	
<i>d-penamamine tablet 125mg</i>	5	
ELMIRON CAPSULE 100MG	4	
<i>penicillamine tablet 250mg</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5mg/5ml</i>	3	
<i>dexamethasone solution 0.5mg/5ml</i>	3	
<i>dexamethasone tablet 0.5mg</i>	2	
<i>dexamethasone tablet 0.75mg</i>	2	
<i>dexamethasone tablet 1.5mg</i>	2	
<i>dexamethasone tablet 1mg</i>	2	
<i>dexamethasone tablet 2mg</i>	2	
<i>dexamethasone tablet 4mg</i>	2	
<i>dexamethasone tablet 6mg</i>	2	
<i>fludrocortisone acetate tablet 0.1mg</i>	2	
<i>hydrocortisone tablet 10mg</i>	2	
<i>hydrocortisone tablet 20mg</i>	2	
<i>hydrocortisone tablet 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack 4mg</i>	2	
<i>methylprednisolone tablet 16mg</i>	2	
<i>methylprednisolone tablet 32mg</i>	2	
<i>methylprednisolone tablet 4mg</i>	2	

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<i>methylprednisolone tablet 8mg</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution 15mg/5ml</i>	2	
<i>prednisone solution 5mg/5ml</i>	4	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 10mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet therapy pack 5mg</i>	2	
<i>prednisone tablet 10mg</i>	2	
<i>prednisone tablet 1mg</i>	2	
<i>prednisone tablet 2.5mg</i>	2	
<i>prednisone tablet 20mg</i>	2	
<i>prednisone tablet 50mg</i>	2	
<i>prednisone tablet 5mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate solution 0.01%</i>	4	
<i>desmopressin acetate tablet 0.1mg</i>	3	
<i>desmopressin acetate tablet 0.2mg</i>	3	
GENOTROPIN MINIQUICK INJECTION 0.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 0.6MG	5	PA

Drug Name	Drug Tier	Requirements/ Limits
GENOTROPIN MINIQUICK INJECTION 0.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.2MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.4MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.6MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1.8MG	5	PA
GENOTROPIN MINIQUICK INJECTION 1MG	5	PA
GENOTROPIN MINIQUICK INJECTION 2MG	5	PA
GENOTROPIN INJECTION 12MG	5	PA
GENOTROPIN INJECTION 5MG	5	PA
INCRELEX INJECTION 40MG/4ML	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABLET 300MG	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule 100mg</i>	4	
<i>danazol capsule 200mg</i>	4	
<i>danazol capsule 50mg</i>	4	
<i>testosterone cypionate injection 100mg/ml</i>	2	PA
<i>testosterone cypionate injection 200mg/ml</i>	2	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>testosterone cypionate injection 200mg/ml</i>	2	PA
<i>testosterone enanthate injection 200mg/ml</i>	3	PA
TESTOSTERONE PUMP GEL 1%	4	QL(300 GM per 30 days); PA
<i>testosterone pump gel 1.62%</i>	4	QL(150 GM per 30 days); PA
TESTOSTERONE GEL 25MG/2.5GM	4	QL(300 GM per 30 days); PA
TESTOSTERONE GEL 50MG/5GM	4	QL(300 GM per 30 days); PA
Estrogens		
<i>afirmelle tablet 20mcg; 0.1mg</i>	4	
<i>altavera tablet 30mcg; 0.15mg</i>	4	
<i>alyacen 1/35 tablet 35mcg; 1mg</i>	4	
<i>alyacen 7/7/7 tablet 0; 0</i>	4	
<i>amethia tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>amethyst tablet 20mcg; 90mcg</i>	4	
<i>ashlyna tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tablet 20mcg; 0.1mg</i>	4	
<i>aubra tablet 20mcg; 0.1mg</i>	4	
<i>aurovela 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>aurovela 1/20 tablet 20mcg; 1mg</i>	4	
<i>aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>aurovela fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>aviane tablet 20mcg; 0.1mg</i>	4	
<i>ayuna tablet 0.03mg; 0.15mg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>ayuna tablet 0.03mg; 0.15mg</i>	4	
<i>azurette tablet 0; 0</i>	4	
<i>balziva tablet 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>blisovi fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>briellyn tablet 35mcg; 0.4mg</i>	3	
<i>camrese lo tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>camrese tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>chateal eq tablet 30mcg; 0.15mg</i>	4	
<i>chateal tablet 0.03mg; 0.15mg</i>	4	
CLIMARA PRO PATCH WEEKLY 0.045MG/DAY; 0.015MG/DAY	4	
<i>cryselle-28 tablet 30mcg; 0.3mg</i>	4	
<i>cyclafem 1/35 tablet 35mcg; 1mg</i>	4	
<i>cyclafem 7/7/7 tablet 0; 0</i>	4	
<i>dasetta 1/35 tablet 35mcg; 1mg</i>	4	
<i>dasetta 7/7/7 tablet 0; 0</i>	4	
<i>daysee tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>delyla tablet 20mcg; 0.1mg</i>	4	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	4	
<i>dolishale tablet 20mcg; 90mcg</i>	4	
<i>dotti patch twice weekly 0.025mg/24hr</i>	4	
<i>dotti patch twice weekly 0.0375mg/24hr</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dotti patch twice weekly 0.05mg/24hr</i>	4	
<i>dotti patch twice weekly 0.075mg/24hr</i>	4	
<i>dotti patch twice weekly 0.1mg/24hr</i>	4	
<i>elinet tablet 30mcg; 0.3mg</i>	4	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enpresse-28 tablet 0; 0</i>	4	
<i>estarylla tablet 35mcg; 0.25mg</i>	4	
<i>estradiol cream 0.1mg/gm</i>	4	
<i>estradiol gel 0.25mg/0.25gm</i>	4	
<i>estradiol gel 0.5mg/0.5gm</i>	4	
<i>estradiol gel 0.75mg/0.75gm</i>	4	
<i>estradiol gel 1.25mg/1.25gm</i>	4	
<i>estradiol gel 1mg/gm</i>	4	
<i>estradiol patch twice weekly 0.025mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.0375mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.05mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.075mg/24hr</i>	4	
<i>estradiol patch twice weekly 0.1mg/24hr</i>	4	
<i>estradiol patch weekly 0.025mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.05mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.06mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.075mg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol patch weekly 0.1mg/24hr</i>	4	QL(4 EA per 28 days)

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol patch weekly 37.5mcg/24hr</i>	4	QL(4 EA per 28 days)
<i>estradiol tablet 0.5mg</i>	2	
<i>estradiol tablet 1mg</i>	2	
<i>estradiol tablet 2mg</i>	2	
<i>estradiol tablet 10mcg</i>	4	
ESTRING RING 7.5MCG/24HR	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg</i>	4	
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	4	
ETONOGESTREL/ETHINYL ESTRADIOL RING 0.015MG/24HR; 0.12MG/24HR	4	
<i>falmina tablet 20mcg; 0.1mg</i>	4	
<i>fayosim tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>femynor tablet 35mcg; 0.25mg</i>	4	
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	4	
<i>fyavolv tablet 5mcg; 1mg</i>	4	
<i>hailey 1.5/30 tablet 30mcg; 1.5mg</i>	4	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg</i>	4	
<i>hailey fe 1/20 tablet 20mcg; 75mg; 1mg</i>	4	
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>iclevia tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>introvale tablet 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>jaimiess tablet 0; 0</i>	4	QL(91 EA per 91 days)

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Drug Name	Drug Tier	Requirements/ Limits
jinteli tablet 5mcg; 1mg	3	
jolessa tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
junel 1.5/30 tablet 30mcg; 1.5mg	4	
junel 1/20 tablet 20mcg; 1mg	4	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	4	
junel fe 1/20 tablet 20mcg; 75mg; 1mg	4	
kariva tablet 0; 0	4	
kelnor 1/35 tablet 35mcg; 1mg	4	
kelnor 1/50 tablet 50mcg; 1mg	4	
kurvelo tablet 0.03mg; 0.15mg	4	
larin 1.5/30 tablet 30mcg; 1.5mg	4	
larin 1/20 tablet 20mcg; 1mg	4	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	4	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	4	
larissia tablet 20mcg; 0.1mg	4	
lessina tablet 20mcg; 0.1mg	4	
levonest tablet 0; 0	4	
levonorgestrel and ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg	4	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	4	
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)

Drug Name	Drug Tier	Requirements/ Limits
levonorgestrel/ethinyl estradiol tablet 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethinyl estradiol tablet 0; 0	4	
levonorgestrel/ethinyl estradiol tablet 20mcg; 0.1mg	4	
levora 0.15/30-28 tablet 0.03mg; 0.15mg	4	
lillow tablet 30mcg; 0.15mg	4	
lojaimiess tablet 0; 0	4	QL(91 EA per 91 days)
low-ogestrel tablet 30mcg; 0.3mg	4	
lutera tablet 20mcg; 0.1mg	4	
lyllana patch twice weekly 0.025mg/24hr	4	
lyllana patch twice weekly 0.0375mg/24hr	4	
lyllana patch twice weekly 0.05mg/24hr	4	
lyllana patch twice weekly 0.075mg/24hr	4	
lyllana patch twice weekly 0.1mg/24hr	4	
marlissa tablet 0.03mg; 0.15mg	4	
MENEST TABLET 2.5MG	4	
microgestin 1.5/30 tablet 30mcg; 1.5mg	4	
microgestin 1/20 tablet 20mcg; 1mg	4	
microgestin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	4	
microgestin fe 1/20 tablet 20mcg; 75mg; 1mg	4	
mili tablet 35mcg; 0.25mg	4	
mono-lynyah tablet 35mcg; 0.25mg	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>necon 0.5/35-28 tablet</i> 35mcg; 0.5mg	4	
<i>norethindrone</i> <i>acetate/ethinyl</i> <i>estradiol/ferrous fumarate</i> <i>tablet 20mcg; 75mg; 1mg</i>	4	
<i>norethindrone</i> <i>acetate/ethinyl</i> <i>estradiol/ferrous fumarate</i> <i>tablet 30mcg; 75mg;</i> <i>1.5mg</i>	4	
<i>norethindrone</i> <i>acetate/ethinyl estradiol</i> <i>tablet 2.5mcg; 0.5mg</i>	4	
<i>norethindrone</i> <i>acetate/ethinyl estradiol</i> <i>tablet 20mcg; 1mg</i>	4	
<i>norethindrone</i> <i>acetate/ethinyl estradiol</i> <i>tablet 30mcg; 1.5mg</i>	4	
<i>norethindrone</i> <i>acetate/ethinyl estradiol</i> <i>tablet 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl</i> <i>estradiol tablet 0; 0</i>	4	
<i>norgestimate/ethinyl</i> <i>estradiol tablet 35mcg;</i> <i>0.25mg</i>	4	
<i>nortrel 0.5/35 (28) tablet</i> 35mcg; 0.5mg	4	
<i>nortrel 1/35 tablet 35mcg;</i> <i>1mg</i>	4	
<i>nortrel 1/35 tablet 35mcg;</i> <i>1mg</i>	4	
<i>nortrel 7/7/7 tablet 0; 0</i>	4	
<i>nylia 1/35 tablet 35mcg;</i> <i>1mg</i>	4	
<i>nylia 7/7/7 tablet 0; 0</i>	4	
<i>nymyo tablet 35mcg;</i> <i>0.25mg</i>	4	
<i>orsythia tablet 20mcg;</i> <i>0.1mg</i>	4	
<i>philith tablet 35mcg;</i> <i>0.4mg</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>pimtrex tablet 0; 0</i>	4	
<i>pirmella 1/35 tablet</i> 35mcg; 1mg	4	
<i>pirmella 7/7/7 tablet 0; 0</i>	4	
<i>portia-28 tablet 0.03mg;</i> <i>0.15mg</i>	4	
PREMARIN CREAM 0.625MG/GM	4	
PREMARIN TABLET 0.3MG	4	
PREMARIN TABLET 0.45MG	4	
PREMARIN TABLET 0.625MG	4	
PREMARIN TABLET 0.9MG	4	
PREMARIN TABLET 1.25MG	4	
PREMPHASE TABLET 0.625MG; 5MG	4	
PREMPRO TABLET 0.3MG; 1.5MG	4	
PREMPRO TABLET 0.45MG; 1.5MG	4	
PREMPRO TABLET 0.625MG; 2.5MG	4	
PREMPRO TABLET 0.625MG; 5MG	4	
<i>previfem tablet 35mcg;</i> <i>0.25mg</i>	4	
<i>rivelsa tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tablet 0.03mg;</i> <i>0.15mg</i>	4	QL(91 EA per 91 days)
<i>simliya tablet 0; 0</i>	4	
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>simpesse tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tablet 35mcg;</i> <i>0.25mg</i>	4	
<i>sronyx tablet 20mcg;</i> <i>0.1mg</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	4	
tarina fe 1/20 tablet 20mcg; 75mg; 1mg	4	
tri femynor tablet 0; 0	4	
tri-estarylla tablet 0; 0	4	
tri-linyah tablet 0; 0	4	
tri-mili tablet 0; 0	4	
tri-nymyo tablet 0; 0	4	
tri-previfem tablet 0; 0	4	
tri-sprintec tablet 0; 0	4	
tri-vylibra tablet 0; 0	4	
trivora-28 tablet 0; 0	4	
vienva tablet 20mcg; 0.1mg	4	
viorele tablet 0; 0	4	
volnea tablet 0; 0	4	
vyfemla tablet 35mcg; 0.4mg	3	
vylibra tablet 35mcg; 0.25mg	4	
wera tablet 35mcg; 0.5mg	4	
yuvafem tablet 10mcg	4	
zovia 1/35e tablet 35mcg; 1mg	4	
zovia 1/35 tablet 35mcg; 1mg	4	
Progestins		
camila tablet 0.35mg	4	
deblitane tablet 0.35mg	4	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	4	QL(0.65 ML per 90 days)
errin tablet 0.35mg	4	
heather tablet 0.35mg	4	
incassia tablet 0.35mg	4	
jencycla tablet 0.35mg	4	
lyleq tablet 0.35mg	4	
lyza tablet 0.35mg	4	
medroxyprogesterone acetate injection 150mg/ml	4	QL(1 ML per 90 days)

Drug Name	Drug Tier	Requirements/ Limits
medroxyprogesterone acetate injection 150mg/ml	4	QL(1 ML per 90 days)
medroxyprogesterone acetate tablet 10mg	1	
medroxyprogesterone acetate tablet 2.5mg	1	
medroxyprogesterone acetate tablet 5mg	1	
megestrol acetate suspension 40mg/ml	4	PA
megestrol acetate suspension 625mg/5ml	4	PA
megestrol acetate tablet 20mg	3	PA NSO
megestrol acetate tablet 40mg	3	PA NSO
nora-be tablet 0.35mg	4	
norethindrone acetate tablet 5mg	2	
norethindrone tablet 0.35mg	4	
norlyda tablet 0.35mg	4	
norlyroc tablet 0.35mg	4	
sharobel tablet 0.35mg	4	
tulana tablet 0.35mg	4	
Selective Estrogen Receptor Modifying Agents		
OSPHEHA TABLET 60MG	4	QL(30 EA per 30 days); PA
raloxifene hydrochloride tablet 60mg	3	QL(30 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
euthyrox tablet 100mcg	1	
euthyrox tablet 112mcg	1	
euthyrox tablet 125mcg	1	
euthyrox tablet 137mcg	1	
euthyrox tablet 150mcg	1	
euthyrox tablet 175mcg	1	
euthyrox tablet 200mcg	1	
euthyrox tablet 25mcg	1	
euthyrox tablet 50mcg	1	

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<i>euthyrox tablet 75mcg</i>	1	
<i>euthyrox tablet 88mcg</i>	1	
<i>levothyroxine sodium tablet 100mcg</i>	2	
<i>levothyroxine sodium tablet 112mcg</i>	2	
<i>levothyroxine sodium tablet 125mcg</i>	2	
<i>levothyroxine sodium tablet 137mcg</i>	2	
<i>levothyroxine sodium tablet 150mcg</i>	2	
<i>levothyroxine sodium tablet 175mcg</i>	2	
<i>levothyroxine sodium tablet 200mcg</i>	2	
<i>levothyroxine sodium tablet 25mcg</i>	2	
<i>levothyroxine sodium tablet 300mcg</i>	2	
<i>levothyroxine sodium tablet 50mcg</i>	2	
<i>levothyroxine sodium tablet 75mcg</i>	2	
<i>levothyroxine sodium tablet 88mcg</i>	2	
LEVOXYL TABLET 100MCG	3	
LEVOXYL TABLET 112MCG	3	
LEVOXYL TABLET 125MCG	3	
LEVOXYL TABLET 137MCG	3	
LEVOXYL TABLET 150MCG	3	
LEVOXYL TABLET 175MCG	3	
LEVOXYL TABLET 200MCG	3	
LEVOXYL TABLET 25MCG	3	
LEVOXYL TABLET 50MCG	3	

Drug Name	Drug Tier	Requirements/ Limits
LEVOXYL TABLET 75MCG	3	
LEVOXYL TABLET 88MCG	3	
<i>liothyronine sodium tablet 25mcg</i>	3	
<i>liothyronine sodium tablet 50mcg</i>	3	
<i>liothyronine sodium tablet 5mcg</i>	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(60 EA per 30 days); PA
LYSODREN TABLET 500MG	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tablet 0.5mg</i>	3	
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA NSO
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA NSO
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA NSO
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (1-MONTH) INJECTION 7.5MG	5	QL(1 EA per 28 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	QL(1 EA per 84 days); PA NSO
LUPRON DEPOT (3-MONTH) INJECTION 22.5MG	5	QL(1 EA per 84 days); PA NSO

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Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (4-MONTH) INJECTION 30MG	5	QL(1 EA per 112 days); PA NSO
LUPRON DEPOT (6-MONTH) INJECTION 45MG	5	QL(1 EA per 168 days); PA NSO
<i>octreotide acetate injection 1000mcg/ml</i>	4	PA
<i>octreotide acetate injection 100mcg/ml</i>	4	PA
<i>octreotide acetate injection 200mcg/ml</i>	4	PA
<i>octreotide acetate injection 500mcg/ml</i>	4	PA
<i>octreotide acetate injection 50mcg/ml</i>	4	PA
ORGOVYX TABLET 120MG	5	QL(30 EA per 28 days); PA NSO
SIGNIFOR INJECTION 0.3MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.6MG/ML	5	QL(60 ML per 30 days); PA
SIGNIFOR INJECTION 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMATULINE DEPOT INJECTION 120MG/0.5ML	5	PA NSO
SOMATULINE DEPOT INJECTION 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJECTION 90MG/0.3ML	5	PA
SOMAVERT INJECTION 10MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 15MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 20MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 25MG	5	QL(30 EA per 30 days); PA
SOMAVERT INJECTION 30MG	5	QL(30 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA NSO
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA NSO
TRIPTODUR INJECTION 22.5MG	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole tablet 10mg</i>	2	
<i>methimazole tablet 5mg</i>	2	
<i>propylthiouracil tablet 50mg</i>	3	
Immunological Agents		
Angioedema Agents		
CINRYZE INJECTION 500UNIT	5	PA
<i>icatibant acetate injection 30mg/3ml</i>	5	PA
<i>sajazir injection 30mg/3ml</i>	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%	5	PA
BIVIGAM INJECTION 5GM/50ML	5	PA
CUVITRU INJECTION 10GM/50ML	5	PA
CUVITRU INJECTION 1GM/5ML	5	PA
CUVITRU INJECTION 2GM/10ML	5	PA
CUVITRU INJECTION 4GM/20ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
CUVITRU INJECTION 8GM/40ML	5	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA
GAMASTAN INJECTION 0	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
HIZENTRA INJECTION 1GM/5ML	5	PA
HIZENTRA INJECTION 2GM/10ML	5	PA
HIZENTRA INJECTION 4GM/20ML	5	PA
HYPERHEP B INJECTION 110UNIT/0.5ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
HYPERHEP B INJECTION 220UNIT/ML	4	B/D
NABI-HB INJECTION 312UNIT/ML	3	B/D
PRIVIGEN INJECTION 10GM/100ML	5	PA
PRIVIGEN INJECTION 20GM/200ML	5	PA
PRIVIGEN INJECTION 40GM/400ML	5	PA
PRIVIGEN INJECTION 5GM/50ML	5	PA
SYNAGIS INJECTION 100MG/ML	5	PA
SYNAGIS INJECTION 50MG/0.5ML	5	PA
VARIZIG INJECTION 125UNIT/1.2ML	3	PA
Immunological Agents, Other		
BENLYSTA INJECTION 200MG/ML	5	PA
BENLYSTA INJECTION 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA
COSENTYX SENSOREADY PEN INJECTION 150MG/ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
COSENTYX UNOREADY INJECTION 300MG/2ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 150MG/ML	5	PA
COSENTYX INJECTION 75MG/0.5ML	5	PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJECTION 1080MG/20ML	5	
ENJAYMO INJECTION 1100MG/22ML	5	PA
KINERET INJECTION 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJECTION 125MG/ML	5	
ORENCIA INJECTION 125MG/ML	5	
ORENCIA INJECTION 50MG/0.4ML	5	
ORENCIA INJECTION 87.5MG/0.7ML	5	
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(30 EA per 30 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG	5	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/ Limits
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	PA
SKYRIZI INJECTION 360MG/2.4ML	5	PA
SKYRIZI INJECTION 600MG/10ML	5	PA
SKYRIZI INJECTION 75MG/0.83ML	5	PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 45MG/0.5ML	5	QL(3 ML per 84 days); PA
STELARA INJECTION 90MG/ML	5	QL(3 ML per 84 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 11MG	5	QL(30 EA per 30 days); PA
XELJANZ XR TABLET EXTENDED RELEASE 24 HOUR 22MG	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABLET 10MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
XOLAIR INJECTION 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJECTION 75MG/0.5ML	5	QL(1 ML per 28 days); PA
Immunostimulants		

Drug Name	Drug Tier	Requirements/ Limits
ACTIMMUNE INJECTION 2000000UNIT/0.5ML	5	PA NSO
INTRON A INJECTION 10000000UNIT/ML	5	PA NSO
INTRON A INJECTION 10000000UNIT	5	PA NSO
INTRON A INJECTION 18000000UNIT	5	PA NSO
INTRON A INJECTION 50000000UNIT	5	PA NSO
INTRON A INJECTION 6000000UNIT/ML	5	PA NSO
PEGASYS INJECTION 180MCG/0.5ML	5	QL(2 ML per 28 days); PA
PEGASYS INJECTION 180MCG/ML	5	QL(4 ML per 28 days); PA
Immunosuppressants		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D
<i>cyclosporine modified capsule 100mg</i>	4	B/D
<i>cyclosporine modified capsule 25mg</i>	4	B/D
<i>cyclosporine modified capsule 50mg</i>	4	B/D
<i>cyclosporine modified solution 100mg/ml</i>	4	B/D
<i>cyclosporine capsule 100mg</i>	4	B/D
<i>cyclosporine capsule 25mg</i>	4	B/D

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Drug Name	Drug Tier	Requirements/ Limits
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 1MG	4	B/D
ENVARUSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg</i>	5	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus tablet 0.75mg</i>	5	B/D
<i>everolimus tablet 1mg</i>	5	QL(60 EA per 30 days); B/D
<i>gengraf capsule 100mg</i>	4	B/D
<i>gengraf capsule 25mg</i>	4	B/D
<i>gengraf solution 100mg/ml</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 180 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(3 EA per 180 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 180 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(3 EA per 180 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 180 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 180 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(4 EA per 180 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(2 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/ Limits
HUMIRA INJECTION 10MG/0.1ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	5	QL(4 EA per 28 days); PA
<i>leflunomide tablet 10mg</i>	3	QL(30 EA per 30 days)
<i>leflunomide tablet 20mg</i>	3	QL(30 EA per 30 days)
<i>methotrexate sodium injection 1gm/40ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 250mg/10ml</i>	2	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium tablet 2.5mg</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule 250mg</i>	3	B/D
<i>mycophenolate mofetil suspension reconstituted 200mg/ml</i>	4	B/D
<i>mycophenolate mofetil tablet 500mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 180mg</i>	4	B/D
<i>mycophenolic acid dr tablet delayed release 360mg</i>	4	B/D
ORENCIA INJECTION 250MG	5	
PROGRAF PACKET 0.2MG	4	B/D
PROGRAF PACKET 1MG	4	B/D

Drug Name	Drug Tier	Requirements/ Limits
REZUROCK TABLET 200MG	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION 100MG/ML	4	B/D
<i>sirolimus solution 1mg/ml</i>	4	B/D
<i>sirolimus tablet 0.5mg</i>	4	B/D
<i>sirolimus tablet 1mg</i>	4	B/D
<i>sirolimus tablet 2mg</i>	4	B/D
<i>tacrolimus capsule 0.5mg</i>	4	B/D
<i>tacrolimus capsule 1mg</i>	4	B/D
<i>tacrolimus capsule 5mg</i>	4	B/D
XATMEP SOLUTION 2.5MG/ML	4	
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	PA
Vaccines		
ABRYSSVO INJECTION 120MCG/0.5ML	3	
ACTHIB INJECTION 0	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA INJECTION 0	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric injection 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGERIX-B INJECTION 10MCG/0.5ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
ENGERIX-B INJECTION 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0	3	
GARDASIL 9 INJECTION 0	3	
HAVRIX INJECTION 1440ELU/ML	3	
HAVRIX INJECTION 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION 0	3	
IXIARO INJECTION 0	3	

Drug Name	Drug Tier	Requirements/ Limits
JYNNEOS INJECTION 0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJECTION 0; 0; 0	3	
MENACTRA INJECTION 0	3	
<i>menquadfi injection 0</i>	3	
MENVEO INJECTION 0	3	
MENVEO INJECTION 0	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENTACEL INJECTION 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PREHEVBRIO INJECTION 10MCG/ML	3	B/D
PRIORIX INJECTION 0; 0; 0	3	
PROQUAD INJECTION 0; 0; 0; 0	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	

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Drug Name	Drug Tier	Requirements/ Limits
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJECTION 0	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 40MCG/ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION RECONSTITUTED 0	3	
ROTARIX SUSPENSION 0	3	
ROTATEQ SOLUTION 0	3	
SHINGRIX INJECTION 50MCG/0.5ML	3	
STAMARIL INJECTION 0	3	
TDVAX INJECTION 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TENIVAC INJECTION 2LFU; 5LFU	3	
TETANUS/DIPHTherI A TOXOIDS- ADSORBED ADULT INJECTION 2LF/0.5ML; 2LF/0.5ML	3	

Drug Name	Drug Tier	Requirements/ Limits
TICOVAC INJECTION 1.2MCG/0.25ML	3	
TICOVAC INJECTION 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VAQTA INJECTION 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
VAXELIS INJECTION 0; 0; 0; 0; 0; 0	3	
YF-VAX INJECTION 0	3	
YF-VAX INJECTION 0	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium capsule 750mg</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	4	QL(120 EA per 30 days)
<i>mesalamine enema 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine suppository 1000mg</i>	4	
SFROWASA ENEMA 4GM/60ML	4	

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Drug Name	Drug Tier	Requirements/ Limits
<i>sulfasalazine tablet delayed release 500mg</i>	2	
<i>sulfasalazine tablet 500mg</i>	2	
Glucocorticoids		
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc cream 2.5%</i>	2	
<i>proctosol hc cream 2.5%</i>	2	
<i>proctozone-hc cream 2.5%</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium solution 70mg/75ml</i>	4	
<i>alendronate sodium tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>alendronate sodium tablet 35mg</i>	2	QL(4 EA per 28 days)
<i>alendronate sodium tablet 5mg</i>	2	
<i>alendronate sodium tablet 70mg</i>	2	QL(4 EA per 28 days)
<i>calcitonin-salmon solution 200unit/act</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule 0.25mcg</i>	2	
<i>calcitriol capsule 0.5mcg</i>	2	
CINACALCET HYDROCHLORIDE TABLET 30MG	4	QL(60 EA per 30 days)
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL(60 EA per 30 days)
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL(120 EA per 30 days)
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet 150mg</i>	2	QL(1 EA per 28 days)
<i>paricalcitol capsule 1mcg</i>	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>paricalcitol capsule 2mcg</i>	4	
<i>paricalcitol capsule 4mcg</i>	4	
PROLIA INJECTION 60MG/ML	4	QL(2 ML per 365 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 28 days); PA
TYMLOS INJECTION 3120MCG/1.56ML	5	PA
XGEVA INJECTION 120MG/1.7ML	5	QL(1.7 ML per 28 days); PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PAD 70%	3	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	QL(200 EA per 30 days)
MISCELLANEOUS BD INSULIN SYRINGE SAFETYGLIDE/1ML/29 G X 1/2"	3	QL(200 EA per 30 days)
MISCELLANEOUS BD INSULIN SYRINGE ULTRA- FINE/0.5ML/30G X 12.7MM	3	QL(200 EA per 30 days)
MISCELLANEOUS BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	QL(200 EA per 30 days)
MISCELLANEOUS BD INSULIN SYRINGE/1ML/29G X 12.7MM	3	QL(200 EA per 30 days)
MISCELLANEOUS BD PEN NEEDLE/ORIGINAL/UL TRA-FINE/29G X 12.7MM	3	QL(200 EA per 30 days)
MISCELLANEOUS		

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BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM MISCELLANEOUS	3	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	
ELLA TABLET 30MG	3	
IGALMI FILM 120MCG	4	PA NSO
IGALMI FILM 180MCG	4	PA NSO
LAGEVRIO CAPSULE 200MG	4	QL(40 EA per 5 days)
<i>nutrilipid injection 20gm/100ml</i>	4	B/D
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	3	QL(1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) MISCELLANEOUS	3	QL(30 EA per 30 days)
OMNIPOD GO 10 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 15 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 25 UNITS/DAY KIT	3	QL(10 EA per 30 days)
OMNIPOD GO 35 UNITS/DAY KIT	3	QL(10 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL(30 EA per 5 days)

Drug Name	Drug Tier	Requirements/ Limits
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL(20 EA per 5 days)
<i>sodium chloride 0.9% solution 0.9%</i>	2	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACKET 10GM	5	
VISTOGARD PACKET 10GM	5	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate solution 1%</i>	3	
<i>bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm</i>	3	
<i>brimonidine tartrate/timolol maleate solution 0.2%; 0.5%</i>	4	
COMBIGAN SOLUTION 0.2%; 0.5%	4	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN SOLUTION 0.44%	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml</i>	3	
<i>neo-polycin hc ointment 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neo-polycin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin ointment 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	

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<i>neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
<i>polycin ointment 500unit/gm; 10000unit/gm</i>	3	
<i>polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%</i>	2	
RESTASIS MULTIDOSE EMULSION 0.05%	3	
RESTASIS EMULSION 0.05%	3	
ROCKLATAN SOLUTION 0.005%; 0.02%	4	QL(2.5 ML per 25 days)
SIMBRINZA SUSPENSION 0.2%; 1%	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%</i>	2	
TOBRADEX ST SUSPENSION 0.05%; 0.3%	4	
TOBRADEX OINTMENT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone suspension 0.1%; 0.3%</i>	4	
XIIDRA SOLUTION 5%	4	QL(60 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
ZYLET SUSPENSION 0.5%; 0.3%	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl solution 0.05%</i>	3	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl solution 0.1%</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin ointment 500unit/gm</i>	4	
BESIVANCE SUSPENSION 0.6%	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin solution 0.5%</i>	4	
<i>gentak ointment 0.3%</i>	3	
<i>gentamicin sulfate solution 0.3%</i>	2	QL(70 ML per 30 days)
<i>levofloxacin solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN SUSPENSION 5%	4	
<i>ofloxacin solution 0.3%</i>	2	
<i>sulfacetamide sodium ointment 10%</i>	3	
<i>sulfacetamide sodium solution 10%</i>	3	
<i>tobramycin solution 0.3%</i>	2	
<i>trifluridine solution 1%</i>	4	
ZIRGAN GEL 0.15%	4	
Ophthalmic Anti-inflammatories		
<i>dexamethasone sodium phosphate solution 0.1%</i>	3	
<i>diclofenac sodium solution 0.1%</i>	3	

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FLAREX SUSPENSION 0.1%	4	
fluorometholone suspension 0.1%	4	
flurbiprofen sodium solution 0.03%	2	
ketorolac tromethamine solution 0.4%	3	
ketorolac tromethamine solution 0.5%	2	
LOTEMAX SM GEL 0.38%	4	QL(20 GM per 365 days)
prednisolone acetate suspension 1%	3	
PROLENSA SOLUTION 0.07%	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl solution 0.5%	3	
carteolol hcl solution 1%	2	
levobunolol hcl solution 0.5%	2	
timolol maleate solution 0.25%	2	
timolol maleate solution 0.5%	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er capsule extended release 12 hour 500mg	4	
ALPHAGAN P SOLUTION 0.1%	3	
brimonidine tartrate solution 0.2%	2	
brinzolamide suspension 1%	4	
dorzolamide hydrochloride solution 2%	3	
pilocarpine hcl solution 1%	3	
pilocarpine hcl solution 2%	3	

Drug Name	Drug Tier	Requirements/ Limits
pilocarpine hcl solution 4%	3	
RHOPRESSA SOLUTION 0.02%	4	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanamide Analogs		
latanoprost solution 0.005%	1	
LUMIGAN SOLUTION 0.01%	3	QL(2.5 ML per 25 days)
VYZULTA SOLUTION 0.024%	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
acetic acid solution 2%	2	
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	4	
ciprofloxacin solution 0.2%	4	
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydr ocortisone suspension 1%; 3.5mg/ml; 10000unit/ml	4	
ofloxacin solution 0.3%	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/ACT	3	QL(30 EA per 30 days)
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AEROSOL 100MCG/ACT	4	QL(13 GM per 30 days)

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Drug Name	Drug Tier	Requirements/ Limits
ASMANEX HFA AEROSOL 200MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX HFA AEROSOL 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110MCG/INH	4	QL(1 EA per 30 days)

Drug Name	Drug Tier	Requirements/ Limits
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	4	QL(23.6 GM per 28 days)
<i>budesonide suspension 0.25mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 0.5mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>budesonide suspension 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
Antihistamines		
<i>azelastine hcl solution 0.15%</i>	3	QL(60 ML per 30 days)
<i>azelastine hydrochloride/fluticasone propionate suspension 137mcg/act; 50mcg/act</i>	4	QL(23 GM per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection 50mg/ml</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	4	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg</i>	4	
<i>hydroxyzine hydrochloride tablet 25mg</i>	4	
<i>levocetirizine dihydrochloride tablet 5mg</i>	2	QL(30 EA per 30 days)
Antileukotrienes		

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Drug Name	Drug Tier	Requirements/ Limits
montelukast sodium tablet chewable 4mg	2	QL(30 EA per 30 days)
montelukast sodium tablet chewable 5mg	2	QL(30 EA per 30 days)
montelukast sodium tablet 10mg	1	
zafirlukast tablet 10mg	4	QL(60 EA per 30 days)
zafirlukast tablet 20mg	4	QL(60 EA per 30 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL(25.8 GM per 30 days)
ipratropium bromide solution 0.02%	3	QL(312.5 ML per 30 days); B/D
ipratropium bromide solution 0.03%	3	
ipratropium bromide solution 0.06%	3	
SPIRIVA HANDIHALER CAPSULE 18MCG	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	QL(4 GM per 30 days)
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(48 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(17 GM per 30 days)
albuterol sulfate hfa aerosol solution 108mcg/act	2	QL(13.4 GM per 30 days)
albuterol sulfate nebulization solution 0.083%	2	QL(525 ML per 30 days); B/D

Drug Name	Drug Tier	Requirements/ Limits
albuterol sulfate nebulization solution 2.5mg/0.5ml	2	QL(100 EA per 30 days); B/D
arformoterol tartrate nebulization solution 15mcg/2ml	4	QL(120 ML per 30 days); PA
epinephrine injection 0.15mg/0.15ml	3	QL(2 EA per 30 days)
epinephrine injection 0.15mg/0.3ml	3	QL(2 EA per 30 days)
epinephrine injection 0.3mg/0.3ml	3	QL(2 EA per 30 days)
epinephrine injection 0.3mg/0.3ml	3	QL(2 EA per 30 days); Applies to product manufactured by Mylan Specialty L.P. Only
levalbuterol tartrate hfa aerosol 45mcg/act	4	QL(30 GM per 30 days)
PROAIR RESPICLICK AEROSOL POWDER BREATH ACTIVATED 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL(60 EA per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON SOLUTION RECONSTITUTED 75MG	5	QL(84 ML per 28 days); PA
KALYDECO PACKET 13.4MG	5	
KALYDECO PACKET 25MG	5	
KALYDECO PACKET 50MG	5	
KALYDECO PACKET 75MG	5	

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Drug Name	Drug Tier	Requirements/ Limits
KALYDECO TABLET 150MG	5	
ORKAMBI TABLET 125MG; 100MG	5	QL(112 EA per 28 days); PA
ORKAMBI TABLET 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL(280 ML per 28 days); B/D
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast tablet 250mcg</i>	4	PA
<i>roflumilast tablet 500mcg</i>	4	PA
<i>theophylline er tablet extended release 12 hour 300mg</i>	4	
<i>theophylline er tablet extended release 12 hour 450mg</i>	4	
<i>theophylline er tablet extended release 24 hour 400mg</i>	3	
<i>theophylline er tablet extended release 24 hour 600mg</i>	3	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS TABLET 0.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 1MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2.5MG	5	QL(90 EA per 30 days); PA
ADEMPAS TABLET 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tablet 20mg</i>	4	QL(60 EA per 30 days); PA

Drug Name	Drug Tier	Requirements/ Limits
<i>bosentan tablet 125mg</i>	5	QL(60 EA per 30 days)
<i>bosentan tablet 62.5mg</i>	5	QL(60 EA per 30 days)
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT TABLET 10MG	5	QL(30 EA per 30 days); PA
<i>sildenafil citrate tablet 20mg</i>	3	QL(90 EA per 30 days); PA
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS SOLUTION 10MCG/ML	5	QL(270 ML per 30 days); PA
VENTAVIS SOLUTION 20MCG/ML	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV CAPSULE 100MG	5	QL(60 EA per 30 days); PA
OFEV CAPSULE 150MG	5	QL(60 EA per 30 days); PA
<i>pirfenidone capsule 267mg</i>	5	PA
<i>pirfenidone tablet 267mg</i>	5	PA
<i>pirfenidone tablet 534mg</i>	5	PA
<i>pirfenidone tablet 801mg</i>	5	PA
<i>Respiratory Tract Agents, Other</i>		
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)
ADVAIR DISKUS AEROSOL POWDER BREATH ACTIVATED 500MCG/ACT; 50MCG/ACT	3	QL(60 EA per 30 days)

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ADVAIR HFA AEROSOL 115MCG/ACT; 21MCG/ACT	3	QL(12 GM per 30 days)
ADVAIR HFA AEROSOL 230MCG/ACT; 21MCG/ACT	3	QL(12 GM per 30 days)
ADVAIR HFA AEROSOL 45MCG/ACT; 21MCG/ACT	3	QL(12 GM per 30 days)
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
BRONCHITOL CAPSULE 40MG	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
FASENRA PEN INJECTION 30MG/ML	5	PA

Drug Name	Drug Tier	Requirements/ Limits
FASENRA INJECTION 30MG/ML	5	PA
<i>ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml</i>	3	QL(540 ML per 30 days); B/D
STIOLTO RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
<i>cyclobenzaprine hydrochloride tablet 10mg</i>	3	
<i>cyclobenzaprine hydrochloride tablet 5mg</i>	3	
<i>orphenadrine citrate er tablet extended release 12 hour 100mg</i>	3	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
BELSOMRA TABLET 10MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 15MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 20MG	3	QL(30 EA per 30 days)
BELSOMRA TABLET 5MG	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 1mg</i>	3	QL(30 EA per 30 days)

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<i>eszopiclone tablet 2mg</i>	3	QL(30 EA per 30 days)
<i>eszopiclone tablet 3mg</i>	3	QL(30 EA per 30 days)
<i>ramelteon tablet 8mg</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg</i>	2	QL(30 EA per 30 days)
<i>temazepam capsule 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	3	QL(60 EA per 30 days)
<i>zaleplon capsule 5mg</i>	3	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 10mg</i>	2	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet 5mg</i>	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>modafinil tablet 100mg</i>	3	QL(30 EA per 30 days); PA
<i>modafinil tablet 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate solution 500mg/ml</i>	5	QL(540 ML per 30 days); PA

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<i>acetazolamide er</i>	87	AMINOSYN II	63
<i>acetic acid</i>	87	<i>amiodarone hydrochloride</i>	50
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<i>atazanavir sulfate</i>	40	B-D INSULIN SYRINGE ULTRAFINE	84
<i>atenolol</i>	51	II/0.3ML/31G X 5/16"	
<i>atenolol/chlorthalidone</i>	54	BD INSULIN SYRINGE ULTRA-	84
<i>atomoxetine</i>	59	FINE/0.5ML/30G X 12.7MM	
<i>atomoxetine hydrochloride</i>	59	BD INSULIN SYRINGE ULTRA-	84
<i>atorvastatin calcium</i>	57	FINE/1ML/31G X 8MM	
<i>atovaquone</i>	31	BD INSULIN SYRINGE/1ML/29G X	84
<i>atovaquone/proguanil hcl</i>	31	12.7MM	
<i>atropine sulfate</i>	85	BD PEN NEEDLE/ORIGINAL/ULTRA-	84
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<i>aurovela 1/20</i>	71	<i>benazepril hcl/hydrochlorothiazide</i>	54
<i>aurovela fe 1.5/30</i>	71	<i>benazepril hydrochloride</i>	49
<i>aurovela fe 1/20</i>	71	<i>benazepril</i>	54
AUSTEDO	59	<i>hydrochloride/hydrochlorothiazide</i>	
AUVELITY	15	BENLYSTA	78
<i>aviane</i>	71	BENZNIDAZOLE	31
<i>ayuna</i>	71	<i>benztropine mesylate</i>	31
AYVAKIT	25	BESIVANCE	86
<i>azathioprine</i>	79	BESREMI	23

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Drug Name	Page #	Drug Name	Page #
<i>betaine anhydrous</i>	67	<i>bupropion hydrochloride er (sr)</i>	15
<i>betamethasone dipropionate</i>	61	<i>bupropion hydrochloride er (xl)</i>	15
<i>betamethasone dipropionate augmented</i>	61	<i>buspirone hcl</i>	41
<i>betamethasone valerate</i>	61	<i>buspirone hydrochloride</i>	42
BETASERON	60	BYDUREON BCISE	42
<i>betaxolol hcl</i>	51	CABENUVA	38
<i>betaxolol hcl</i>	87	<i>cabergoline</i>	76
<i>bethanechol chloride</i>	69	CABLIVI	48
<i>bexarotene</i>	31	CABOMETYX	25
BEXSERO	81	<i>calcipotriene</i>	62
<i>bicalutamide</i>	21	<i>calcitonin-salmon</i>	84
BICILLIN L-A	8	<i>calcitriol</i>	84
BIKTARVY	38	<i>calcium acetate</i>	65
<i>bisoprolol fumarate</i>	51	CALQUENCE	25
<i>bisoprolol fumarate/hydrochlorothiazide</i>	54	<i>camila</i>	75
BIVIGAM	77	<i>camrese</i>	71
<i>blisovi fe 1.5/30</i>	71	<i>camrese lo</i>	71
<i>blisovi fe 1/20</i>	71	<i>candesartan cilexetil</i>	49
BOOSTRIX	81	<i>candesartan cilexetil/hydrochlorothiazide</i>	54
<i>bosentan</i>	90	CAPLYTA	34
BOSULIF	25	CAPRELSA	25
BRAFTOVI	25	<i>carbamazepine</i>	13
BREO ELLIPTA	91	<i>carbamazepine er</i>	13
BREZTRI AEROSPHERE	88	<i>carbidopa</i>	33
<i>briellyn</i>	71	<i>carbidopa/levodopa</i>	33
BRILINTA	48	<i>carbidopa/levodopa er</i>	32
<i>brimonidine tartrate</i>	87	<i>carbidopa/levodopa odt</i>	32
<i>brimonidine tartrate/timolol maleate</i>	85	<i>carglumic acid</i>	63
<i>brinzolamide</i>	87	<i>carteolol hcl</i>	87
BRIVIACT	10	<i>cartia xt</i>	52
<i>bromocriptine mesylate</i>	32	<i>carvedilol</i>	51
BRONCHITOL	91	<i>caspofungin acetate</i>	19
BRUKINSA	25	CAYSTON	89
<i>budesonide</i>	84	<i>cefaclor</i>	6
<i>budesonide</i>	88	<i>cefadroxil</i>	6
<i>budesonide er</i>	84	CEFAZOLIN	6
<i>bumetanide</i>	56	<i>cefazolin sodium</i>	6
<i>buprenorphine</i>	1	<i>cefdinir</i>	6
<i>buprenorphine hcl</i>	4	<i>cefepime</i>	6
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>cefepime hydrochloride</i>	6
<i>buprenorphine hydrochloride/naloxone</i>	4	<i>cefixime</i>	6
<i>hydrochloride</i>		<i>cefotaxime sodium</i>	6
<i>bupropion hcl</i>	15	<i>cefotetan</i>	6
<i>bupropion hydrochloride</i>	15	<i>cefoxitin sodium</i>	6
<i>bupropion hydrochloride er (sr)</i>	4	<i>cefpodoxime proxetil</i>	6

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<i>cefprozil</i>	6	<i>clindamycin hydrochloride</i>	5
<i>ceftazidime</i>	6	<i>clindamycin palmitate hcl</i>	5
<i>ceftazidime/dextrose</i>	6	<i>clindamycin phosphate</i>	5
<i>ceftriaxone sodium</i>	6	<i>clindamycin phosphate</i>	63
<i>cefuroxime axetil</i>	6	<i>clobazam</i>	12
<i>cefuroxime sodium</i>	6	<i>clobetasol propionate</i>	61
<i>celecoxib</i>	1	<i>clobetasol propionate e</i>	61
<i>cephalexin</i>	6	<i>clomipramine hydrochloride</i>	18
CERDELGA	67	<i>clonazepam</i>	12
<i>chateal</i>	71	<i>clonazepam odt</i>	12
<i>chateal eq</i>	71	<i>clonidine hcl</i>	48
CHEMET	64	<i>clonidine hydrochloride</i>	49
<i>chlorhexidine gluconate</i>	60	<i>clopidogrel</i>	48
<i>chloroquine phosphate</i>	31	<i>clorazepate dipotassium</i>	42
<i>chlorpromazine hcl</i>	33	<i>clotrimazole</i>	19
<i>chlorpromazine hydrochloride</i>	33	<i>clotrimazole/betamethasone dipropionate</i>	62
<i>chlorthalidone</i>	56	CLOVIQUE	64
CHOLBAM	67	<i>clozapine</i>	37
<i>cholestyramine</i>	57	<i>clozapine odt</i>	37
<i>cholestyramine light</i>	57	COARTEM	31
<i>ciclodan</i>	63	COLCHICINE	20
<i>ciclopirox</i>	63	<i>colesevelam hydrochloride</i>	57
<i>ciclopirox nail lacquer</i>	63	<i>colestipol hcl</i>	57
<i>ciclopirox olamine</i>	63	<i>colistimethate sodium</i>	5
<i>cidofovir</i>	38	COLUMVI	23
<i>cilostazol</i>	48	COMBIGAN	85
CIMDUO	39	COMBIVENT RESPIMAT	91
CINACALCET HYDROCHLORIDE	84	COMETRIQ	25
CINRYZE	77	COMPLERA	39
CIPRO	9	<i>compro</i>	18
<i>ciprofloxacin</i>	87	<i>constulose</i>	65
<i>ciprofloxacin hcl</i>	9	COPIKTRA	26
<i>ciprofloxacin hydrochloride</i>	9	CORLANOR	55
<i>ciprofloxacin hydrochloride</i>	86	COSENTYX	78
<i>ciprofloxacin i.v.-in d5w</i>	9	COSENTYX SENSOREADY PEN	78
<i>ciprofloxacin/dexamethasone</i>	87	COSENTYX UNOREADY	78
<i>citalopram hydrobromide</i>	16	COTELLIC	26
<i>claravis</i>	61	CREON	67
<i>clarithromycin</i>	8	<i>cromolyn sodium</i>	67
<i>clarithromycin er</i>	8	<i>cromolyn sodium</i>	86
CLENPIQ	66	<i>cromolyn sodium</i>	90
CLIMARA PRO	71	<i>cryselle-28</i>	71
<i>clindacin etz pledgets</i>	5	CURITY GAUZE PADS 2"X2" 12 PLY	85
<i>clindacin-p</i>	5	CUVITRU	77
<i>clindamycin hcl</i>	5	<i>cyclafem 1/35</i>	71

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<i>cyclaferm 7/7/7</i>	71	<i>dextrose 5%/nacl 0.45%</i>	63
<i>cyclobenzaprine hydrochloride</i>	91	<i>dextrose 5%/nacl 0.9%</i>	63
<i>cyclophosphamide</i>	21	DIACOMIT	12
<i>cycloserine</i>	21	<i>diazepam</i>	42
<i>cyclosporine</i>	79	<i>diazepam intensol</i>	42
<i>cyclosporine</i>	85	<i>diazepam rectal gel</i>	12
<i>cyclosporine modified</i>	79	<i>diazoxide</i>	45
CYLTEZO	80	<i>diclofenac potassium</i>	1
CYLTEZO STARTER PACKAGE FOR	80	<i>diclofenac sodium</i>	1
CROHNS DISEASE/UC/HS		<i>diclofenac sodium</i>	62
CYLTEZO STARTER PACKAGE FOR	80	<i>diclofenac sodium</i>	86
PSORIASIS		<i>diclofenac sodium dr</i>	1
<i>cyproheptadine hydrochloride</i>	88	<i>diclofenac sodium er</i>	1
CYSTAGON	67	<i>dicloxacillin sodium</i>	8
CYSTARAN	85	<i>dicyclomine hydrochloride</i>	65
<i>dalfampridine er</i>	60	DIFICID	9
<i>danazol</i>	70	<i>digitek</i>	50
<i>dantrolene sodium</i>	38	<i>digox</i>	50
<i>dapsone</i>	21	<i>digoxin</i>	50
DAPTACEL	82	<i>dihydroergotamine mesylate</i>	20
<i>daptomycin</i>	5	DILANTIN	13
<i>darunavir</i>	41	<i>diltiazem hcl</i>	53
DARZALEX FASPRO	31	<i>diltiazem hcl cd</i>	52
<i>dasetta 1/35</i>	71	<i>diltiazem hcl er</i>	52
<i>dasetta 7/7/7</i>	71	<i>diltiazem hydrochloride</i>	53
DAURISMO	26	<i>diltiazem hydrochloride er</i>	53
<i>daysee</i>	71	<i>dilt-xr</i>	52
<i>deblitane</i>	75	<i>dimethyl fumarate</i>	60
<i>deferasirox</i>	64	<i>dimethyl fumarate starterpack</i>	60
DELSTRIGO	39	<i>diphenhydramine hcl</i>	88
<i>delyla</i>	71	<i>diphenhydramine hydrochloride</i>	88
<i>demeclocycline hcl</i>	9	<i>diphenoxylate hydrochloride/atropine</i>	65
<i>demeclocycline hydrochloride</i>	9	<i>sulfate</i>	
DENGVAIXIA	82	<i>diphtheria/tetanus toxoids adsorbed</i>	82
DEPO-SUBQ PROVERA 104	75	<i>pediatric</i>	
DESCOVY	39	<i>disulfiram</i>	4
<i>desipramine hydrochloride</i>	18	<i>divalproex sodium</i>	12
<i>desmopressin acetate</i>	70	<i>divalproex sodium dr</i>	12
<i>desogestrel/ethinyl estradiol</i>	71	<i>divalproex sodium er</i>	12
<i>desonide</i>	61	<i>dofetilide</i>	50
<i>desvenlafaxine er</i>	16	<i>dolishale</i>	71
<i>dexamethasone</i>	69	<i>donepezil hcl</i>	14
<i>dexamethasone sodium phosphate</i>	86	<i>donepezil hydrochloride</i>	14
<i>dextroamphetamine sulfate</i>	59	DOPTELET	48
<i>dextrose 5%</i>	63	<i>dorzolamide hcl/timolol maleate</i>	85

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<i>dorzolamide hydrochloride</i>	87	<i>enalapril maleate/hydrochlorothiazide</i>	55
<i>dotti</i>	71	ENBREL	80
DOVATO	38	ENBREL MINI	80
<i>doxazosin mesylate</i>	69	ENBREL SURECLICK	80
<i>doxepin hcl</i>	18	ENDARI	67
<i>doxepin hydrochloride</i>	18	<i>endocet</i>	2
<i>doxy 100</i>	9	ENGERIX-B	82
<i>doxycycline</i>	10	ENJAYMO	78
<i>doxycycline hyclate</i>	9	<i>enoxaparin sodium</i>	47
<i>doxycycline hyclate</i>	60	<i>enpresse-28</i>	72
<i>doxycycline monohydrate</i>	9	<i>entacapone</i>	32
<i>d-penaminate</i>	69	<i>entecavir</i>	38
DRIZALMA SPRINKLE	16	ENTRESTO	55
<i>dronabinol</i>	19	<i>enulose</i>	65
DROXIA	22	ENVARUSUS XR	80
<i>droxidopa</i>	49	EPIDIOLEX	10
DULERA	91	<i>epinephrine</i>	89
<i>duloxetine hydrochloride</i>	16	<i>epitol</i>	13
DUPIXENT	78	EPKINLY	23
<i>dutasteride</i>	69	<i>eplerenone</i>	56
<i>ec-naproxen</i>	1	<i>epoprostenol sodium</i>	90
<i>econazole nitrate</i>	19	EPRONTIA	10
EDURANT	39	<i>ergoloid mesylates</i>	14
<i>efavirenz</i>	39	<i>ergotamine tartrate/caffeine</i>	20
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	39	ERIVEDGE	26
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	39	ERLEADA	21
<i>effe-k</i>	63	<i>erlotinib hydrochloride</i>	26
ELAPRASE	67	<i>errin</i>	75
<i>elinest</i>	72	<i>ertapenem</i>	8
ELIQUIS	46	<i>ertapenem sodium</i>	8
ELIQUIS STARTER PACK	46	<i>ery</i>	63
ELLA	85	<i>erythromycin</i>	63
ELMIRON	69	<i>erythromycin</i>	86
<i>eluryng</i>	72	<i>erythromycin dr</i>	9
EMCYT	22	<i>erythromycin/benzoyl peroxide</i>	61
EMGALITY	20	<i>escitalopram oxalate</i>	16
EMPAVELI	78	<i>esomeprazole magnesium</i>	66
EMSAM	15	<i>estarylla</i>	72
<i>emtricitabine</i>	40	<i>estradiol</i>	72
<i>emtricitabine/tenofovir disoproxil fumarate</i>	40	ESTRING	72
<i>emtricitabine/tenofovir disoproxil fumarate</i>	39	<i>eszopiclone</i>	91
EMTRIVA	40	<i>ethambutol hydrochloride</i>	21
<i>enalapril maleate</i>	49	<i>ethosuximide</i>	11
		<i>ethynodiol diacetate/ethinyl estradiol</i>	72
		<i>etodolac</i>	1

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ETONOGESTREL/ETHINYL	72	<i>flucytosine</i>	19
ESTRADIOL		<i>fludrocortisone acetate</i>	69
<i>etravirine</i>	39	<i>fluocinolone acetonide</i>	61
EUCRISA	61	<i>fluocinonide</i>	61
<i>euthyrox</i>	75	<i>fluorometholone</i>	87
<i>everolimus</i>	26	<i>fluorouracil</i>	62
<i>everolimus</i>	80	<i>fluoxetine hcl</i>	16
EVOTAZ	41	<i>fluoxetine hydrochloride</i>	16
EVRYSDI	67	<i>fluphenazine decanoate</i>	33
<i>exemestane</i>	25	<i>fluphenazine hcl</i>	33
EXKIVITY	26	<i>fluphenazine hydrochloride</i>	33
<i>ezetimibe</i>	57	<i>flurbiprofen</i>	1
<i>ezetimibe/simvastatin</i>	57	<i>flurbiprofen sodium</i>	87
FABRAZYME	67	<i>flutamide</i>	22
<i>falmina</i>	72	<i>fluticasone propionate</i>	62
<i>famciclovir</i>	41	<i>fluticasone propionate</i>	88
<i>famotidine</i>	66	<i>fluvastatin</i>	57
FANAPT	34	<i>flvoxamine maleate</i>	17
FANAPT TITRATION PACK	34	<i>fondaparinux sodium</i>	47
FARXIGA	42	FORTEO	84
FARYDAK	26	<i>fosamprenavir calcium</i>	41
FASENRA	91	<i>fosinopril sodium</i>	50
FASENRA PEN	91	<i>fosinopril sodium/hydrochlorothiazide</i>	55
<i>fayosim</i>	72	FOTIVDA	22
<i>febuxostat</i>	20	<i>furosemide</i>	56
<i>felbamate</i>	10	FUZEON	40
<i>felodipine er</i>	52	<i>fyavolv</i>	72
<i>femynor</i>	72	FYCOMPA	10
<i>fenofibrate</i>	56	<i>gabapentin</i>	12
<i>fenofibrate micronized</i>	56	<i>galantamine hydrobromide</i>	14
<i>fenofibric acid dr</i>	56	<i>galantamine hydrobromide er</i>	14
<i>fentanyl</i>	1	GAMASTAN	77
<i>fentanyl citrate oral transmucosal</i>	2	<i>ganciclovir</i>	38
FETZIMA	16	GARDASIL 9	82
FETZIMA TITRATION PACK	16	<i>gatifloxacin</i>	86
FINACEA	61	<i>gavilyte-c</i>	66
<i>finasteride</i>	69	<i>gavilyte-g</i>	66
<i>ingolimod</i>	60	<i>gavilyte-n/ flavor pack</i>	66
FINTEPLA	10	GAVRETO	23
FIRMAGON	76	<i>gefitinib</i>	26
FIRVANQ	5	<i>gemfibrozil</i>	56
FLAREX	87	GEMTESA	68
<i>flecainide acetate</i>	50	<i>generlac</i>	65
<i>fluconazole</i>	19	<i>gengraf</i>	80
<i>fluconazole in sodium chloride</i>	19	GENOTROPIN	70

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GENOTROPIN MINIQUICK	70	HUMALOG	46
<i>gentak</i>	86	HUMALOG JUNIOR KWIKPEN	46
<i>gentamicin sulfate</i>	4	HUMALOG KWIKPEN	46
<i>gentamicin sulfate</i>	86	HUMALOG MIX 50/50	46
GENVOYA	38	HUMALOG MIX 50/50 KWIKPEN	46
GILOTRIF	26	HUMALOG MIX 75/25	46
<i>glatiramer acetate</i>	60	HUMALOG MIX 75/25 KWIKPEN	46
GLEOSTINE	21	HUMIRA	81
<i>glimepiride</i>	42	HUMIRA PEDIATRIC CROHNS	80
<i>glipizide</i>	43	DISEASE STARTER PACK	
<i>glipizide er</i>	43	HUMIRA PEN	80
<i>glipizide xl</i>	43	HUMIRA PEN-CD/UC/HS STARTER	80
<i>glipizide/metformin hydrochloride</i>	43	HUMIRA PEN-PEDIATRIC UC	80
GLUCAGEN HYPOKIT	45	STARTER PACK	
GLUCAGON EMERGENCY KIT	45	HUMIRA PEN-PS/UV STARTER	80
GLUCAGON EMERGENCY KIT FOR	45	HUMULIN 70/30	46
LOW BLOOD SUGAR		HUMULIN 70/30 KWIKPEN	46
<i>glyburide</i>	43	HUMULIN N	46
<i>glyburide/metformin hydrochloride</i>	43	HUMULIN N KWIKPEN	46
<i>glycopyrrolate</i>	65	HUMULIN R	46
GLYXAMBI	43	HUMULIN R U-500 (CONCENTRATED)	46
<i>griseofulvin microsize</i>	19	HUMULIN R U-500 KWIKPEN	46
<i>griseofulvin ultramicrosize</i>	19	<i>hydralazine hcl</i>	58
<i>guanfacine er</i>	59	<i>hydralazine hydrochloride</i>	58
<i>guanfacine hydrochloride</i>	49	<i>hydrochlorothiazide</i>	56
<i>guanfacine hydrochloride</i>	59	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>guanidine hcl</i>	21	<i>hydrocodone/acetaminophen</i>	3
GVOKE HYPOPEN 1-PACK	45	<i>hydrocortisone</i>	62
GVOKE HYPOPEN 2-PACK	45	<i>hydrocortisone</i>	69
GVOKE KIT	45	<i>hydrocortisone</i>	84
GVOKE PFS	45	<i>hydrocortisone valerate</i>	62
<i>hailey 1.5/30</i>	72	<i>hydromorphone hcl</i>	3
<i>hailey fe 1.5/30</i>	72	<i>hydromorphone hydrochloride</i>	3
<i>hailey fe 1/20</i>	72	<i>hydromorphone hydrochloride dosette</i>	3
<i>halobetasol propionate</i>	62	<i>hydroxychloroquine sulfate</i>	31
<i>haloette</i>	72	<i>hydroxyurea</i>	23
<i>haloperidol</i>	33	<i>hydroxyzine hcl</i>	88
<i>haloperidol decanoate</i>	33	<i>hydroxyzine hydrochloride</i>	88
<i>haloperidol lactate</i>	33	<i>hydroxyzine pamoate</i>	42
HAVRIX	82	HYPERHEP B	78
<i>heather</i>	75	<i>ibandronate sodium</i>	84
<i>heparin sodium</i>	47	IBRANCE	23
HEPLISAV-B	82	IBRANCE	26
HIBERIX	82	<i>ibu</i>	1
HIZENTRA	78	<i>ibuprofen</i>	1

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<i>icatibant acetate</i>	77	IXIARO	82
<i>iclevia</i>	72	<i>jaimiess</i>	72
ICLUSIG	27	JAKAFI	27
<i>icosapent ethyl</i>	57	<i>jantoven</i>	47
IDHIFA	23	JANUMET	43
IGALMI	85	JANUMET XR	43
<i>imatinib mesylate</i>	27	JANUVIA	43
IMBRUVICA	27	JARDIANCE	43
<i>imipenem/cilastatin</i>	8	JAYPIRCA	27
<i>imipramine hcl</i>	18	<i>jencycla</i>	75
<i>imipramine hydrochloride</i>	18	JENTADUETO	43
<i>imiquimod</i>	62	JENTADUETO XR	43
IMOVAX RABIES (H.D.C.V.)	82	<i>jinteli</i>	73
IMPAVIDO	5	<i>jolessa</i>	73
<i>incassia</i>	75	JUBLIA	19
INCRELEX	70	JULUCA	38
<i>indapamide</i>	56	<i>junel 1.5/30</i>	73
<i>indomethacin</i>	1	<i>junel 1/20</i>	73
<i>indomethacin er</i>	1	<i>junel fe 1.5/30</i>	73
INFANRIX	82	<i>junel fe 1/20</i>	73
INLYTA	27	JYNNEOS	82
INQOVI	27	KALYDECO	89
INREBIC	23	KANJINTI	31
INTELENCE	39	KANUMA	67
INTRON A	79	<i>kariva</i>	73
<i>introvale</i>	72	<i>kelnor 1/35</i>	73
INVEGA HAFYERA	35	<i>kelnor 1/50</i>	73
INVEGA SUSTENNA	35	KERENDIA	55
INVEGA TRINZA	35	KESIMPTA	60
INVIRASE	41	<i>ketoconazole</i>	19
IPOL INACTIVATED IPV	82	<i>ketorolac tromethamine</i>	1
<i>ipratropium bromide</i>	89	<i>ketorolac tromethamine</i>	87
<i>ipratropium bromide/albuterol sulfate</i>	91	KINERET	78
<i>irbesartan</i>	49	KINRIX	82
<i>irbesartan/hydrochlorothiazide</i>	55	KISQALI	27
ISENTRESS	38	KISQALI FEMARA 200 DOSE	23
ISENTRESS HD	38	KISQALI FEMARA 400 DOSE	23
ISONIAZID	21	KISQALI FEMARA 600 DOSE	23
<i>isosorbide dinitrate</i>	58	KLISYRI	62
<i>isosorbide mononitrate</i>	58	<i>klor-con</i>	63
<i>isosorbide mononitrate er</i>	58	<i>klor-con 10</i>	63
<i>isotretinoin</i>	61	<i>klor-con 8</i>	63
ISTURISA	76	<i>klor-con m10</i>	63
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KORLYM	70	<i>levetiracetam</i>	11
KOSELUGO	27	<i>levetiracetam er</i>	11
KRAZATI	23	<i>levobunolol hcl</i>	87
<i>kurvelo</i>	73	<i>levocetirizine dihydrochloride</i>	88
<i>kynmobi</i>	32	<i>levofloxacin</i>	9
KYNMOBI TITRATION KIT	32	<i>levofloxacin</i>	86
<i>labetalol hydrochloride</i>	51	<i>levofloxacin in d5w</i>	9
<i>lacosamide</i>	13	<i>levonest</i>	73
<i>lactulose</i>	65	<i>levonorgestrel and ethinyl estradiol</i>	73
LAGEVRIO	85	<i>levonorgestrel/ethinyl estradiol</i>	73
<i>lamivudine</i>	38	<i>levora 0.15/30-28</i>	73
<i>lamivudine</i>	40	<i>levothyroxine sodium</i>	76
<i>lamivudine/zidovudine</i>	40	LEVOXYL	76
<i>lamotrigine</i>	10	LEXIVA	41
<i>lamotrigine starter kit/blue</i>	10	<i>lidocaine</i>	3
<i>lamotrigine starter kit/green</i>	10	<i>lidocaine hydrochloride viscous</i>	60
<i>lamotrigine starter kit/orange</i>	10	<i>lidocaine viscous</i>	60
<i>lamotrigine titration</i>	10	<i>lidocaine/prilocaine</i>	3
<i>lanreotide acetate</i>	76	<i>lillow</i>	73
<i>lansoprazole</i>	66	<i>linezolid</i>	5
LANTUS	46	LINZESS	65
LANTUS SOLOSTAR	46	<i>liothyronine sodium</i>	76
<i>lapatinib ditosylate</i>	27	<i>lisinopril</i>	50
<i>larin 1.5/30</i>	73	<i>lisinopril/hydrochlorothiazide</i>	55
<i>larin 1/20</i>	73	<i>lithium carbonate</i>	42
<i>larin fe 1.5/30</i>	73	<i>lithium carbonate er</i>	42
<i>larin fe 1/20</i>	73	LIVALO	57
<i>larissia</i>	73	<i>lojaimiess</i>	73
<i>latanoprost</i>	87	LOKELMA	65
<i>leflunomide</i>	81	LONSURF	23
<i>lenalidomide</i>	22	<i>loperamide hcl</i>	65
LENVIMA 10 MG DAILY DOSE	27	<i>lopinavir/ritonavir</i>	41
LENVIMA 12MG DAILY DOSE	28	<i>lorazepam</i>	42
LENVIMA 14 MG DAILY DOSE	28	<i>lorazepam intensol</i>	42
LENVIMA 18 MG DAILY DOSE	28	LORBRENA	28
LENVIMA 20 MG DAILY DOSE	28	<i>losartan potassium</i>	49
LENVIMA 24 MG DAILY DOSE	28	<i>losartan potassium/hydrochlorothiazide</i>	55
LENVIMA 4 MG DAILY DOSE	28	LOTEMAX SM	87
LENVIMA 8 MG DAILY DOSE	28	<i>lovastatin</i>	57
<i>lessina</i>	73	<i>low-ogestrel</i>	73
<i>letrozole</i>	25	<i>loxapine</i>	33
LEUCOVORIN CALCIUM	31	LUBIPROSTONE	65
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LUPRON DEPOT (1-MONTH)	76	<i>methadone hcl</i>	2
LUPRON DEPOT (3-MONTH)	76	<i>methadone hydrochloride</i>	2
LUPRON DEPOT (4-MONTH)	77	<i>methenamine hippurate</i>	5
LUPRON DEPOT (6-MONTH)	77	<i>methimazole</i>	77
<i>lurasidone hydrochloride</i>	35	<i>methotrexate</i>	81
<i>lutra</i>	73	<i>methotrexate sodium</i>	81
LYBALVI	35	<i>methsuximide</i>	12
<i>lyleq</i>	75	<i>methyl dopa</i>	49
<i>lyllana</i>	73	<i>methylphenidate hydrochloride</i>	59
LYNPARZA	28	<i>methylprednisolone</i>	69
LYSODREN	76	<i>methylprednisolone dose pack</i>	69
LYTGOBI	23	<i>metoclopramide hcl</i>	66
LYUMJEV	46	<i>metoclopramide hydrochloride</i>	66
LYUMJEV KWIKPEN	46	<i>metolazone</i>	56
<i>lyza</i>	75	<i>metoprolol succinate er</i>	51
<i>magnesium sulfate</i>	64	<i>metoprolol tartrate</i>	51
<i>malathion</i>	63	<i>metronidazole</i>	5
<i>maprotiline hcl</i>	15	<i>metronidazole</i>	61
<i>maraviroc</i>	40	<i>metronidazole vaginal</i>	5
<i>marlissa</i>	73	<i>metyrosine</i>	55
MARPLAN	16	<i>mexiletine hcl</i>	50
MATULANE	21	<i>microgestin 1.5/30</i>	73
MAVYRET	38	<i>microgestin 1/20</i>	73
<i>meclizine hcl</i>	18	<i>microgestin fe 1.5/30</i>	73
<i>medroxyprogesterone acetate</i>	75	<i>microgestin fe 1/20</i>	73
<i>mefloquine hcl</i>	31	<i>midodrine hcl</i>	49
<i>megestrol acetate</i>	75	<i>mifepristone</i>	70
MEKINIST	28	<i>miglustat</i>	67
MEKTOVI	28	<i>mili</i>	73
<i>meloxicam</i>	1	<i>minocycline hcl</i>	10
<i>memantine hcl titration pak</i>	15	<i>minocycline hydrochloride</i>	10
<i>memantine hydrochloride</i>	15	<i>minoxidil</i>	58
<i>memantine hydrochloride er</i>	15	<i>mirtazapine</i>	15
MENACTRA	82	<i>mirtazapine odt</i>	15
MENEST	73	<i>misoprostol</i>	66
<i>menquadfi</i>	82	M-M-R II	82
MENVEO	82	<i>modafinil</i>	92
<i>mercaptopurine</i>	23	<i>moexipril hcl</i>	50
<i>meropenem</i>	8	<i>molindone hydrochloride</i>	33
<i>mesalamine</i>	83	<i>mometasone furoate</i>	62
<i>mesalamine dr</i>	83	<i>mometasone furoate</i>	88
<i>mesalamine er</i>	83	<i>mondoxyne nl</i>	10
MESNEX	31	<i>mono-linyah</i>	73
<i>metformin hydrochloride</i>	44	<i>montelukast sodium</i>	89

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<i>morgidox 2x100mg</i>	10	NEULASTA ONPRO KIT	47
<i>morphine sulfate</i>	3	NEUPRO	32
<i>morphine sulfate er</i>	2	<i>nevirapine</i>	39
MOTTEGRITY	65	<i>nevirapine er</i>	39
MOUNJARO	44	<i>niacin er</i>	57
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	9	NICOTROL NS	4
<i>moxifloxacin hydrochloride</i>	9	<i>nifedipine er</i>	52
<i>moxifloxacin hydrochloride</i>	86	<i>nilutamide</i>	22
<i>mupirocin</i>	63	<i>nimodipine</i>	52
<i>mycophenolate mofetil</i>	81	NINLARO	23
<i>mycophenolic acid dr</i>	81	<i>nitazoxanide</i>	31
<i>myorisan</i>	61	<i>nitisinone</i>	67
MYRBETRIQ	68	NITRO-BID	58
NABI-HB	78	<i>nitrofurantoin macrocrystals</i>	5
<i>nabumetone</i>	1	<i>nitrofurantoin monohydrate</i>	5
<i>nadolol</i>	51	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
<i>nafcilin sodium</i>	8	<i>nitroglycerin</i>	58
NAGLAZYME	67	<i>nitroglycerin transdermal</i>	58
<i>naloxone hcl</i>	4	<i>nizatidine</i>	66
<i>naloxone hydrochloride</i>	4	<i>nora-be</i>	75
<i>naltrexone hcl</i>	4	<i>norethindrone</i>	75
NAMZARIC	14	<i>norethindrone acetate</i>	75
<i>naproxen</i>	1	<i>norethindrone acetate/ethinyl estradiol</i>	74
<i>naproxen sodium</i>	1	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	74
<i>naratriptan hcl</i>	20	<i>norgestimate/ethinyl estradiol</i>	74
NATACYN	86	<i>norlyda</i>	75
<i>nateglinide</i>	44	<i>norlyroc</i>	75
NAYZILAM	11	<i>nortrel 0.5/35 (28)</i>	74
<i>nebivolol</i>	51	<i>nortrel 1/35</i>	74
<i>nebivolol hydrochloride</i>	51	<i>nortrel 7/7/7</i>	74
<i>necon 0.5/35-28</i>	74	<i>nortriptyline hcl</i>	18
<i>nefazodone hydrochloride</i>	17	<i>nortriptyline hydrochloride</i>	18
<i>neomycin sulfate</i>	4	NORVIR	41
<i>neomycin/bacitracin/polymyxin</i>	85	NOVOLIN 70/30 FLEXPEN	46
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	86	NUBEQA	22
<i>neomycin/polymyxin/dexamethasone</i>	86	NUEDEXTA	59
<i>neomycin/polymyxin/gramicidin</i>	86	NUPLAZID	35
<i>neomycin/polymyxin/hc</i>	87	NURTEC	20
<i>neomycin/polymyxin/hydrocortisone</i>	87	<i>nutrilipid</i>	85
<i>neo-polycin</i>	85	<i>nyamyc</i>	19
<i>neo-polycin hc</i>	85	<i>nylia 1/35</i>	74
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<i>nystatin/triamcinolone</i>	62	OSPHENA	75
<i>nystop</i>	20	OTEZLA	62
<i>octreotide acetate</i>	77	OTEZLA	78
ODEFSEY	40	<i>oxaprozin</i>	1
ODOMZO	28	OXBRYTA	47
OFEV	90	<i>oxcarbazepine</i>	14
<i>ofloxacin</i>	86	<i>oxybutynin chloride</i>	69
<i>ofloxacin</i>	87	<i>oxybutynin chloride er</i>	68
<i>olanzapine</i>	35	<i>oxycodone hydrochloride</i>	3
<i>olanzapine odt</i>	35	<i>oxycodone/acetaminophen</i>	3
<i>olmesartan medoxomil</i>	49	OZEMPIC	44
<i>olmesartan medoxomil/hydrochlorothiazide</i>	55	<i>pacerone</i>	50
<i>olopatadine hcl</i>	86	<i>paliperidone er</i>	36
<i>olopatadine hydrochloride</i>	86	PANRETIN	31
<i>omega-3-acid ethyl esters</i>	57	<i>pantoprazole sodium</i>	67
<i>omeprazole</i>	66	<i>pantoprazole sodium dr</i>	67
<i>omeprazole dr</i>	66	<i>paricalcitol</i>	84
OMNIPOD 5 G6 INTRO KIT (GEN 5)	85	<i>paromomycin sulfate</i>	4
OMNIPOD 5 G6 PODS (GEN 5)	85	<i>paroxetine hcl</i>	17
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	85	<i>paroxetine hydrochloride</i>	17
OMNIPOD CLASSIC PODS (GEN 3)	85	<i>paser</i>	21
OMNIPOD DASH INTRO KIT (GEN 4)	85	PAXLOVID	85
OMNIPOD DASH PDM KIT (GEN 4)	85	PEDIARIX	82
OMNIPOD DASH PODS (GEN 4)	85	PEDVAX HIB	82
OMNIPOD GO 10 UNITS/DAY	85	<i>peg-3350/electrolytes</i>	66
OMNIPOD GO 15 UNITS/DAY	85	<i>peg-3350/nacl/na bicarbonate/kcl</i>	66
OMNIPOD GO 25 UNITS/DAY	85	PEGASYS	79
OMNIPOD GO 35 UNITS/DAY	85	PEMAZYRE	24
<i>ondansetron hcl</i>	19	<i>penicillamine</i>	69
<i>ondansetron hydrochloride</i>	19	<i>penicillin g sodium</i>	8
<i>ondansetron odt</i>	19	<i>penicillin v potassium</i>	8
ONUREG	23	PENTACEL	82
OPDUALAG	25	<i>pentamidine isethionate</i>	31
OPSUMIT	90	<i>pentoxifylline er</i>	55
ORENCIA	78	<i>perindopril erbumine</i>	50
ORENCIA	81	<i>perio gard</i>	60
ORENCIA CLICKJECT	78	<i>permethrin</i>	63
ORGOVYX	77	<i>perphenazine</i>	33
ORKAMBI	90	PERSERIS	36
<i>orphenadrine citrate er</i>	91	<i>phenelzine sulfate</i>	16
ORSERDU	23	<i>phenobarbital</i>	12
<i>orsythia</i>	74	<i>phenytoin</i>	14
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<i>pilocarpine hcl</i>	87	PREZCOBIX	41
<i>pilocarpine hydrochloride</i>	60	PREZISTA	41
<i>pimozide</i>	33	PRIFTIN	21
<i>pimtreea</i>	74	<i>primaquine phosphate</i>	31
<i>pioglitazone hcl</i>	44	<i>primidone</i>	13
<i>pioglitazone hcl/metformin hcl</i>	44	PRIORIX	82
<i>pioglitazone hydrochloride</i>	44	PRIVIGEN	78
<i>piperacillin sodium/tazobactam sodium</i>	8	PROAIR RESPICLICK	89
PIQRAY 200MG DAILY DOSE	28	<i>probenecid</i>	20
PIQRAY 250MG DAILY DOSE	28	<i>probenecid/colchicine</i>	20
PIQRAY 300MG DAILY DOSE	28	<i>prochlorperazine</i>	18
<i>pirfenidone</i>	90	<i>prochlorperazine edisylate</i>	18
<i>pirmella 1/35</i>	74	<i>prochlorperazine maleate</i>	18
<i>pirmella 7/7/7</i>	74	PROCRIT	47
PLENAMINE	64	<i>procto-med hc</i>	84
<i>podofilox</i>	62	<i>proctosol hc</i>	84
<i>polycin</i>	86	<i>proctozone-hc</i>	84
<i>polymyxin b sulfate/trimethoprim sulfate</i>	86	PROGRAF	81
POMALYST	22	PROLASTIN-C	67
<i>portia-28</i>	74	PROLENSA	87
<i>posaconazole</i>	20	PROLIA	84
<i>posaconazole dr</i>	20	PROMACTA	48
<i>potassium chloride</i>	64	<i>promethazine hcl</i>	18
<i>potassium chloride er</i>	64	<i>promethazine hcl plain</i>	18
<i>potassium chloride sr</i>	64	<i>promethazine hydrochloride</i>	18
<i>potassium citrate er</i>	64	<i>propafenone hcl</i>	50
<i>pramipexole dihydrochloride</i>	32	<i>propafenone hydrochloride er</i>	50
<i>prasugrel</i>	48	<i>propranolol hcl</i>	20
<i>pravastatin sodium</i>	57	<i>propranolol hcl er</i>	52
<i>praziquantel</i>	31	<i>propranolol hydrochloride</i>	20
<i>prazosin hydrochloride</i>	49	<i>propranolol hydrochloride er</i>	52
<i>prednisolone</i>	70	<i>propylthiouracil</i>	77
<i>prednisolone acetate</i>	87	PROQUAD	82
<i>prednisolone sodium phosphate</i>	70	<i>protriptyline hcl</i>	18
<i>prednisone</i>	70	PULMOZYME	90
<i>pregabalin</i>	60	PURIXAN	23
PREHEVBRIO	82	<i>pyrazinamide</i>	21
PREMARIN	74	<i>pyridostigmine bromide</i>	21
<i>premium lidocaine</i>	3	<i>pyrimethamine</i>	31
PREMPHASE	74	PYRUKYND	48
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<i>quetiapine fumarate</i>	36	<i>rizatriptan benzoate odt</i>	20
<i>quetiapine fumarate er</i>	36	ROCKLATAN	86
<i>quinapril hcl</i>	50	<i>roflumilast</i>	90
<i>quinapril hydrochloride</i>	50	<i>ropinirole hcl</i>	32
<i>quinapril/hydrochlorothiazide</i>	55	<i>ropinirole hydrochloride</i>	32
QUINIDINE SULFATE	51	<i>rosadan</i>	61
QUININE SULFATE	31	<i>rosuvastatin calcium</i>	57
RABAVERT	83	ROTARIX	83
<i>rabeprazole sodium</i>	67	ROTATEQ	83
<i>raloxifene hydrochloride</i>	75	<i>roweepra</i>	11
<i>ramelteon</i>	92	ROZLYTREK	28
<i>ramipril</i>	50	RUBRACA	28
<i>ranolazine er</i>	55	<i>rufinamide</i>	14
<i>rasagiline mesylate</i>	33	RUKOBIA	40
RECOMBIVAX HB	83	RUXIENCE	31
RECTIV	66	RYBELSUS	44
RELISTOR	65	RYDAPT	28
<i>repaglinide</i>	44	<i>sajazir</i>	77
REPATHA	58	SANDIMMUNE	81
REPATHA PUSHTRONEX SYSTEM	58	SANTYL	63
REPATHA SURECLICK	58	<i>sapropterin dihydrochloride</i>	67
RESTASIS	86	SAVELLA	60
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RETACRIT	48	SCEMBLIX	24
RETEVMO	24	<i>scopolamine</i>	19
RETROVIR IV INFUSION	40	SECUADO	37
REVCOVI	67	<i>selegiline hcl</i>	33
REXULTI	36	<i>selenium sulfide</i>	62
REYATAZ	41	SELZENTRY	40
REZLIDHIA	28	SEREVENT DISKUS	89
REZUROCK	81	<i>sertraline hcl</i>	17
RHOPRESSA	87	<i>sertraline hydrochloride</i>	17
<i>ribavirin</i>	38	<i>setlakin</i>	74
<i>rifabutin</i>	21	<i>sevelamer carbonate</i>	65
<i>rifampin</i>	21	SFROWASA	83
<i>riluzole</i>	59	<i>sharobel</i>	75
RINVOQ	78	SHINGRIX	83
RISPERDAL CONSTA	36	SIGNIFOR	77
<i>risperidone</i>	37	<i>sildenafil citrate</i>	90
<i>risperidone odt</i>	36	<i>silodosin</i>	69
<i>ritonavir</i>	41	<i>silver sulfadiazine</i>	63
<i>rivastigmine tartrate</i>	14	SIMBRINZA	86
<i>rivastigmine transdermal system</i>	15	<i>simliya</i>	74
<i>rivelsa</i>	74	<i>simpesse</i>	74

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<i>sirolimus</i>	81	<i>subvenite starter kit/orange</i>	11
SIRTURO	21	SUCRAID	68
SKYRIZI	79	<i>sucralfate</i>	66
SKYRIZI PEN	79	<i>sulfacetamide sodium</i>	86
<i>sodium chloride</i>	64	<i>sulfacetamide sodium/prednisolone sodium</i>	86
<i>sodium chloride 0.45%</i>	64	<i>phosphate</i>	
<i>sodium chloride 0.9%</i>	85	<i>sulfadiazine</i>	9
<i>sodium oxybate</i>	92	<i>sulfamethoxazole/trimethoprim</i>	9
<i>sodium phenylbutyrate</i>	68	<i>sulfamethoxazole/trimethoprim ds</i>	9
<i>sodium polystyrene sulfonate</i>	65	<i>sulfasalazine</i>	84
SODIUM SULFATE/POTASSIUM	66	<i>sulindac</i>	1
SULFATE/MAGNESIUM SULFATE		<i>sumatriptan</i>	21
SOLQUA 100/33	44	<i>sumatriptan succinate</i>	20
SOLTAMOX	22	<i>sunitinib malate</i>	29
SOMATULINE DEPOT	77	SUNLENCA	40
SOMAVERT	77	SUTAB	66
<i>sorafenib</i>	29	SYMPAZAN	13
<i>sorafenib tosylate</i>	28	SYMTUZA	41
<i>sorine</i>	51	SYNAGIS	78
<i>sotalol hcl</i>	51	SYNJARDY	44
<i>sotalol hydrochloride</i>	51	SYNJARDY XR	44
<i>sotalol hydrochloride (af)</i>	51	SYNRIBO	24
SPIRIVA HANDIHALER	89	TABLOID	23
SPIRIVA RESPIMAT	89	TABRECTA	22
<i>spironolactone</i>	56	<i>tacrolimus</i>	62
<i>spironolactone/hydrochlorothiazide</i>	55	<i>tacrolimus</i>	81
SPRAVATO 56MG DOSE	15	<i>tadalafil</i>	90
SPRAVATO 84MG DOSE	15	TAFINLAR	29
<i>sprintec 28</i>	74	TAGRISSO	29
SPRITAM	11	TALZENNA	29
SPRYCEL	29	<i>tamoxifen citrate</i>	22
<i>sps</i>	65	<i>tamsulosin hydrochloride</i>	69
<i>sronyx</i>	74	<i>tarina fe 1/20</i>	75
<i>ssd</i>	63	<i>tarina fe 1/20 eq</i>	75
STAMARIL	83	TASIGNA	29
<i>stavudine</i>	40	TAZAROTENE	61
STELARA	79	<i>tazicef</i>	7
STIOLTO RESPIMAT	91	<i>taztia xt</i>	53
STIVARGA	29	TAZVERIK	24
STRENSIQ	68	TDVAX	83
<i>streptomycin sulfate</i>	4	TEFLARO	7
STRIBILD	39	TEGSEDI	68
<i>subvenite</i>	11	<i>telmisartan</i>	49
<i>subvenite starter kit/blue</i>	11	<i>telmisartan/hydrochlorothiazide</i>	55

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Drug Name	Page #	Drug Name	Page #
<i>temazepam</i>	92	TRADJENTA	45
TEMIXYS	40	<i>tramadol hcl</i>	3
TENIVAC	83	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>tenofovir disoproxil fumarate</i>	40	<i>trandolapril</i>	50
TEPMETKO	29	<i>tranexamic acid</i>	48
<i>terazosin hcl</i>	49	<i>tranylcypromine sulfate</i>	16
<i>terazosin hydrochloride</i>	49	TRAZIMERA	31
<i>terbinafine hcl</i>	20	<i>trazodone hydrochloride</i>	17
<i>terconazole</i>	20	TRECATOR	21
TERIPARATIDE	84	TRELEGY ELLIPTA	91
TESTOSTERONE	71	TRELSTAR MIXJECT	77
<i>testosterone cypionate</i>	70	TRESIBA	46
<i>testosterone enanthate</i>	71	TRESIBA FLEXTOUCH	46
TESTOSTERONE PUMP	71	<i>tretinoin</i>	31
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	83	<i>tretinoin</i>	61
<i>tetrabenazine</i>	60	<i>tri femynor</i>	75
<i>tetracycline hydrochloride</i>	10	<i>triamcinolone acetonide</i>	62
THALOMID	22	<i>triamcinolone acetonide dental paste</i>	60
<i>theophylline er</i>	90	<i>triamterene/hydrochlorothiazide</i>	56
<i>thioridazine hcl</i>	34	<i>triderm</i>	62
<i>thiothixene</i>	34	<i>trientine hydrochloride</i>	65
<i>tiadylt er</i>	53	<i>tri-estarylla</i>	75
<i>tiagabine hydrochloride</i>	13	<i>trifluoperazine hcl</i>	34
TIBSOVO	29	<i>trifluoperazine hydrochloride</i>	34
TICOVAC	83	<i>trifluridine</i>	86
<i>timolol maleate</i>	87	<i>trihexyphenidyl hydrochloride</i>	32
<i>tinidazole</i>	5	TRIJARDY XR	45
TIVICAY	39	<i>tri-linyah</i>	75
TIVICAY PD	39	<i>trimethoprim</i>	5
<i>tizanidine hcl</i>	38	<i>tri-mili</i>	75
<i>tizanidine hydrochloride</i>	38	<i>trimipramine maleate</i>	18
TOBRADEX	86	TRINTELLIX	17
TOBRADEX ST	86	<i>tri-nymyo</i>	75
<i>tobramycin</i>	86	<i>tri-previfem</i>	75
<i>tobramycin</i>	90	TRIPTODUR	77
<i>tobramycin sulfate</i>	4	<i>tri-sprintec</i>	75
<i>tobramycin/dexamethasone</i>	86	TRIUMEQ	40
<i>tolterodine tartrate</i>	69	TRIUMEQ PD	40
<i>tolterodine tartrate er</i>	69	<i>trivora-28</i>	75
<i>topiramate</i>	11	<i>tri-vylibra</i>	75
<i>toremifene citrate</i>	22	TRIZIVIR	40
<i>torseamide</i>	56	TROGARZO	40
TOUJEO MAX SOLOSTAR	46	<i>trospium chloride</i>	69
TOUJEO SOLOSTAR	46	TRULICITY	45
		TRUMENBA	83

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TRUSELTIQ	24	<i>verapamil hydrochloride</i>	53
TUKYSA	24	<i>verapamil hydrochloride er</i>	53
<i>tulana</i>	75	VERQUVO	58
TURALIO	29	VERSACLOZ	38
TWINRIX	83	VERZENIO	30
TYBOST	40	V-GO 20	85
TYMLOS	84	V-GO 30	85
TYPHIM VI	83	V-GO 40	85
TYSABRI	60	<i>vienna</i>	75
UBRELVY	20	<i>vigabatrin</i>	13
UDENYCA	48	<i>vigadrone</i>	13
<i>urea</i>	63	VIIBRYD STARTER PACK	17
<i>ursodiol</i>	66	<i>vilazodone hydrochloride</i>	17
<i>valacyclovir hcl</i>	41	VIMIZIM	68
<i>valacyclovir hydrochloride</i>	41	VIOKACE	68
VALCHLOR	21	<i>viorele</i>	75
<i>valganciclovir</i>	38	VIRACEPT	41
<i>valganciclovir hydrochloride</i>	38	VIREAD	40
<i>valproic acid</i>	42	VISTOGARD	85
<i>valsartan</i>	49	VITRAKVI	30
<i>valsartan/hydrochlorothiazide</i>	56	VIVITROL	4
VALTOCO 10 MG DOSE	13	VIZIMPRO	30
VALTOCO 15 MG DOSE	13	VOCABRIA	39
VALTOCO 20 MG DOSE	13	<i>volnea</i>	75
VALTOCO 5 MG DOSE	13	VONJO	24
<i>vancomycin hcl</i>	5	<i>voriconazole</i>	20
<i>vancomycin hydrochloride</i>	5	VOSEVI	38
VANFLYTA	30	VOTRIENT	30
VAQTA	83	VRAYLAR	37
<i>varenicline starting month box</i>	4	<i>vyfemla</i>	75
<i>varenicline tartrate</i>	4	<i>vylibra</i>	75
VARIVAX	83	VYNDAMAX	56
VARIZIG	78	VYNDAQEL	68
VAXELIS	83	VYZULTA	87
VELTASSA	65	<i>warfarin sodium</i>	47
VENCLEXTA	30	WELIREG	30
VENCLEXTA STARTING PACK	30	<i>wera</i>	75
<i>venlafaxine hcl er</i>	17	XALKORI	30
<i>venlafaxine hydrochloride</i>	17	XARELTO	47
<i>venlafaxine hydrochloride er</i>	17	XARELTO STARTER PACK	47
VENTAVIS	90	XATMEP	81
VENTOLIN HFA	89	XCOPRI	11
<i>verapamil hcl</i>	53	XELJANZ	79
<i>verapamil hcl er</i>	53	XELJANZ XR	79
<i>verapamil hcl sr</i>	53	XERMELO	65

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XGEVA	84
XIFAXAN	66
XIGDUO XR	45
XIIDRA	86
XOFLUZA	41
XOLAIR	79
XOSPATA	30
XPOVIO	24
XPOVIO 100 MG ONCE WEEKLY	24
XPOVIO 40 MG ONCE WEEKLY	24
XPOVIO 40 MG TWICE WEEKLY	24
XPOVIO 60 MG ONCE WEEKLY	24
XPOVIO 60 MG TWICE WEEKLY	24
XPOVIO 80 MG ONCE WEEKLY	24
XPOVIO 80 MG TWICE WEEKLY	24
XTAMPZA ER	2
XTANDI	22
YF-VAX	83
YUFLYMA 1-PEN KIT	81
YUFLYMA 2-PEN KIT	81
YUFLYMA 2-SYRINGE KIT	81
<i>yuvafem</i>	75
<i>zafirlukast</i>	89
<i>zaleplon</i>	92
ZARXIO	48
ZEJULA	30
ZELBORAF	30
<i>zenatane</i>	61
ZENPEP	68
<i>zidovudine</i>	40
<i>ziprasidone hcl</i>	37
<i>ziprasidone mesylate</i>	37
ZIRGAN	86
ZOKINVY	68
ZOLINZA	24
<i>zolmitriptan</i>	21
<i>zolpidem tartrate</i>	92
ZONISADE	14
<i>zonisamide</i>	14
<i>zovia 1/35</i>	75
<i>zovia 1/35e</i>	75
ZTALMY	60
ZYDELIG	30
ZYKADIA	30
ZYLET	86

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ZYPREXA RELPREVV	37

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