

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 00024541, Version Number 21.

This formulary was updated on June 20, 2024. For more recent information or other questions, please call customer service at (505) 923-7675 or 1-855-465-7737. TTY users should call 711. Our hours are 8 a.m. to 8 p.m., seven days a week (except holidays) from **October 1 through March 31**, and Monday to Friday (except holidays) from **April 1 through September 30** or visit www.phs.org/Medicare.

Based on a Model of Care review, Presbyterian Dual Plus (HMO D-SNP) has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2025.

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 Presbyterian Health Plan, Inc. and Presbyterian Insurance Company, Inc. When it refers to “plan” or “our plan,” it means Presbyterian Dual Plus (HMO D-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of June 20, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Presbyterian Dual Plus (HMO D-SNP) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Presbyterian Dual Plus (HMO D-SNP) 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 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 Presbyterian Dual Plus (HMO D-SNP) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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, 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 Presbyterian Dual Plus (HMO D-SNP) 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 June 20, 2024. 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. If there are formulary updates that affect you, such as formulary additions, removals, addition of prior authorization, quantity limits and/or step therapy restrictions, you will be notified in writing of the change. All changes to our 2024 formulary are posted to www.phs.org/medicare.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 112. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the Food and Drug Administration (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 us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for aripiprazole. 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, 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page <8>. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Presbyterian Dual Plus (HMO D-SNP) 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 our Presbyterian Customer Service Center 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 our Presbyterian Customer Service Center for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Presbyterian Dual Plus(HMO D-SNP) 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 unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 for 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 change in your level of care, such as a move from a long-term care facility to a home setting or from the hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a one-time temporary supply for you. The temporary supply is up to a 31-day supply, unless the prescription is written for less than 31 days. During this period, you should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Presbyterian Dual Plus (HMO D-SNP) 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 days a week. TTY users should call 1-877-486-2048. Or, visit <https://www.medicare.gov/>.

Presbyterian Dual Plus (HMO D-SNP) Formulary

The formulary below 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 112.

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

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

Explanation of Drug Tiers

Prescription drugs are grouped into one of five (5) tiers - Tier 1, Tier 2, Tier 3, Tier 4, or Tier 5. A generic drug is approved by the FDA as having the same active ingredients as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. For your copayment or coinsurance amounts in each drug tier, refer to your Evidence of Coverage.

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for this plan.
- **Tier 2 - Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs.
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Drug drugs.
- **Tier 4 - Non-Preferred Drug:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs.
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs.

Example of what you will pay during the Initial Coverage Stage

<p>Your cost-sharing amount for generic/preferred multi-source drugs is no more than*</p>	<p>\$0 \$1.55 -OR- \$4.50</p>
<p>Your cost-sharing amount for all other drugs is no more than*</p>	<p>\$0 \$4.60 -OR- \$11.20</p>

* *Your cost-sharing is based on your level of “Extra Help.” Please review your “LIS Rider” for information about your specific cost-share.*

If you qualified for extra help with your drug costs, your costs may be different. Please refer to your Evidence of Coverage (EOC), LIS Rider, or call customer service to find out what your costs are.

Explanation of Abbreviations

Abbreviation	Meaning
PA B/D	This drug may be covered under Medicare Part B or Medicare Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
GC	Gap Coverage. We provide coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.
LA	Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call the Presbyterian Customer Service Center at (505) 923-7675 or 1-800-797- 5343 (TTY 711). October 1 to March 31, we are available from 8 a.m. to 8 p.m., seven days a week. April 1 to September 30, we are available from 8 a.m. to 8 p.m., Monday through Friday. We are closed on holidays.
NDS	Non Extended Day Supply This drug is limited to a one-month supply.
PA	Prior Authorization. You or your physician, are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit. There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy. In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>acetaminophen-codeine #2 oral tablet 300-15 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	QL (6 EA per 1 day); NDS
<i>acetaminophen-codeine #4 oral tablet 300-60 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	GC; NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	4	QL (6 EA per 1 day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	4	QL (6 EA per 1 day)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	4	QL (6 EA per 1 day)
<i>capacet oral capsule 50-325-40 mg</i>	4	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	QL (6 EA per 1 day); NDS
<i>esgic oral capsule 50-325-40 mg</i>	4	QL (6 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	GC; QL (6 EA per 1 day); NDS
LORCET ORAL TABLET 5-325 MG	3	QL (6 EA per 1 day); NDS
LORCET PLUS ORAL TABLET 7.5-325 MG	3	QL (6 EA per 1 day); NDS
LORTAB ORAL TABLET 5-325 MG, 7.5-325 MG	3	QL (6 EA per 1 day); NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>zebutal oral capsule 50-325-40 mg</i>	4	QL (6 EA per 1 day)
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (2 EA per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	GC
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	GC
<i>ec-naproxen oral tablet delayed release 500 mg</i>	1	GC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	GC
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to page 7.
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Drug Name	Drug Tier	Requirements/Limits
<i>fenoprofen calcium oral tablet 600 mg</i>	3	
<i>flurbiprofen oral tablet 100 mg</i>	2	GC
<i>flurbiprofen oral tablet 50 mg</i>	2	GC
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	GC
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	2	GC
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	GC
<i>naproxen oral tablet delayed release 375 mg</i>	1	GC
<i>naproxen oral tablet delayed release 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	GC
<i>oxaprozin oral tablet 600 mg</i>	2	GC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	GC
PROFENO ORAL TABLET 600 MG	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	GC
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	GC; QL (10 EA per 30 days); NDS
<i>methadone hcl oral tablet 10 mg</i>	2	GC; QL (4 EA per 1 day); NDS
<i>methadone hcl oral tablet 5 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	GC; QL (2 EA per 1 day); NDS
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	GC; QL (3 EA per 1 day); NDS
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	3	QL (30 ML per 1 day); NDS
MORPHINE SULFATE ORAL TABLET 15 MG	3	QL (6 EA per 1 day); NDS
MORPHINE SULFATE ORAL TABLET 30 MG	3	QL (4 EA per 1 day); NDS
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	2	GC; QL (3 EA per 1 day); NDS
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg</i>	2	GC; QL (1 EA per 1 day); NDS
Opioid Analgesics, Short-Acting		
DURAMORPH INJECTION SOLUTION 1 MG/ML	4	QL (120 ML per 1 day); NDS
<i>endocet oral tablet 2.5-325 mg</i>	2	GC; QL (6 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (4 EA per 1 day); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>hydromorphone hcl oral tablet 8 mg</i>	2	GC; QL (3 EA per 1 day); NDS
LORCET HD ORAL TABLET 10-325 MG	3	QL (6 EA per 1 day); NDS
LORTAB ORAL TABLET 10-325 MG	3	QL (6 EA per 1 day); NDS
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	4	QL (120 ML per 1 day); NDS
MORPHINE SULFATE INTRAVENOUS SOLUTION 150 MG/30ML	3	NDS
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>oxycodone hcl oral tablet 15 mg</i>	2	GC; QL (5 EA per 1 day); NDS
<i>oxycodone hcl oral tablet 20 mg</i>	2	GC; QL (4 EA per 1 day); NDS
<i>oxycodone hcl oral tablet 30 mg</i>	2	GC; QL (2 EA per 1 day); NDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>tramadol hcl oral tablet 100 mg</i>	2	GC; QL (4 EA per 1 day); NDS
<i>tramadol hcl oral tablet 50 mg</i>	2	GC; QL (8 EA per 1 day); NDS
Anesthetics		
Local Anesthetics		
<i>glydo external gel 2 %</i>	2	GC
<i>lidocaine external patch 5 %</i>	4	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external gel 2 %</i>	2	GC
<i>lidocaine hcl external solution 4 %</i>	2	GC; QL (50 ML per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	GC
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	GC; QL (30 GM per 30 days)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	GC
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	GC; QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (2 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	GC; QL (3 EA per 1 day)
<i>naltrexone hcl oral tablet 50 mg</i>	2	GC
Opioid Reversal Agents		
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	GC
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	GC
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	QL (360 EA per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	QL (360 EA per 365 days)
NICOTROL INHALATION INHALER 10 MG	4	
NICOTROL NS NASAL SOLUTION 10 MG/ML	3	QL (720 ML per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	QL (360 EA per 365 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Smoking Cessation Agents		
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	4	
<i>varenicline tartrate oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	GC
GENTAK OPHTHALMIC OINTMENT 0.3 %	3	
<i>gentamicin sulfate external cream 0.1 %</i>	3	
<i>gentamicin sulfate external ointment 0.1 %</i>	3	
<i>gentamicin sulfate injection solution 10 mg/ml</i>	2	GC
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	GC
<i>gentamicin sulfate intravenous solution 10 mg/ml</i>	2	GC
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin sulfate oral tablet 500 mg</i>	2	GC
<i>paromomycin sulfate oral capsule 250 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	PA B/D; NDS
<i>tobramycin ophthalmic solution 0.3 %</i>	2	GC
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	GC
Antibacterials, Other		
BACITRACIN OPHTHALMIC OINTMENT 500 UNIT/GM	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	GC
<i>clindamycin phosphate external gel 1 %</i>	2	GC
<i>clindamycin phosphate external gel 1 % (twice daily)</i>	2	
<i>clindamycin phosphate external solution 1 %</i>	2	GC
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	2	GC
COLISTIMETHATE SODIUM (CBA) INJECTION SOLUTION RECONSTITUTED 150 MG	5	NDS
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	NDS
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML	3	
<i>fosfomycin tromethamine oral packet 3 gm</i>	4	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	NDS
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	PA; NDS
<i>linezolid oral tablet 600 mg</i>	4	PA; QL (2 EA per 1 day)
<i>metronidazole external cream 0.75 %</i>	2	GC
<i>metronidazole external gel 0.75 %</i>	2	GC
<i>metronidazole external lotion 0.75 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	GC
<i>metronidazole intravenous solution 5 mg/ml</i>	2	GC
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	GC
<i>metronidazole oral capsule 375 mg</i>	4	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	GC
<i>metronidazole vaginal gel 0.75 %</i>	2	GC
<i>mupirocin external ointment 2 %</i>	2	GC
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	GC
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	GC
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	4	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	4	
<i>rosadan external cream 0.75 %</i>	2	GC
<i>rosadan external gel 0.75 %</i>	2	GC
<i>tigecycline intravenous solution reconstituted 50 mg</i>	4	NDS
<i>trimethoprim oral tablet 100 mg</i>	2	GC
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	2	GC
<i>vancomycin hcl intravenous solution reconstituted 1000 mg, 5 gm</i>	2	GC
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	4	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	3	
VANDAZOLE VAGINAL GEL 0.75 %	3	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (3 EA per 1 day); NDS
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (3 EA per 1 day); NDS
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	GC
<i>cefadroxil oral capsule 500 mg</i>	2	GC
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	GC
<i>cefadroxil oral tablet 1 gm</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	GC
<i>cefdinir oral capsule 300 mg</i>	2	GC
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	GC
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	GC
<i>cefepime hcl injection solution reconstituted 2 gm</i>	2	
<i>cefepime hcl intravenous solution 2 gm/100ml</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 2-5 gm-%(50ml)</i>	2	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	4	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm</i>	2	GC
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	GC
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	GC
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	GC
<i>ceftazidime injection solution reconstituted 2 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	GC
CEFTIN ORAL SUSPENSION RECONSTITUTED 250 MG/5ML	3	
<i>ceftriaxone sodium injection solution reconstituted 100 gm</i>	2	GC
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	2	GC
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	GC
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	GC
<i>cefuroxime sodium injection solution reconstituted 1.5 gm</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	GC
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	GC
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	GC
TAZICEF INJECTION SOLUTION RECONSTITUTED 2 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	NDS
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	4	
<i>aztreonam injection solution reconstituted 2 gm</i>	5	NDS
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	2	GC
<i>imipenem-cilastatin intravenous solution reconstituted 500 mg</i>	2	GC
<i>meropenem intravenous solution reconstituted 1 gm</i>	2	GC
<i>meropenem intravenous solution reconstituted 500 mg</i>	2	GC
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	GC
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	GC
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	GC
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	GC
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	GC
<i>ampicillin oral capsule 250 mg</i>	2	GC
<i>ampicillin oral capsule 500 mg</i>	2	GC
<i>ampicillin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	2	GC
<i>ampicillin sodium injection solution reconstituted 10 gm</i>	2	GC
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	GC
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	GC
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	2	GC
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	GC
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	GC
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	3	
<i>bicillin c-r intramuscular suspension 1200000 unit/2ml</i>	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	GC
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 2 gm</i>	4	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	4	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	GC
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	4	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	GC
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	2	GC
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	QL (136 ML per 30 days); NDS
DIFICID ORAL TABLET 200 MG	5	PA; QL (20 EA per 30 days); NDS
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
ERYTHROMYCIN ETHYLSUCCINATE ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
<i>erythromycin external solution 2 %</i>	2	GC
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	3	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	GC
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
KLARITY-A OPHTHALMIC SOLUTION 1 %	4	
Quinolones		
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	GC
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	GC
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	GC
<i>ciprofloxacin intravenous solution 400 mg/40ml</i>	2	GC
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%), 500 mg/5ml (10%)</i>	2	GC
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous solution 750 mg/150ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	2	GC
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	GC
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	4	
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	GC
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	GC
<i>ofloxacin otic solution 0.3 %</i>	2	GC
Sulfonamides		
<i>silver sulfadiazine external cream 1 %</i>	2	GC
SSD EXTERNAL CREAM 1 %	3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	4	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	GC
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	GC
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	2	
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	4	
<i>doxycycline hyclate oral tablet 100 mg</i>	4	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	GC
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	2	GC
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>mondoxyne nl oral capsule 50 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>morgidox oral capsule 100 mg, 50 mg</i>	4	
<i>okebo oral capsule 100 mg</i>	2	GC
<i>tetracycline hcl oral capsule 500 mg</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	ST; QL (20 ML per 1 day); NDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	ST; QL (2 EA per 1 day); NDS
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	ST; NDS
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	ST; NDS
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	NDS
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	NDS
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; QL (16 ML per 1 day)
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	ST; QL (12 ML per 1 day); NDS
<i>levetiracetam oral solution 100 mg/ml</i>	2	GC
<i>levetiracetam oral solution 500 mg/5ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	GC
ROWEEPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	QL (2 EA per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	QL (4 EA per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG, 50 & 200 MG	5	ST; QL (56 EA per 28 days); NDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	ST; QL (56 EA per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	ST; QL (1 EA per 1 day); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	ST; QL (2 EA per 1 day); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	ST; QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	ST; QL (28 EA per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	2	GC
<i>ethosuximide oral solution 250 mg/5ml</i>	2	GC
<i>methsuximide oral capsule 300 mg</i>	4	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	4	PA; QL (1 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	GC; QL (3 EA per 1 day); NDS
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	GC; QL (2 EA per 1 day); NDS
<i>pregabalin oral solution 20 mg/ml</i>	2	GC; NDS
ZONISADE ORAL SUSPENSION 100 MG/5ML	5	PA; QL (30 ML per 1 day); NDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	GC
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	ST
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	ST; QL (2 EA per 1 day); NDS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	GC; QL (3 EA per 1 day); NDS
<i>clonazepam oral tablet 2 mg</i>	2	GC; NDS
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (3 EA per 1 day); NDS
<i>clonazepam oral tablet dispersible 2 mg</i>	4	NDS
<i>diazepam oral tablet 10 mg</i>	2	GC; QL (4 EA per 1 day); NDS
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	GC
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	GC
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; NDS
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	GC; NDS
<i>gabapentin oral solution 250 mg/5ml</i>	2	GC; NDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	GC; NDS
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	5	QL (10 EA per 30 days); NDS
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	GC
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 125 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	GC
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	ST; QL (2 EA per 1 day); NDS
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	4	
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	2	GC
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	GC
<i>valproate sodium oral solution 250 mg/5ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
<i>valproic acid oral solution 250 mg/5ml</i>	2	GC
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 EA per 30 days); NDS
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	5	QL (10 EA per 30 days); NDS
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	5	QL (10 EA per 30 days); NDS
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 EA per 30 days); NDS
<i>vigabatrin oral packet 500 mg</i>	5	NDS
<i>vigabatrin oral tablet 500 mg</i>	5	NDS
<i>vigadrone oral packet 500 mg</i>	5	NDS
VIGADRONE ORAL TABLET 500 MG	5	NDS
VIGPODER ORAL PACKET 500 MG	5	NDS
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; NDS
Glutamate Reducing Agents		
<i>felbamate oral suspension 600 mg/5ml</i>	3	NDS
<i>felbamate oral tablet 400 mg</i>	4	
<i>felbamate oral tablet 600 mg</i>	2	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (1 EA per 1 day); NDS
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (1 EA per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	GC
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	GC
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	GC
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG	5	ST; NDS
APTIOM ORAL TABLET 800 MG	5	ST; QL (2 EA per 1 day); NDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	GC
<i>carbamazepine oral tablet 200 mg</i>	2	GC
<i>carbamazepine oral tablet chewable 100 mg</i>	2	GC
DILANTIN ORAL CAPSULE 30 MG	4	
EPITOL ORAL TABLET 200 MG	3	
<i>lacosamide oral solution 10 mg/ml</i>	4	ST
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	ST; QL (2 EA per 1 day); NDS
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	GC
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	GC
PEGANONE ORAL TABLET 250 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	GC
<i>phenytoin oral tablet chewable 50 mg</i>	2	GC
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	GC
<i>rufinamide oral suspension 40 mg/ml</i>	5	ST; NDS
<i>rufinamide oral tablet 200 mg</i>	4	ST; NDS
<i>rufinamide oral tablet 400 mg</i>	5	ST; NDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	2	GC
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg</i>	2	GC; QL (2 EA per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	2	GC; QL (1 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	2	GC; QL (2 EA per 1 day)
<i>donepezil hcl oral tablet dispersible 5 mg</i>	2	GC; QL (1 EA per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	3	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	3	QL (2 EA per 1 day)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	3	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	3	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	GC; QL (2 EA per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	ST; QL (1 EA per 1 day)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	GC
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	PA; QL (2 EA per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	2	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	GC
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	GC
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	GC
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	GC
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	GC
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 365 days); NDS
Monoamine Oxidase Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	NDS
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	2	GC
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	GC
Ssris/ Snris		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	GC
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	4	QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA; QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	4	QL (2 EA per 1 day)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	GC
<i>escitalopram oxalate oral tablet 10 mg</i>	2	GC; QL (1.5 EA per 1 day)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	2	GC; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (1 EA per 1 day)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	GC
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	GC
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	2	GC
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	PA; GC
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	3	PA
<i>paroxetine hcl oral tablet 10 mg, 30 mg, 40 mg</i>	2	PA; GC
PAXIL ORAL SUSPENSION 10 MG/5ML	3	PA
<i>sertraline hcl oral capsule 150 mg, 200 mg</i>	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	GC
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg</i>	2	GC; QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	2	GC; QL (3 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg</i>	4	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	4	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	4	QL (3 EA per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	GC
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	ST; QL (1 EA per 1 day)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	3	PA
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	PA; GC
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA; GC
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	PA
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	GC
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	PA
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	PA; GC
NORTRIPTYLINE HCL ORAL SOLUTION 10 MG/5ML	3	PA
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	PA; GC
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	PA
Antiemetics		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	3	
<i>meclizine hcl oral tablet 25 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	3	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	
<i>prochlorperazine rectal suppository 25 mg</i>	2	GC
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG	3	GC
PROMETHEGAN RECTAL SUPPOSITORY 25 MG	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	PA; QL (10 EA per 30 days)
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	3	PA
<i>aprepitant oral capsule 80 & 125 mg</i>	3	PA; QL (12 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (2 EA per 1 day)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML	3	PA
<i>granisetron hcl oral tablet 1 mg</i>	2	PA B/D; GC; QL (2 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA B/D; GC
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	PA B/D; GC
Antifungals		
Antifungals		
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	PA B/D; NDS
<i>amphotericin b injection solution reconstituted 50 mg</i>	3	PA B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	3	PA B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	PA B/D; NDS
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	4	
<i>ciclodan external cream 0.77 %</i>	2	GC
<i>ciclodan external solution 8 %</i>	2	GC
<i>ciclopirox external gel 0.77 %</i>	2	GC
<i>ciclopirox external shampoo 1 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox external solution 8 %</i>	2	GC
<i>ciclopirox olamine external cream 0.77 %</i>	2	GC
<i>ciclopirox olamine external suspension 0.77 %</i>	2	GC
<i>clotrimazole external cream 1 %</i>	2	GC
<i>clotrimazole mouth/throat lozenge 10 mg</i>	2	GC
<i>clotrimazole mouth/throat troche 10 mg</i>	2	GC
<i>econazole nitrate external cream 1 %</i>	2	GC
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	5	NDS
<i>fluconazole in dextrose intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	GC
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	GC
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	GC
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	GC
<i>itraconazole oral capsule 100 mg</i>	2	GC; QL (4 EA per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	5	NDS
<i>ketoconazole external cream 2 %</i>	2	GC
<i>ketoconazole external shampoo 2 %</i>	2	GC
<i>ketoconazole oral tablet 200 mg</i>	2	GC
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	3	
NYATA EXTERNAL POWDER 100000 UNIT/GM	3	
<i>nystatin external cream 100000 unit/gm</i>	1	GC
<i>nystatin external ointment 100000 unit/gm</i>	1	GC
<i>nystatin external powder 100000 unit/gm</i>	1	GC
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	GC
<i>nystatin oral tablet 500000 unit</i>	2	GC
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA; QL (20 ML per 1 day); NDS
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA; QL (3 EA per 1 day); NDS
<i>terbinafine hcl oral tablet 250 mg</i>	2	GC; QL (90 EA per 365 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC
<i>terconazole vaginal suppository 80 mg</i>	2	GC
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA; NDS
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA; NDS
<i>voriconazole oral tablet 200 mg</i>	4	PA; QL (2 EA per 1 day)
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	GC
COLCHICINE ORAL TABLET 0.6 MG	3	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	GC
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	PA; QL (1 EA per 1 day)
<i>probenecid oral tablet 500 mg</i>	2	GC
Anti-Inflammatory Agents		
Glucocorticoids		
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	GC
<i>dexamethasone oral tablet 0.75 mg</i>	2	GC
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	4	
<i>hydrocortisone ace-pramoxine rectal cream 1-1 %</i>	4	
<i>procto-med hc external cream 2.5 %</i>	2	GC
PROCTO-PAK EXTERNAL CREAM 1 %	3	
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac potassium oral tablet 50 mg</i>	1	GC
<i>ibu oral tablet 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
Antimigraine Agents		
Central Nervous System, Other		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL (1 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA
Ergot Alkaloids		
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML	5	ST; QL (8 ML per 28 days); NDS
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	QL (40 EA per 30 days)
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	4	ST; QL (18 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	4	ST; QL (18 EA per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	GC; QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	GC; QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	GC; QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC; QL (18 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	ST; QL (18 EA per 30 days)
Serotonin (5-Ht) Receptor Agonist		
REYVOW ORAL TABLET 100 MG, 50 MG	4	ST; QL (8 EA per 30 days); NDS
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral tablet 125 mg</i>	4	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	GC
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
PRIFTIN ORAL TABLET 150 MG	3	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	GC
<i>isoniazid oral syrup 50 mg/5ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	GC
PASER ORAL PACKET 4 GM	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	GC
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	GC
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	PA B/D; GC
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA B/D; GC
HEXALEN ORAL CAPSULE 50 MG	5	PA; NDS
LEUKERAN ORAL TABLET 2 MG	5	NDS
MATULANE ORAL CAPSULE 50 MG	5	PA; LA; NDS
VALCHLOR EXTERNAL GEL 0.016 %	5	PA; NDS
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg</i>	5	QL (4 EA per 1 day); NDS
<i>abiraterone acetate oral tablet 500 mg</i>	5	QL (2 EA per 1 day); NDS
<i>bicalutamide oral tablet 50 mg</i>	2	GC
ERLEADA ORAL TABLET 240 MG	5	PA; QL (1 EA per 1 day); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; QL (4 EA per 1 day); NDS
<i>flutamide oral capsule 125 mg</i>	2	
<i>nilutamide oral tablet 150 mg</i>	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET 300 MG	5	PA; LA; QL (4 EA per 1 day); NDS
XTANDI ORAL CAPSULE 40 MG	5	PA; LA; QL (4 EA per 1 day); NDS
XTANDI ORAL TABLET 40 MG	5	PA; LA; QL (4 EA per 1 day); NDS
XTANDI ORAL TABLET 80 MG	5	PA; LA; QL (2 EA per 1 day); NDS
YONSA ORAL TABLET 125 MG	5	PA; LA; QL (4 EA per 1 day); NDS
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; QL (1 EA per 1 day); NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; LA; QL (21 EA per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (2 EA per 1 day); NDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	5	NDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (1 EA per 1 day); NDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (3 EA per 1 day); NDS
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	NDS
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	GC
<i>toremifene citrate oral tablet 60 mg</i>	5	QL (1 EA per 1 day); NDS
Antimetabolites		
<i>hydroxyurea oral capsule 500 mg</i>	2	GC
INQOVI ORAL TABLET 35-100 MG	5	PA; QL (5 EA per 28 days); NDS
LONSURF ORAL TABLET 15-6.14 MG	5	PA; QL (100 EA per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	5	PA; QL (80 EA per 28 days); NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA; LA; QL (14 EA per 28 days); NDS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	PA; NDS
SIKLOS ORAL TABLET 100 MG	4	PA
SIKLOS ORAL TABLET 1000 MG	5	PA; NDS
TABLOID ORAL TABLET 40 MG	4	PA
Antineoplastics		

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	
LYNPARZA ORAL CAPSULE 50 MG	5	PA; QL (16 EA per 1 day); NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; QL (4 EA per 1 day); NDS
MESNEX ORAL TABLET 400 MG	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; QL (3 EA per 28 days); NDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (1 EA per 1 day); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (3 EA per 1 day); NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (2 EA per 1 day)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (4 EA per 1 day); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (1 EA per 1 day); NDS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA; LA; QL (84 EA per 365 days); NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA; LA; QL (3 EA per 1 day); NDS
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; LA; QL (1 EA per 1 day); NDS
Antineoplastics, Other		
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; QL (4 EA per 1 day); NDS
IWILFIN ORAL TABLET 192 MG	5	PA; QL (8 EA per 1 day); NDS
JYLAMVO ORAL SOLUTION 2 MG/ML	5	PA; QL (180 ML per 28 days)
KRAZATI ORAL TABLET 200 MG	5	PA; QL (6 EA per 1 day); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (1 EA per 1 day); NDS
<i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg</i>	2	GC
LUMAKRAS ORAL TABLET 120 MG	5	PA; LA; QL (8 EA per 1 day); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (3 EA per 1 day); NDS
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; NDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; LA; QL (6 EA per 1 day); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; LA; QL (4 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; QL (4 EA per 1 day); NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA; NDS
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; LA; QL (4 EA per 1 day); NDS
WELIREG ORAL TABLET 40 MG	5	PA; LA; QL (3 EA per 1 day); NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (20 EA per 28 days); NDS
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 EA per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (8 EA per 28 days); NDS
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 EA per 28 days); NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (16 EA per 28 days); NDS
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days); NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (12 EA per 28 days); NDS
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 EA per 28 days); NDS
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (24 EA per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (16 EA per 28 days); NDS
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 EA per 28 days); NDS
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA; LA; QL (32 EA per 28 days); NDS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	2	GC
<i>exemestane oral tablet 25 mg</i>	4	
<i>letrozole oral tablet 2.5 mg</i>	2	GC
Enzyme Inhibitors		
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL (2 EA per 1 day); NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; QL (12 EA per 42 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; LA; QL (84 EA per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; LA; QL (21 EA per 28 days); NDS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); NDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; QL (21 EA per 28 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (1 EA per 1 day); NDS
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (21 EA per 28 days); NDS
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (42 EA per 28 days); NDS
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; QL (63 EA per 28 days); NDS
KISQALI 200 DOSE ORAL TABLET 200 MG	5	PA; QL (21 EA per 28 days); NDS
KISQALI 400 DOSE ORAL TABLET 200 MG	5	PA; QL (42 EA per 28 days); NDS
KISQALI 600 DOSE ORAL TABLET 200 MG	5	PA; QL (63 EA per 28 days); NDS
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (49 EA per 28 days); NDS
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (70 EA per 28 days); NDS
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA; QL (91 EA per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; LA; QL (6 EA per 1 day); NDS
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA; LA; QL (1 EA per 1 day); NDS
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; LA; QL (2 EA per 1 day); NDS
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA; LA; QL (2 EA per 1 day); NDS
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (2 EA per 1 day); NDS
TIBSOVO ORAL TABLET 250 MG	5	PA; QL (2 EA per 1 day); NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; QL (2 EA per 1 day); NDS
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA; QL (2 EA per 1 day); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; NDS
XOSPATA ORAL TABLET 40 MG	5	PA; QL (3 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; QL (2 EA per 1 day); NDS
Molecular Target Inhibitors		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA; LA; QL (2 EA per 1 day); NDS
ALECENSA ORAL CAPSULE 150 MG	5	PA; LA; QL (8 EA per 1 day); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; LA; QL (1 EA per 1 day); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; LA; QL (2 EA per 1 day); NDS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; LA; QL (1 EA per 1 day); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; LA; QL (8 EA per 1 day); NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; LA; QL (1 EA per 1 day); NDS
BALVERSA ORAL TABLET 3 MG	5	PA; QL (3 EA per 1 day); NDS
BALVERSA ORAL TABLET 4 MG	5	PA; QL (2 EA per 1 day); NDS
BALVERSA ORAL TABLET 5 MG	5	PA; QL (1 EA per 1 day); NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (3 EA per 1 day); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (1 EA per 1 day); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; QL (3 EA per 1 day); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (1 EA per 1 day); NDS
BRAFTOVI ORAL CAPSULE 50 MG	5	PA; LA; QL (4 EA per 1 day); NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (6 EA per 1 day); NDS
BRUKINSA ORAL CAPSULE 80 MG	5	PA; QL (4 EA per 1 day); NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; LA; QL (1 EA per 1 day); NDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA; QL (2 EA per 1 day); NDS
CALQUENCE ORAL TABLET 100 MG	5	PA; QL (2 EA per 1 day); NDS
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA; LA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG, 80 & 20 MG	5	PA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG, 3 X 20 MG & 80 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA; NDS
COTELLIC ORAL TABLET 20 MG	5	PA; LA; QL (63 EA per 28 days); NDS
DAURISMO ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day); NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; LA; QL (1 EA per 1 day); NDS
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	5	PA; QL (2 EA per 1 day); NDS
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA; QL (3 EA per 1 day); NDS
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NDS
<i>everolimus oral tablet soluble 2 mg, 3 mg</i>	5	PA; NDS
EXKIVITY ORAL CAPSULE 40 MG	5	PA; QL (4 EA per 1 day); NDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; QL (21 EA per 28 days); NDS
<i>gefitinib oral tablet 250 mg</i>	5	PA; QL (1 EA per 1 day); NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (1 EA per 1 day); NDS
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (1 EA per 1 day); NDS
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (2 EA per 1 day); NDS
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	PA; QL (2 EA per 1 day); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (4 EA per 1 day); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (1 EA per 1 day); NDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (7.2 ML per 1 day); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (1 EA per 1 day); NDS
INLYTA ORAL TABLET 1 MG	5	PA; LA; QL (6 EA per 1 day); NDS
INLYTA ORAL TABLET 5 MG	5	PA; LA; QL (4 EA per 1 day); NDS
INREBIC ORAL CAPSULE 100 MG	5	PA; LA; QL (4 EA per 1 day); NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; LA; QL (2 EA per 1 day); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (2 EA per 1 day); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (1 EA per 1 day); NDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA; LA; QL (6 EA per 1 day); NDS
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA; QL (1 EA per 1 day); NDS
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA; QL (3 EA per 1 day); NDS
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA; QL (2 EA per 1 day); NDS
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA; QL (3 EA per 1 day); NDS
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA; QL (2 EA per 1 day); NDS
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA; QL (3 EA per 1 day); NDS
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA; QL (1 EA per 1 day); NDS
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA; QL (2 EA per 1 day); NDS
LORBRENA ORAL TABLET 100 MG	5	PA; QL (1 EA per 1 day); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; QL (3 EA per 1 day); NDS
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (5 EA per 1 day); NDS
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (5 EA per 1 day); NDS
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA; QL (5 EA per 1 day); NDS
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA; LA; NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; LA; QL (3 EA per 1 day); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; LA; QL (1 EA per 1 day); NDS
MEKTOVI ORAL TABLET 15 MG	5	PA; QL (6 EA per 1 day); NDS
NERLYNX ORAL TABLET 40 MG	5	PA; QL (6 EA per 1 day); NDS
ODOMZO ORAL CAPSULE 200 MG	5	PA; LA; QL (1 EA per 1 day); NDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; LA; QL (1 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA; QL (5 EA per 1 day); NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (14 EA per 21 days); NDS
QINLOCK ORAL TABLET 50 MG	5	PA; LA; QL (3 EA per 1 day); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (6 EA per 1 day); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (3 EA per 1 day); NDS
ROZLYTREK ORAL PACKET 50 MG	5	PA; QL (12 EA per 1 day); NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA; QL (8 EA per 1 day); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (2 EA per 1 day); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (10 EA per 1 day); NDS
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA; QL (4 EA per 1 day); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; QL (1 EA per 1 day); NDS
STIVARGA ORAL TABLET 40 MG	5	PA; LA; QL (4 EA per 1 day); NDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; QL (1 EA per 1 day); NDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; LA; QL (4 EA per 1 day); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; LA; QL (4 EA per 1 day); NDS
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA; LA; NDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; LA; QL (1 EA per 1 day); NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (4 EA per 1 day); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; QL (2 EA per 1 day); NDS
TAZVERIK ORAL TABLET 200 MG	5	PA; QL (8 EA per 1 day); NDS
TEPMETKO ORAL TABLET 225 MG	5	PA; QL (2 EA per 1 day); NDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; LA; QL (64 EA per 28 days); NDS
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA; LA; QL (1 EA per 1 day); NDS
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA; LA; QL (2 EA per 1 day); NDS
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; LA; QL (2 EA per 1 day); NDS
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA; LA; QL (3 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (4 EA per 1 day); NDS
UKONIQ ORAL TABLET 200 MG	5	PA; LA; QL (4 EA per 1 day); NDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; LA; QL (2 EA per 1 day); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; QL (1 EA per 1 day); NDS
VONJO ORAL CAPSULE 100 MG	5	PA; QL (4 EA per 1 day); NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; LA; QL (2 EA per 1 day); NDS
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; LA; QL (3 EA per 1 day); NDS
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG	5	PA; LA; QL (2 EA per 1 day); NDS
ZELBORAF ORAL TABLET 240 MG	5	PA; LA; QL (8 EA per 1 day); NDS
ZYKADIA ORAL TABLET 150 MG	5	PA; LA; QL (3 EA per 1 day); NDS
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA; NDS
<i>bexarotene oral capsule 75 mg</i>	5	PA; NDS
PANRETIN EXTERNAL GEL 0.1 %	5	NDS
<i>tretinoin oral capsule 10 mg</i>	5	NDS
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	5	NDS
<i>ivermectin oral tablet 3 mg</i>	2	PA; GC
<i>praziquantel oral tablet 600 mg</i>	3	
Antiprotozoals		
ALINIA ORAL TABLET 500 MG	5	NDS
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	GC
COARTEM ORAL TABLET 20-120 MG	4	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	GC
<i>mefloquine hcl oral tablet 250 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nitazoxanide oral tablet 500 mg</i>	5	NDS
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	PA B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG, 26.3 MG	3	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; NDS
<i>quinine sulfate oral capsule 324 mg</i>	4	PA; QL (42 EA per 30 days)
Pediculicides/ Scabicides		
<i>lindane external shampoo 1 %</i>	2	
<i>malathion external lotion 0.5 %</i>	2	GC
<i>permethrin external cream 5 %</i>	2	GC
SKLICE EXTERNAL LOTION 0.5 %	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	GC
Antiparkinson Agents, Other		
<i>entacapone oral tablet 200 mg</i>	4	
<i>tolcapone oral tablet 100 mg</i>	5	NDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	5	PA; LA; QL (2 ML per 1 day); NDS
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	5	PA; QL (2 ML per 1 day); NDS
<i>bromocriptine mesylate oral capsule 5 mg</i>	3	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	QL (1 EA per 1 day)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	GC
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	GC
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	GC
CARBIDOPA-LEVODOPA-ENTACAPONE ORAL TABLET 12.5-50-200 MG, 18.75-75-200 MG, 25-100-200 MG, 31.25-125-200 MG, 37.5-150-200 MG, 50-200-200 MG	3	
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	QL (1 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC
Antipsychotics		
1St Generation/ Typical		
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	PA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	2	GC
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	GC
<i>haloperidol lactate injection solution 5 mg/ml(1 ml prefilled syringe)</i>	2	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	GC
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	GC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	GC
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
1St Generation/Typical		
<i>chlorpromazine hcl oral concentrate 30 mg/ml</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml(1ml)</i>	2	GC
2Nd Generation/ Atypical		
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 2 MG, 20 MG, 5 MG	5	PA; QL (1 EA per 1 day); NDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	PA; QL (1 EA per 1 day); NDS
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (1 EA per 1 day); NDS
<i>aripiprazole oral solution 1 mg/ml</i>	4	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	4	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	PA; QL (2 EA per 1 day); NDS
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	NDS
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	ST; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	5	ST; QL (2 EA per 1 day); NDS
FANAPT ORAL TABLET 4 MG	4	ST; QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML	4	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION 273 MG/0.875ML, 410 MG/1.315ML, 546 MG/1.75ML, 819 MG/2.625ML	5	NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML, 273 MG/0.88ML, 410 MG/1.315ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.625ML, 819 MG/2.63ML	5	NDS
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	ST; QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	4	ST; QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG	5	PA; LA; QL (1 EA per 1 day); NDS
NUPLAZID ORAL TABLET 10 MG	5	PA; LA; QL (1 EA per 1 day); NDS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	GC
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	GC
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	GC; QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	ST; QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	ST; QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	PA; NDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	GC
<i>quetiapine fumarate oral tablet 150 mg</i>	2	NDS

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Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	PA; QL (1 EA per 1 day); NDS
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg, 37.5 mg, 50 mg</i>	5	NDS
<i>risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>risperidone oral solution 1 mg/ml</i>	2	GC
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	GC
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	PA; QL (1 EA per 1 day); NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; QL (1 EA per 1 day); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA; QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG, 405 MG	5	NDS
2Nd Generation/Atypical		
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days); NDS
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
CLOZAPINE ORAL TABLET DISPERSIBLE 100 MG, 12.5 MG, 25 MG	4	ST
<i>clozapine oral tablet dispersible 150 mg</i>	4	ST
<i>clozapine oral tablet dispersible 200 mg</i>	5	ST; NDS
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NDS
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	GC
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	GC
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	ST; QL (1 EA per 1 day); NDS
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	QL (36 ML per 1 day); NDS
<i>valganciclovir hcl oral tablet 450 mg</i>	3	QL (4 EA per 1 day)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (1 EA per 1 day)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	3	
INTRON A INJECTION SOLUTION 10000000 UNIT/ML, 6000000 UNIT/ML	5	NDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	NDS
Anti-Hepatitis C (Hcv) Agents		
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	5	NDS
MAVYRET ORAL PACKET 50-20 MG	5	PA; NDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (3 EA per 1 day); NDS
MODERIBA ORAL TABLET 200 MG	3	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML, 180 MCG/0.5ML	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	NDS

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Drug Name	Drug Tier	Requirements/Limits
RIBASPHERE ORAL CAPSULE 200 MG	3	
RIBASPHERE ORAL TABLET 200 MG	3	
<i>ribavirin oral capsule 200 mg</i>	2	GC
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (84 EA per 84 days); NDS
Antitherpetic Agents		
<i>acyclovir external ointment 5 %</i>	4	QL (30 GM per 30 days)
<i>acyclovir oral capsule 200 mg</i>	2	GC
<i>acyclovir oral suspension 200 mg/5ml</i>	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA B/D; GC
DENAVIR EXTERNAL CREAM 1 %	4	QL (5 GM per 30 days); NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>penciclovir external cream 1 %</i>	4	QL (5 GM per 30 days)
<i>trifluridine ophthalmic solution 1 %</i>	2	GC
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	4	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (1 EA per 1 day); NDS
ISENTRESS HD ORAL TABLET 600 MG	5	QL (2 EA per 1 day); NDS
ISENTRESS ORAL PACKET 100 MG	5	NDS
ISENTRESS ORAL TABLET 400 MG	5	QL (2 EA per 1 day); NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (6 EA per 1 day); NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (6 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (1 EA per 1 day); NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (1 EA per 1 day); NDS
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (1 EA per 1 day); NDS
EDURANT ORAL TABLET 25 MG	5	QL (1 EA per 1 day); NDS
<i>efavirenz oral capsule 200 mg</i>	2	GC; GC; NDS
<i>efavirenz oral capsule 50 mg</i>	2	GC
<i>efavirenz oral tablet 600 mg</i>	2	GC; QL (1 EA per 1 day); NDS
<i>etravirine oral tablet 100 mg</i>	4	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	5	QL (2 EA per 1 day); NDS
INTELENCE ORAL TABLET 25 MG	4	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	
<i>nevirapine oral suspension 50 mg/5ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	2	GC
PIFELTRO ORAL TABLET 100 MG	5	QL (1 EA per 1 day); NDS
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (30 ML per 1 day)
<i>abacavir sulfate oral tablet 300 mg</i>	2	GC; QL (2 EA per 1 day)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (2 EA per 1 day)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	5	NDS
CIMDUO ORAL TABLET 300-300 MG	5	NDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (1 EA per 1 day); NDS
<i>didanosine oral capsule delayed release 125 mg, 200 mg</i>	2	GC
DOVATO ORAL TABLET 50-300 MG	5	QL (1 EA per 1 day); NDS
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	QL (1 EA per 1 day); NDS
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	QL (1 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	NDS
<i>emtricitabine oral capsule 200 mg</i>	4	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (1 EA per 1 day); NDS
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	QL (1 EA per 1 day); NDS
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
JULUCA ORAL TABLET 50-25 MG	5	QL (1 EA per 1 day); NDS
<i>lamivudine oral solution 10 mg/ml</i>	2	GC
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (1 EA per 1 day); NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (1 EA per 1 day)
TRIZIVIR ORAL TABLET 300-150-300 MG	5	NDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM, 4 GM	3	
VIREAD ORAL POWDER 40 MG/GM	5	QL (225 GM per 30 days); NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (1 EA per 1 day); NDS
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	
<i>zidovudine oral capsule 100 mg</i>	2	GC
<i>zidovudine oral syrup 50 mg/5ml</i>	2	GC
<i>zidovudine oral tablet 300 mg</i>	2	GC
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	NDS
<i>maraviroc oral tablet 150 mg</i>	5	QL (2 EA per 1 day); NDS
<i>maraviroc oral tablet 300 mg</i>	5	QL (4 EA per 1 day); NDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	NDS
SELZENTRY ORAL TABLET 25 MG	4	QL (8 EA per 1 day)
SELZENTRY ORAL TABLET 75 MG	5	QL (8 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 180 days); NDS
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 180 days); NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	QL (6 EA per 1 day); NDS
TYBOST ORAL TABLET 150 MG	3	
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	5	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	5	NDS
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	4	QL (1 EA per 1 day); NDS
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (2 EA per 1 day); NDS
CRIVIVAN ORAL CAPSULE 200 MG, 400 MG	3	
<i>darunavir oral tablet 600 mg</i>	5	QL (2 EA per 1 day); NDS
<i>darunavir oral tablet 800 mg</i>	5	QL (1 EA per 1 day); NDS
EVOTAZ ORAL TABLET 300-150 MG	5	QL (1 EA per 1 day); NDS
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	NDS
INVIRASE ORAL CAPSULE 200 MG	5	NDS
INVIRASE ORAL TABLET 500 MG	5	NDS
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (4 EA per 1 day)
NORVIR ORAL CAPSULE 100 MG	4	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (2 EA per 1 day); NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (12 ML per 1 day); NDS
PREZISTA ORAL TABLET 150 MG	4	QL (6 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	4	QL (10 EA per 1 day)
REYATAZ ORAL PACKET 50 MG	5	NDS
<i>ritonavir oral tablet 100 mg</i>	2	GC; QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral tablet 100 mg</i>	2	GC
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	2	GC; QL (84 EA per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	GC
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT, 5 MG/BLISTER	3	
<i>rimantadine hcl oral tablet 100 mg</i>	2	GC
Antivirals		
LAGEVRIO ORAL CAPSULE 200 MG	4	QL (80 EA per 365 days)
<i>molnupiravir oral capsule 200 mg</i>	4	QL (80 EA per 365 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (40 EA per 365 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (60 EA per 365 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	GC; QL (2 EA per 1 day); NDS
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	GC; QL (3 EA per 1 day); NDS
<i>alprazolam oral tablet 2 mg</i>	2	GC; QL (5 EA per 1 day); NDS
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	PA; GC; QL (4 EA per 1 day); NDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	3	QL (6 EA per 1 day); NDS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	4	NDS
<i>diazepam oral concentrate 5 mg/ml</i>	4	NDS
<i>diazepam oral solution 1 mg/ml</i>	4	QL (40 EA per 1 day); NDS
<i>diazepam oral solution 5 mg/5ml</i>	4	QL (40 ML per 1 day); NDS
<i>diazepam oral tablet 2 mg, 5 mg</i>	2	GC; QL (4 EA per 1 day); NDS
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	GC; QL (3 EA per 1 day); NDS
<i>lorazepam oral tablet 2 mg</i>	2	GC; QL (5 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
Ssris/ Snris		
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	QL (3 EA per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	2	PA; GC
Bipolar Agents		
Bipolar Agents, Other		
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; QL (1 EA per 1 day); NDS
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	3	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	GC
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	GC
LITHIUM ORAL SOLUTION 8 MEQ/5ML	3	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	GC; DDMP
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	ST; DDMP; QL (1 EA per 1 day)
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	ST; DDMP; QL (2 EA per 1 day)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; DDMP; QL (1 EA per 1 day)
AVANDIA ORAL TABLET 2 MG, 4 MG	4	
CYCLOSET ORAL TABLET 0.8 MG	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (1 EA per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	GC; QL (3 EA per 1 day)
<i>glimepiride oral tablet 4 mg</i>	1	GC; QL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	GC; QL (2 EA per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	GC; QL (3 EA per 1 day)
<i>glipizide oral tablet 10 mg</i>	1	GC; QL (4 EA per 1 day)
<i>glipizide oral tablet 5 mg</i>	1	GC; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	4	QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	4	QL (2 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	4	QL (1 EA per 1 day)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (1 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	GC; QL (4 EA per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	GC; QL (2 EA per 1 day)
<i>metformin hcl oral tablet 1000 mg</i>	1	GC; QL (2.5 EA per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	1	GC; QL (5 EA per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	1	GC; QL (3 EA per 1 day)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	GC; DDMP
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	GC; DDMP; QL (1 EA per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; QL (1 EA per 1 day)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	5	NDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	5	NDS
<i>tolbutamide oral tablet 500 mg</i>	3	
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	PA; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (2 EA per 1 day)
Blood Glucose Regulators		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	GC; QL (4 EA per 1 day)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (2 EA per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	4	QL (1 EA per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	4	QL (3 EA per 1 day)
<i>repaglinide-metformin hcl oral tablet 1-500 mg, 2-500 mg</i>	2	ST; GC; QL (5 EA per 1 day)
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE	3	
<i>diazoxide oral suspension 50 mg/ml</i>	4	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (4 EA per 1 day); NDS
Insulins		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	GC
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	GC
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	QL (45 ML per 30 days)
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	QL (45 ML per 30 days)
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (1 ML per 1 day); NDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	QL (18 ML per 30 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	3	QL (45 ML per 30 days)
<i>insulin aspart flexpen subcutaneous solution pen-injector 100 unit/ml</i>	3	QL (45 ML per 30 days)
<i>insulin aspart injection solution 100 unit/ml</i>	3	QL (50 ML per 30 days)
<i>insulin aspart penfill subcutaneous solution cartridge 100 unit/ml</i>	3	QL (45 ML per 30 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	3	QL (50 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	3	QL (50 ML per 30 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml</i>	3	QL (45 ML per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>novofine 30g x 8 mm , 32g x 6 mm</i>	2	GC
<i>novofine pen needle 32g x 6 mm</i>	2	GC
<i>novofine plus 32g x 4 mm</i>	2	GC
<i>novofine plus pen needle 32g x 4 mm</i>	2	GC
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (45 ML per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	QL (50 ML per 30 days)
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
<i>novotwist 32g x 5 mm</i>	2	GC
<i>novotwist pen needle 32g x 5 mm</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>rezvoglar kwikpen subcutaneous solution pen-injector 100 unit/ml</i>	3	QL (45 ML per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	QL (45 ML per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (50 ML per 30 days)
Blood Products And Modifiers		
Blood Products And Modifiers, Other		
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML)	3	PA; QL (12 ML per 28 days)
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	4	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (2 EA per 1 day)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	2	GC
<i>enoxaparin sodium subcutaneous solution 100 mg/ml, 150 mg/ml</i>	2	QL (30 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (24 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 30 mg/0.3ml</i>	2	QL (9 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 40 mg/0.4ml</i>	2	QL (12 ML per 90 days)
<i>enoxaparin sodium subcutaneous solution 60 mg/0.6ml</i>	2	QL (18 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	NDS
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	GC
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	2	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	3	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	QL (1 EA per 1 day)
XARELTO ORAL TABLET 2.5 MG	3	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule 0.5 mg</i>	3	
<i>anagrelide hcl oral capsule 1 mg</i>	3	GC
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG	5	PA; NDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	5	PA; NDS
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (6 EA per 1 day); NDS
PROMACTA ORAL PACKET 25 MG	5	PA; QL (3 EA per 1 day); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (1 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (2 EA per 1 day); NDS
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 ML per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA; QL (4 ML per 28 days); NDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA; NDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA; NDS
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	2	GC
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	QL (2 EA per 1 day)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (2 EA per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	GC
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	GC
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	4	QL (1 EA per 1 day)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	GC
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	QL (4 EA per 28 days)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	4	QL (4 EA per 28 days)
<i>droxidopa oral capsule 100 mg</i>	4	PA; QL (3 EA per 1 day)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	4	PA; QL (6 EA per 1 day)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	GC
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg</i>	1	GC
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	GC
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (2 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	GC
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	2	GC
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	GC; GC
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	GC
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	GC
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	GC
<i>quinapril hcl oral tablet 10 mg, 5 mg</i>	1	GC; GC
<i>quinapril hcl oral tablet 20 mg, 40 mg</i>	1	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	GC
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC
MULTAQ ORAL TABLET 400 MG	4	QL (2 EA per 1 day)
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	GC
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	GC
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	2	GC
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	2	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	GC
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	GC
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	2	GC
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	GC
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	GC
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	3	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
Calcium Channel Blocking Agents		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	3	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 180 mg</i>	2	GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	GC
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	2	GC
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg, 240 mg</i>	2	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	GC
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	GC
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	GC
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	2	GC
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	GC
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	GC
<i>nimodipine oral capsule 30 mg</i>	2	GC
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	GC
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg, 420 mg</i>	2	GC; GC
<i>tiadylt er oral capsule extended release 24 hour 180 mg, 360 mg</i>	2	GC
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	GC
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	GC
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	GC
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	GC
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	GC; GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	GC
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	4	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	GC; GC
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	GC
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	GC
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	GC
<i>metyrosine oral capsule 250 mg</i>	5	NDS
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	GC
<i>propranolol-hctz oral tablet 40-25 mg, 80-25 mg</i>	3	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	GC
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>triamterene-hctz oral capsule 50-25 mg</i>	2	GC
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	2	GC
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	GC; GC
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	4	ST; QL (1 EA per 1 day)
CORLANOR ORAL SOLUTION 5 MG/5ML	4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (2 EA per 1 day)
DIGITEK ORAL TABLET 125 MCG, 250 MCG	3	
<i>digox oral tablet 125 mcg, 250 mcg</i>	1	
DIGOXIN ORAL SOLUTION 0.05 MG/ML	3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	1	GC
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	GC
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	3	QL (2 EA per 1 day)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	4	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (2 EA per 1 day); NDS
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA; QL (400 EA per 365 days); NDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; QL (1 EA per 1 day)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	GC
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	2	GC
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC
<i>ethacrynic acid oral tablet 25 mg</i>	4	NDS
<i>furosemide injection solution 10 mg/ml</i>	2	GC
<i>furosemide injection solution 10 mg/ml (4ml syringe)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 8 mg/ml</i>	3	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	GC
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	GC
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	2	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	GC
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg</i>	2	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	2	GC
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	GC
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	GC
<i>methyclothiazide oral tablet 5 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg</i>	2	GC; GC
<i>fenofibrate micronized oral capsule 200 mg, 67 mg</i>	2	GC
<i>fenofibrate oral capsule 134 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	GC
<i>gemfibrozil oral tablet 600 mg</i>	2	GC
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	GC
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	GC
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	GC
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	3	GC
<i>cholestyramine light oral powder 4 gm/dose</i>	3	
<i>cholestyramine oral packet 4 gm</i>	3	GC
<i>cholestyramine oral powder 4 gm/dose</i>	2	GC
<i>colesevelam hcl oral packet 3.75 gm</i>	3	
<i>colesevelam hcl oral tablet 625 mg</i>	3	
<i>colestipol hcl oral granules 5 gm</i>	2	GC
<i>colestipol hcl oral packet 5 gm</i>	2	GC
<i>colestipol hcl oral tablet 1 gm</i>	2	GC
<i>ezetimibe oral tablet 10 mg</i>	2	GC
<i>icosapent ethyl oral capsule 1 gm</i>	4	ST; QL (4 EA per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; LA; NDS
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	QL (4 EA per 1 day)
PREVALITE ORAL PACKET 4 GM	3	
PREVALITE ORAL POWDER 4 GM/DOSE	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	4	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA
<i>triklo oral capsule 1 gm</i>	4	QL (4 EA per 1 day)
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC
Vasodilators, Direct-Acting Arterial/ Venous		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	2	GC
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	GC
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	GC
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin rectal ointment 0.4 %</i>	4	QL (30 GM per 30 days)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	GC; QL (1 EA per 1 day); NDS
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	GC; QL (2 EA per 1 day); NDS
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	GC; QL (3 EA per 1 day); NDS
<i>dexedrine oral tablet 10 mg, 5 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (2 EA per 1 day); NDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	GC; QL (4 EA per 1 day); NDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (1 EA per 1 day); NDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	GC; QL (6 EA per 1 day); NDS
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	4	PA; QL (1 EA per 1 day); NDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (1 EA per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	4	QL (1 EA per 1 day); NDS
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	4	QL (2 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	QL (1 EA per 1 day); NDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	3	QL (1 EA per 1 day); NDS
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	3	QL (2 EA per 1 day); NDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	3	QL (3 EA per 1 day); NDS
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	3	QL (1 EA per 1 day); NDS
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	3	QL (2 EA per 1 day); NDS
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC; QL (3 EA per 1 day); NDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (4 EA per 1 day); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (2 EA per 1 day); NDS
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG	5	PA; NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (3 EA per 1 day); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 6 MG	5	PA; QL (2 EA per 1 day); NDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; NDS
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; QL (2 EA per 1 day); NDS
<i>riluzole oral tablet 50 mg</i>	2	GC
TEGLUTIK ORAL SUSPENSION 50 MG/10ML	5	NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (3 EA per 1 day); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (4 EA per 1 day); NDS
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	5	NDS
Multiple Sclerosis Agents		
AVONEX INTRAMUSCULAR KIT 30 MCG	5	NDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	QL (4 EA per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	QL (4 EA per 28 days); NDS
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	QL (2 EA per 1 day); NDS
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA; QL (8 EA per 1 day); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	QL (1 ML per 1 day); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	3	QL (12 ML per 28 days); NDS
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; LA; NDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	QL (6 ML per 28 days); NDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	QL (4.2 ML per 28 days); NDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	QL (6 ML per 28 days); NDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	QL (4.2 ML per 28 days); NDS
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	5	PA; QL (1 EA per 1 day); NDS
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule 30 mg</i>	4	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	GC
<i>oralone mouth/throat paste 0.1 %</i>	2	GC
<i>paroex mouth/throat solution 0.12 %</i>	2	GC
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	3	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	3	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	GC
Dermatological Agents		
Acne And Rosacea Agents		

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Drug Name	Drug Tier	Requirements/Limits
ACCUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	4	
Dermatological Agents		
ACCUTANE ORAL CAPSULE 10 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>ammonium lactate external lotion 12 %</i>	2	GC
<i>azelaic acid external gel 15 %</i>	4	
AZELEX EXTERNAL CREAM 20 %	3	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	2	GC
<i>calcipotriene external cream 0.005 %</i>	3	
<i>calcipotriene external solution 0.005 %</i>	4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	GC
<i>clobetasol propionate external solution 0.05 %</i>	2	GC
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	4	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	4	
CORMAX SCALP APPLICATION EXTERNAL SOLUTION 0.05 %	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; NDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; NDS
<i>diclofenac sodium external gel 1 %</i>	4	
<i>diclofenac sodium external gel 3 %</i>	4	PA
<i>diclofenac sodium transdermal gel 1 %</i>	4	
<i>diclofenac sodium transdermal gel 3 %</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl external cream 5 %</i>	4	
FINACEA EXTERNAL FOAM 15 %	4	
<i>fluorouracil external cream 0.5 %</i>	5	NDS
<i>fluorouracil external cream 5 %</i>	4	
<i>fluorouracil external solution 2 %, 5 %</i>	2	GC
<i>imiquimod external cream 5 %</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg</i>	4	
<i>methoxsalen rapid oral capsule 10 mg</i>	5	NDS
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	GC
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	GC
<i>podofilox external solution 0.5 %</i>	2	GC
PRUDOXIN EXTERNAL CREAM 5 %	4	
REGRANEX EXTERNAL GEL 0.01 %	5	PA; NDS
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	GC
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus external ointment 0.03 %</i>	4	QL (100 GM per 60 days)
<i>tacrolimus external ointment 0.1 %</i>	4	QL (120 GM per 60 days)
<i>tazarotene external cream 0.1 %</i>	4	
<i>tazarotene external gel 0.05 %, 0.1 %</i>	4	
TAZORAC EXTERNAL CREAM 0.05 %	4	
<i>tretinoin external cream 0.025 %</i>	3	
<i>tretinoin external cream 0.05 %, 0.1 %</i>	4	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Pediculicides/Scabicides		
<i>ivermectin external lotion 0.5 %</i>	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral/Metal Modifiers		
<i>deferiprone oral tablet 1000 mg</i>	5	PA; NDS
Enzyme Replacement/ Modifiers		
Enzyme Replacement/ Modifiers		
<i>betaine oral powder</i>	5	NDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	
ENDARI ORAL PACKET 5 GM	5	PA; LA; QL (6 EA per 1 day); NDS
<i>miglustat oral capsule 100 mg</i>	5	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; NDS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 4200-14200 UNIT	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT	5	NDS
RAVICTI ORAL LIQUID 1.1 GM/ML	5	NDS
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA; NDS
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA; NDS
<i>sapropterin dihydrochloride oral tablet soluble 100 mg</i>	5	PA; NDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	5	PA; NDS
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	2	GC
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	GC
<i>dicyclomine hcl oral tablet 20 mg</i>	2	GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
Gastrointestinal Agents, Other		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA; LA; NDS
<i>loperamide hcl oral capsule 2 mg</i>	2	GC
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	GC
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; QL (1 EA per 1 day)
RELISTOR ORAL TABLET 150 MG	5	PA; QL (3 EA per 1 day); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	PA; QL (0.6 ML per 1 day); NDS
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; QL (0.8 ML per 1 day); NDS
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
XERMELO ORAL TABLET 250 MG	5	PA; LA; QL (3 EA per 1 day); NDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	2	GC
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	GC
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	GC
<i>nizatidine oral solution 15 mg/ml</i>	2	
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	5	PA; QL (2 EA per 1 day); NDS
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	PA; NDS
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (1 EA per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (2 EA per 1 day)
Laxatives		
<i>constulose oral solution 10 gm/15ml</i>	2	GC
<i>enulose oral solution 10 gm/15ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	3	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	3	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	3	
<i>generlac oral solution 10 gm/15ml</i>	2	GC
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	3	
<i>kristalose oral packet 20 gm</i>	4	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	2	GC
<i>lactulose oral packet 10 gm</i>	4	
<i>lactulose oral solution 10 gm/15ml</i>	2	GC
<i>peg 3350/electrolytes oral solution reconstituted 240 gm</i>	2	GC
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	GC
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	GC
TRILYTE ORAL SOLUTION RECONSTITUTED 420 GM	3	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	GC
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	2	GC
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	GC; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	4	QL (2 EA per 1 day)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	GC; QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	GC; QL (2 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3	QL (2 EA per 1 day)
Genitourinary Agents		
Antispasmodics, Urinary		

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Drug Name	Drug Tier	Requirements/Limits
<i>flavoxate hcl oral tablet 100 mg</i>	2	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (1 EA per 1 day)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	GC
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	GC
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	GC
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	GC; QL (1 EA per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	4	ST; QL (1 EA per 1 day)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	2	GC
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	4	ST; QL (1 EA per 1 day)
<i>tropium chloride oral tablet 20 mg</i>	2	GC
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	4	
<i>doxazosin mesylate oral tablet 2 mg, 4 mg, 8 mg</i>	1	GC
<i>dutasteride oral capsule 0.5 mg</i>	2	GC
<i>finasteride oral tablet 5 mg</i>	2	GC
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	GC
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	GC
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
ELMIRON ORAL CAPSULE 100 MG	4	
<i>penicillamine oral tablet 250 mg</i>	5	PA; NDS
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>	2	GC
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NDS
<i>tiopronin oral tablet 100 mg</i>	5	NDS
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	GC
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	5	ST; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	4	NDS
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Estrogens		
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>ala-cort external cream 1 %</i>	2	GC
<i>alclometasone dipropionate external cream 0.05 %</i>	2	GC
<i>alclometasone dipropionate external ointment 0.05 %</i>	2	GC
AMCINONIDE EXTERNAL OINTMENT 0.1 %	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	GC
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	GC
<i>betamethasone dipropionate aug gel 0.05 % external</i>	2	GC
<i>betamethasone dipropionate external cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	GC
<i>betamethasone valerate external cream 0.1 %</i>	2	GC
<i>betamethasone valerate external lotion 0.1 %</i>	2	GC
<i>betamethasone valerate external ointment 0.1 %</i>	2	GC
<i>clobetasol prop emollient base external cream 0.05 %</i>	2	GC
<i>clobetasol propionate e external cream 0.05 %</i>	2	GC
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate external ointment 0.05 %</i>	2	GC
<i>deltasone oral tablet 20 mg</i>	2	GC
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	4	
<i>desoximetasone external gel 0.05 %</i>	4	
<i>desoximetasone external ointment 0.25 %</i>	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	3	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	GC
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	GC
<i>fluocinolone acetonide body external oil 0.01 %</i>	2	GC
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	GC
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	GC
<i>fluocinolone acetonide external solution 0.01 %</i>	4	
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	GC
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	2	GC
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	GC
<i>fluocinonide external cream 0.05 %</i>	2	GC; GC
<i>fluocinonide external gel 0.05 %</i>	2	GC
<i>fluocinonide external ointment 0.05 %</i>	2	GC
<i>fluocinonide external solution 0.05 %</i>	2	GC
<i>fluocinonide-e external cream 0.05 %</i>	2	GC
<i>fluticasone propionate external cream 0.05 %</i>	2	GC
<i>fluticasone propionate external ointment 0.005 %</i>	2	GC
<i>halobetasol propionate external cream 0.05 %</i>	2	GC
<i>hydrocortisone (perianal) external cream 1 %</i>	2	GC
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	2	GC
<i>hydrocortisone butyrate external cream 0.1 %</i>	2	GC
<i>hydrocortisone butyrate external ointment 0.1 %</i>	2	GC
<i>hydrocortisone butyrate external solution 0.1 %</i>	2	GC
<i>hydrocortisone external cream 1 %</i>	2	GC
<i>hydrocortisone external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	GC
<i>hydrocortisone max st external cream 1 %</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC
<i>hydrocortisone rectal cream 1 %</i>	2	GC
<i>hydrocortisone valerate external cream 0.2 %</i>	2	GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	GC
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	GC
<i>mometasone furoate external cream 0.1 %</i>	2	GC
<i>mometasone furoate external ointment 0.1 %</i>	2	GC
<i>mometasone furoate external solution 0.1 %</i>	2	GC
<i>prednisolone oral solution 15 mg/5ml</i>	2	GC
<i>prednisolone oral syrup 15 mg/5ml</i>	2	GC
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	GC
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	2	GC
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	GC
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
PROCTO-PAK RECTAL CREAM 1 %	3	
<i>tovet external foam 0.05 %</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	GC
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	2	GC
<i>triamcinolone acetonide external ointment 0.5 %</i>	3	
TRIDERM EXTERNAL CREAM 0.1 %	3	
<i>triderm external cream 0.5 %</i>	2	GC; GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		

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Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin ace rhinal tube nasal solution 0.01 %</i>	2	GC
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	GC
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA; LA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	5	PA; LA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	5	PA; LA; NDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	5	PA; LA; NDS
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; QL (4 EA per 1 day); NDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
<i>oxandrolone oral tablet 10 mg</i>	4	
<i>oxandrolone oral tablet 2.5 mg</i>	2	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	4	PA; QL (1 EA per 1 day)
ANDROXY ORAL TABLET 10 MG	4	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	GC
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml (1 ml)</i>	2	PA; GC
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA; GC
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)</i>	3	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	3	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	3	PA; QL (75 GM per 30 days)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	3	PA; QL (300 GM per 30 days)
Estrogens		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	PA
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	3	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	PA
AMETHIA LO ORAL TABLET 0.1-0.02 & 0.01 MG	3	
APRI ORAL TABLET 0.15-30 MG-MCG	3	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
AUBRA ORAL TABLET 0.1-20 MG-MCG	3	
AUROVELA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	3	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	
AYUNA ORAL TABLET 0.15-30 MG-MCG	3	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
BEKYREE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	3	
CAZIANT ORAL TABLET 0.1/0.125/0.15 - 0.025 MG	3	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	3	
CHATEAL ORAL TABLET 0.15-30 MG-MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY	4	PA
CRYSELLE-28 ORAL TABLET 0.3-30 MG-MCG	3	
CYCLAFEM 1/35 ORAL TABLET 1-35 MG-MCG	3	
CYCLAFEM 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	3	
CYRED ORAL TABLET 0.15-30 MG-MCG	3	
DASETTA 1/35 ORAL TABLET 1-35 MG-MCG	3	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
DELYLA ORAL TABLET 0.1-20 MG-MCG	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	PA
DROSPIREN-ETH ESTRAD-LEVOMEFOL ORAL TABLET 3-0.02-0.451 MG	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	3	
ELINEST ORAL TABLET 0.3-30 MG-MCG	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	4	
EMOQUETTE ORAL TABLET 0.15-30 MG-MCG	3	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/125-30 MCG	3	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	3	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg</i>	4	
<i>estradiol oral tablet 2 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	3	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	PA
ESTRING VAGINAL RING 2 MG, 7.5 MCG/24HR	4	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	4	PA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	4	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY	4	PA
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA
GIANVI ORAL TABLET 3-0.02 MG	3	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
HAILEY FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
HALOETTE VAGINAL RING 0.12-0.015 MG/24HR	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	3	
INTROVALE ORAL TABLET 0.15-0.03 MG	3	
JASMIEL ORAL TABLET 3-0.02 MG	3	
<i>jevantique lo oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>jinteli oral tablet 1-5 mg-mcg</i>	4	PA
JOLESSA ORAL TABLET 0.15-0.03 MG	3	
JOYEAUX ORAL TABLET 0.1-20 MG-MCG(21)	3	
JULEBER ORAL TABLET 0.15-30 MG-MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
KALLIGA ORAL TABLET 0.15-30 MG-MCG	3	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	3	
KIMIDESS ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
KURVELO ORAL TABLET 0.15-30 MG-MCG	3	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	3	
LEENA ORAL TABLET 0.5/1/0.5-35 MG-MCG	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg</i>	3	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	2	GC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	3	
<i>levonorg-eth estrad triphasic oral tablet , 50-30/75-40/ 125-30 mcg</i>	3	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	3	
<i>lillow oral tablet 0.15-30 mg-mcg</i>	2	GC
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	3	
LORYNA ORAL TABLET 3-0.02 MG	3	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
LO-ZUMANDIMINE ORAL TABLET 3-0.02 MG	3	
LUTERA ORAL TABLET 0.1-20 MG-MCG	3	
MARLISSA ORAL TABLET 0.15-30 MG-MCG	3	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	PA
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	3	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
MILI ORAL TABLET 0.25-35 MG-MCG	3	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	4	PA
<i>mimvey oral tablet 1-0.5 mg</i>	4	PA
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	3	
NECON 1/50 (28) ORAL TABLET 1-50 MG-MCG	3	
NECON 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NIKKI ORAL TABLET 3-0.02 MG	3	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	
<i>norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg</i>	3	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	2	GC
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	GC
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	3	
OCELLA ORAL TABLET 3-0.03 MG	3	
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	3	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	3	
PIRMELLA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	3	
PREFEST ORAL TABLET 1/1-0.09 MG (15/15)	4	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	
PREMPHASE ORAL TABLET 0.625-5 MG	3	PA
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	3	
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	3	
SETLAKIN ORAL TABLET 0.15-0.03 MG	3	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	3	
SRONYX ORAL TABLET 0.1-20 MG-MCG	3	
SYEDA ORAL TABLET 3-0.03 MG	3	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	3	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	3	
TARINA FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-PREVIFEM ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRIVORA (28) ORAL TABLET 50-30/75-40/125-30 MCG	3	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TURQOZ ORAL TABLET 0.3-30 MG-MCG	3	
TYBLUME ORAL TABLET 0.1-20 MG-MCG	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG	3	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	3	
VESTURA ORAL TABLET 3-0.02 MG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
VOLNEA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	3	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	4	
YUVAFEM VAGINAL TABLET 10 MCG	3	
ZARAH ORAL TABLET 3-0.03 MG	3	
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	3	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	2	GC; GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	2	GC
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	2	GC
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	4	
<i>thyroid oral tablet 60 mg</i>	3	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	4	
Progesterone Agonists/Antagonists		
ELLA ORAL TABLET 30 MG	3	
Progestins		
BALZIVA ORAL TABLET 0.4-35 MG-MCG	3	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	
CAMILA ORAL TABLET 0.35 MG	3	
DEBLITANE ORAL TABLET 0.35 MG	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	
ERRIN ORAL TABLET 0.35 MG	3	
HEATHER ORAL TABLET 0.35 MG	3	
<i>incassia oral tablet 0.35 mg</i>	2	GC
JENCYCLA ORAL TABLET 0.35 MG	3	
JOLIVETTE ORAL TABLET 0.35 MG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYZA ORAL TABLET 0.35 MG	3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	GC
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	GC
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	GC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	GC
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORA-BE ORAL TABLET 0.35 MG	3	
<i>norethindrone acetate oral tablet 5 mg</i>	2	GC
<i>norethindrone oral tablet 0.35 mg</i>	2	GC
NORLYDA ORAL TABLET 0.35 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
NORLYROC ORAL TABLET 0.35 MG	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
PHILITH ORAL TABLET 0.4-35 MG-MCG	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	GC
SHAROBEL ORAL TABLET 0.35 MG	3	
TULANA ORAL TABLET 0.35 MG	3	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	3	
WERA ORAL TABLET 0.5-35 MG-MCG	3	
ZENCHENT ORAL TABLET 0.4-35 MG-MCG	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	4	QL (90 EA per 90 days)
<i>raloxifene hcl oral tablet 60 mg</i>	2	GC
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	GC
LEVOTHYROXINE-LIOTHYRONINE ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	GC
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	4	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 90 mg</i>	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	2	GC
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	2	PA; GC
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	3	PA; QL (300 GM per 30 days)
Estrogens		
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
FALMINA ORAL TABLET 0.1-20 MG-MCG	3	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	3	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	3	

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Drug Name	Drug Tier	Requirements/Limits
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	PA
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	3	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	3	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	3	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYMYO ORAL TABLET 0.25-35 MG-MCG	3	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	3	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	5	NDS
RECORLEV ORAL TABLET 150 MG	5	NDS
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	QL (2 EA per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	QL (3 EA per 1 day)
<i>doxercalciferol oral capsule 0.5 mcg</i>	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	2	GC
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG	5	PA; NDS
FENSOLVI SUBCUTANEOUS KIT 45 MG	5	PA; NDS
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	QL (2 EA per 28 days); NDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	NDS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	NDS
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	NDS
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	NDS
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	NDS
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	NDS
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	NDS
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	2	GC
<i>octreotide acetate injection solution 1000 mcg/ml</i>	4	
<i>octreotide acetate injection solution 200 mcg/ml</i>	3	
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (2 ML per 1 day); NDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (1 EA per 1 day); NDS
SYNAREL NASAL SOLUTION 2 MG/ML	5	PA; NDS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>propylthiouracil oral tablet 50 mg</i>	2	GC
Immunological Agents		
Angioedema (Hae) Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; NDS
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; NDS
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; NDS
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA; NDS
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	5	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	5	PA; LA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; LA; NDS
Immune Suppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days); NDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA; QL (3.6 ML per 28 days); NDS
<i>azathioprine oral tablet 50 mg</i>	2	PA B/D; GC
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; QL (4 ML per 28 days); NDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; QL (4 ML per 28 days); NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA B/D; GC
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	PA B/D; GC
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	PA B/D; GC
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 ML per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA; QL (8 EA per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; NDS
<i>everolimus oral tablet 0.25 mg</i>	4	PA B/D; QL (2 EA per 1 day)
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA B/D; QL (2 EA per 1 day); NDS
<i>everolimus oral tablet soluble 5 mg</i>	5	PA; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	PA B/D
GENGRAF ORAL SOLUTION 100 MG/ML	3	PA B/D
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
<i>methotrexate oral tablet 2.5 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml</i>	2	GC
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	GC
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	GC
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	GC
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA B/D; GC
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	PA B/D; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA B/D; GC
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	PA B/D
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days); NDS
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA; QL (4 ML per 28 days); NDS
OTEZLA ORAL TABLET 30 MG	5	PA; LA; QL (2 EA per 1 day); NDS
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; LA; QL (2 EA per 1 day); NDS
PROGRAF ORAL PACKET 0.2 MG	4	PA B/D
PROGRAF ORAL PACKET 1 MG	4	PA B/D; NDS
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	PA B/D
<i>sirolimus oral solution 1 mg/ml</i>	5	PA B/D; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	PA B/D
<i>sirolimus oral tablet 2 mg</i>	4	PA B/D; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	PA B/D; GC
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (10 ML per 1 day); NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (2 EA per 1 day); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (1 EA per 1 day); NDS
Immunizing Agents, Passive		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA; NDS
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA; NDS
Immunoglobulins		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA; NDS
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; NDS
Immunological Agents, Other		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days); NDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	5	PA; QL (8 ML per 28 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	5	PA; QL (1 EA per 1 day); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	5	PA; QL (180 EA per 365 days); NDS
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA; QL (2 EA per 84 days); NDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (7 ML per 365 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 ML per 56 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days); NDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (7 ML per 365 days); NDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	LA; NDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	GC
RIDAURA ORAL CAPSULE 3 MG	5	NDS
Immunostimulants		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA; QL (2 ML per 28 days); NDS
Immunosuppressants		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; NDS
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; NDS
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML	5	PA; NDS
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 20 MG/0.4ML	5	PA; NDS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG	2	PA B/D; GC
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	PA B/D
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days); NDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	PA; NDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; NDS
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
REZUROCK ORAL TABLET 200 MG	5	PA; QL (1 EA per 1 day); NDS
Vaccines		
ABRYVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	
BCG VACCINE INJECTION INJECTABLE	3	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE), 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 10-15-5 , 23-15-5	3	
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 10 MCG/0.5ML (0.5ML SYRINGE), 20 MCG/ML	3	PA B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	PA B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	PA B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENOMUNE SUBCUTANEOUS INJECTABLE	3	
MENQUADFI INTRAMUSCULAR INJECTABLE	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
M-M-R II SUBCUTANEOUS INJECTABLE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	PA B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS INJECTABLE	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE)	3	PA B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	PA B/D
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	3	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium oral capsule 750 mg</i>	2	GC
DIPENTUM ORAL CAPSULE 250 MG	5	NDS
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	3	QL (4 EA per 1 day)
<i>mesalamine er oral capsule extended release 500 mg</i>	5	QL (8 EA per 1 day); NDS
<i>mesalamine oral capsule delayed release 400 mg</i>	4	ST; QL (6 EA per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	QL (4 EA per 1 day)
<i>mesalamine rectal enema 4 gm</i>	2	GC
<i>mesalamine rectal suppository 1000 mg</i>	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	QL (8 EA per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	2	GC
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	GC

Glucocorticoids

<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone rectal cream 2.5 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	GC
<i>procto-med hc rectal cream 2.5 %</i>	2	GC
PROCTOSOL HC EXTERNAL CREAM 2.5 %	3	
PROCTOSOL HC RECTAL CREAM 2.5 %	3	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	3	
PROCTOZONE-HC RECTAL CREAM 2.5 %	3	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg</i>	2	GC
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	GC
<i>alendronate sodium oral tablet 40 mg, 5 mg</i>	2	GC
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	GC
<i>calcitriol oral solution 1 mcg/ml</i>	2	GC
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	4	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	GC
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	5	PA; QL (2.4 ML per 28 days); NDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML, 620 MCG/2.48ML	5	PA; QL (2.4 ML per 28 days); NDS
<i>ibandronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; LA; NDS
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 5 mg</i>	4	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; QL (2.48 ML per 28 days); NDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; QL (1.56 ML per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
<i>alcohol prep pad 70 %</i>	2	GC
<i>curity gauze pad 2"x2"</i>	2	GC
<i>cvs gauze sterile pad 2"x2"</i>	2	GC
<i>exel comfort point pen needle 29g x 12mm</i>	2	GC; QL (200 EA per 30 days)
<i>global alcohol prep ease pad 70 %</i>	2	GC
OMNIPOD 5 G6 INTRO (GEN 5) KIT	4	QL (1 EA per 365 days)
OMNIPOD 5 G6 PODS (GEN 5)	4	QL (10 EA per 30 days)
OMNIPOD DASH PODS (GEN 4)	4	QL (10 EA per 30 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	GC
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	GC
Ophthalmic Agents		
Ophthalmic Agents		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	GC
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	GC
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	GC
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	GC
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	2	GC
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	2	GC
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	GC
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents, Other		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1 %	3	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	GC
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	4	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	QL (2 EA per 1 day)
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; NDS
LACRISERT OPHTHALMIC INSERT 5 MG	3	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	2	GC
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (16.5 ML per 90 days)
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC SOLUTION 2 %	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	GC
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	GC
<i>epinastine hcl ophthalmic solution 0.05 %</i>	2	GC
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	4	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	GC
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	GC
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	2	GC
<i>brinzolamide ophthalmic suspension 1 %</i>	2	GC
<i>carteolol hcl ophthalmic solution 1 %</i>	2	GC
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	GC
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	GC
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	GC
<i>metipranolol ophthalmic solution 0.3 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	ST
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	4	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	2	GC
Ophthalmic Anti-Inflammatories		
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	GC
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	GC
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	GC
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	
FML OPHTHALMIC OINTMENT 0.1 %	3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	2	GC
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	
PREDNISOLONE ACETATE OPHTHALMIC SUSPENSION 1 %	3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	3	
XIIDRA OPHTHALMIC SOLUTION 5 %	4	PA; QL (2 EA per 1 day)
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	GC
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	GC
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	3	
Otic Agents		
Otic Agents		

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Drug Name	Drug Tier	Requirements/Limits
COLY-MYCIN S OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>flac otic oil 0.01 %</i>	2	GC
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	GC
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	GC
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	GC

Respiratory Tract/ Pulmonary Agents

Antihistamines

<i>azelastine hcl nasal solution 0.1 %</i>	2	GC
<i>cetirizine hcl oral solution 1 mg/ml</i>	2	
<i>cetirizine hcl oral solution 5 mg/5ml</i>	2	GC
<i>cetirizine hcl oral syrup 1 mg/ml</i>	2	GC
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	2	GC
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	GC
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	GC
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	2	GC
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	GC

Anti-Inflammatories, Inhaled Corticosteroids

ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	ST; QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 110 MCG/INH, 220 MCG/ACT, 220 MCG/INH	3	

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT, 220 MCG/INH	3	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	4	PA B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 100 MCG/BLIST, 250 MCG/ACT, 250 MCG/BLIST, 50 MCG/ACT, 50 MCG/BLIST	3	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	GC
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act</i>	3	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 220 mcg/act, 44 mcg/act</i>	3	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	GC
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 100-50 MCG/DOSE, 250-50 MCG/ACT, 250-50 MCG/DOSE, 500-50 MCG/ACT, 500-50 MCG/DOSE	4	ST
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT	4	
QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	4	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	4	ST
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	2	GC; QL (1 EA per 1 day)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	GC; QL (1 EA per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA B/D; GC
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	GC
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	QL (4 GM per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er oral tablet extended release 12 hour 4 mg, 8 mg</i>	2	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)</i>	2	GC
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	PA B/D; GC
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	2	PA B/D; GC
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	GC
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	GC
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	GC; QL (4 EA per 30 days)
LEVALBUTEROL TARTRATE INHALATION AEROSOL 45 MCG/ACT	4	ST
<i>metaproterenol sulfate oral tablet 20 mg</i>	2	GC
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT, 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	GC
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	
Cystic Fibrosis Agents		
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; NDS
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA; NDS
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA; QL (2 EA per 1 day); NDS
KALYDECO ORAL TABLET 150 MG	5	PA; QL (2 EA per 1 day); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; LA; QL (4 EA per 1 day); NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA B/D; NDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	5	PA; LA; QL (2 EA per 1 day); NDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	PA B/D; GC
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	GC
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg</i>	4	PA; QL (1 EA per 1 day); NDS
<i>roflumilast oral tablet 500 mcg</i>	4	PA; QL (1 EA per 1 day)
<i>theophylline er oral tablet extended release 12 hour 100 mg</i>	4	GC
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	3	
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	3	GC
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; LA; QL (3 EA per 1 day); NDS
<i>alyq oral tablet 20 mg</i>	5	PA; QL (2 EA per 1 day); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; LA; QL (1 EA per 1 day); NDS
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; LA; QL (2 EA per 1 day); NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; LA; QL (1 EA per 1 day); NDS
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; GC; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	5	PA; QL (2 EA per 1 day); NDS
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA B/D; QL (3 ML per 1 day); NDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	PA B/D; GC
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LA; NDS
<i>ribavirin inhalation solution reconstituted 6 gm</i>	5	NDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (4 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 100-62.5-25 MCG/INH, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
Respiratory Tract/ Pulmonary Agents		
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	4	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	PA B/D; GC
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; LA; QL (2 EA per 1 day); NDS
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	3	QL (10.2 GM per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA; LA; NDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; LA; NDS
Respiratory Tract/Pulmonary Agents		
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	GC
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	2	GC; QL (4 EA per 30 days)
Cystic Fibrosis Agents		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA B/D; NDS
Pulmonary Fibrosis Agents		
<i>pirfenidone oral capsule 267 mg</i>	5	PA; NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (6 EA per 1 day); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; QL (3 EA per 1 day); NDS
Respiratory Tract Agents, Other		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; LA; NDS
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	4	ST
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	PA; GC; QL (3 EA per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	2	GC
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (90 EA per 365 days); NDS
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	QL (1 EA per 1 day); NDS
<i>temazepam oral capsule 15 mg</i>	2	GC; QL (2 EA per 1 day); NDS
<i>temazepam oral capsule 30 mg</i>	2	GC; QL (1 EA per 1 day); NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	GC; QL (90 EA per 365 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	2	GC; QL (90 EA per 365 days); NDS
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	GC; QL (90 EA per 365 days); NDS
Sleep Disorders, Other		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	ST; QL (1 EA per 1 day)
<i>ramelteon oral tablet 8 mg</i>	4	QL (1 EA per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	5	PA; QL (1 EA per 1 day); NDS
XYREM ORAL SOLUTION 500 MG/ML	5	PA; QL (540 ML per 30 days); NDS
Therapeutic Nutrients/ Minerals/ Electrolytes		
Electrolyte/ Mineral Modifiers		
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; NDS
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NDS
<i>deferiprone oral tablet 500 mg</i>	5	PA; NDS
<i>kionex oral suspension 15 gm/60ml</i>	2	
<i>klor-con oral packet 20 meq</i>	4	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sodium polystyrene sulfonate oral suspension 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate rectal suspension 30 gm/120ml, 50 gm/200ml</i>	2	GC
SPS ORAL SUSPENSION 15 GM/60ML	3	
Electrolyte/ Mineral Replacement		
<i>carglumic acid oral tablet 200 mg</i>	5	PA; LA; NDS
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA; NDS
CLINISOL SF INTRAVENOUS SOLUTION 15 %	3	PA B/D
<i>kcl in d5w lactated ringers intravenous solution 40 meq/l</i>	2	GC
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	

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Drug Name	Drug Tier	Requirements/Limits
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
KLOR-CON SPRINKLE ORAL CAPSULE EXTENDED RELEASE 10 MEQ, 8 MEQ	3	
K-TAB ORAL TABLET EXTENDED RELEASE 8 MEQ	3	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	GC
PLENAMINE INTRAVENOUS SOLUTION 15 %	3	PA B/D
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	GC
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	GC
<i>potassium chloride er tablet extended release 10 meq oral</i>	2	GC
<i>potassium chloride intravenous solution 0.4 meq/ml</i>	2	GC
<i>potassium chloride intravenous solution 10 meq/100ml</i>	2	GC
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	GC
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	GC
<i>sodium chloride irrigation solution 0.9 %</i>	2	GC
Therapeutic Nutrients/ Minerals/ Electrolytes		
AMINOSYN II INTRAVENOUS SOLUTION 15 %, 7 %	3	PA B/D
AMINOSYN-HBC INTRAVENOUS SOLUTION 7 %	3	PA B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	PA B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION 4.25 %	4	PA B/D
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NDS
<i>deferasirox oral tablet 90 mg</i>	4	PA; NDS
<i>dextrose intravenous solution 10 %, 5 %</i>	2	GC
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	3	
<i>dextrose-nacl intravenous solution 5-0.2 %, 5- 0.45 %, 5-0.9 %</i>	2	
<i>dextrose-nacl intravenous solution 5-0.33 %</i>	2	GC
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	3	
<i>dextrose-sodium chloride intravenous solution 5- 0.2 %, 5-0.45 %, 5-0.9 %</i>	2	GC
<i>dextrose-sodium chloride intravenous solution 5- 0.33 %</i>	2	GC
<i>glucose intravenous solution 5 %</i>	2	GC
INTRALIPID INTRAVENOUS EMULSION 20 %	3	PA B/D
<i>kcl in dextrose-nacl intravenous solution 20-5- 0.45 meq/l-%-%</i>	2	GC
<i>nutrilipid intravenous emulsion 20 %</i>	2	PA B/D; GC
PRENATAL ORAL TABLET 27-1 MG	3	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	
<i>trientine hcl oral capsule 250 mg</i>	5	PA; QL (8 EA per 1 day); NDS
<i>trientine hcl oral capsule 500 mg</i>	5	PA; QL (4 EA per 1 day); NDS

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110 <i>sodium phenylbutyrate</i>		TARINA 24 FE	84	<i>tobramycin</i>	12
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<i>sodium polystyrene</i>		TARINA FE 1/20 EQ.....	84	<i>tobramycin-dexamethasone</i> ..	100
<i>sulfonate</i>	109	TASIGNA	38	<i>tolbutamide</i>	52
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46					
<i>solifenacin succinate</i>					
74					
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<i>tolterodine tartrate</i>	TRUSELTIQ (100MG DAILY		<i>venlafaxine hcl er</i>	25
74	DOSE)	38	VENTAVIS	107
<i>tolterodine tartrate er</i>	TRUSELTIQ (125MG DAILY		VENTOLIN HFA	106
74	DOSE)	38	<i>verapamil hcl</i>	62
<i>topiramate</i>	TRUSELTIQ (50MG DAILY		<i>verapamil hcl er</i>	61, 62
21, 22	DOSE)	38	VERQUVO.....	63
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31	DOSE)	38	VERZENIO	34
<i>torseamide</i>	TUKYSA.....	33	VESTURA.....	85
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<i>tovet</i>	TURALIO	39	VIDEX.....	48
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<i>tramadol hcl</i>	TYPHIM VI	98	VIGPODER.....	21
10	U		<i>vilazodone hcl</i>	25
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56	VALTOCO 15 MG DOSE	21	XALKORI	39
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WEEKLY).....	33	<i>zidovudine</i>	48		

Notice of Nondiscrimination and Accessibility *Discrimination is Against the Law*

Presbyterian Healthcare Services is committed to equitable healthcare and exists to improve the health of patients, members and the communities we serve. We value diversity and inclusion and strive to treat all individuals with respect. We do not discriminate on the basis of race; color; ancestry; national origin (including limited English proficiency); citizenship; religion; sex (including pregnancy, childbirth or related medical conditions); marital status; sexual orientation; gender identity or expression; veteran status; military status; family care or medical leave status; age; physical or mental disability; medical condition; genetic information; ability to pay; or any other protected status. Presbyterian will provide reasonable accommodations and language access services for our patients, members, and workforce.

Presbyterian Healthcare Services:

- Provides free aids and services to people with disabilities to communicate effectively with use, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Presbyterian Customer Service Center at (505) 923-5420, 1-855-592-7737, TTY 711.

If you believe that Presbyterian Healthcare Services has failed to provide these services or discriminated against you in another way, you can file a grievance with Presbyterian by calling 1-866-977-3021, TTY 711, fax (505) 923-5124, or

<https://ds.phs.org/ewcm/frmExample.do?m=complaintentry&complainttype=customer>.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

Address: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201

Phone: 1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

Aviso de no discriminación y accesibilidad

La ley prohíbe la discriminación

Presbyterian Healthcare Services se compromete a prestar servicios de atención médica equitativos y existe con el fin de mejorar la salud de los pacientes, de los asegurados y de las comunidades que servimos. Valoramos la diversidad y la inclusión y nos esforzamos por tratar a todos con respeto. No discriminamos por motivos de raza; color; linaje; origen nacional (incluso por dominio limitado del inglés); ciudadanía; religión; sexo (incluso por embarazos, partos o problemas médicos conexos); estado civil; orientación sexual; expresión o identidad de género; estado de veterano; estado militar; estado de ausencia familiar o médica; edad; discapacidad física o mental; estado médico; datos genéticos; capacidad de pago; o cualquier otro estado protegido. Presbyterian proporcionará adaptaciones razonables y servicios de acceso al idioma a nuestros pacientes, asegurados y fuerza laboral.

Presbyterian Healthcare Services:

- Presta servicios y ayuda a las personas con discapacidades para que se puedan comunicar efectivamente, por ejemplo:
 - Intérpretes calificados de lengua de señas
 - Información escrita en otros formatos (letra grande, grabaciones de audio, formatos electrónicos accesibles y otros formatos)
- Proporciona servicios gratuitos de acceso al idioma a las personas cuyo idioma principal no es inglés, por ejemplo:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita alguno de esos servicios, llame al Centro de Servicio al Cliente de Presbyterian al (505) 923-5420, 1-855-592-7737, TTY 711.

Si cree que Presbyterian Healthcare Services no le ha proporcionado dichos servicios o si cree que le han discriminado de alguna otra manera, puede presentar una reclamación a Presbyterian si llama al 1-866-977-3021, TTY 711, fax (505) 923-5124, o

<https://ds.phs.org/ewcm/frmExample.do?m=complaintentry&complainttype=customer>.

Además puede presentar una queja formal referente a los derechos civiles a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. electrónicamente en el portal de quejas de la Oficina de Derechos Civiles, que está a su disposición en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo o por teléfono al:

Dirección: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201

Número de teléfono (gratuito): 1-800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están a su disposición en **<http://www.hhs.gov/ocr/office/file/index.html>**.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-592-7737 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-855-592-7737 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Navajo/Diné: Díí ats'íís dóó azeé' bínda'í díłkidgo, Dinék'ehjí yadałti'iigi ła' bich'í' hadíídzih. Béésh bee hane'é t'áá jíík'e be' hódíílnih 1-855-592-7737 (TTY: 711).

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-855-592-7737 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-855-592-7737 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-855-592-7737 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-592-7737 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-855-592-7737 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmeterscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-855-592-7737 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-855-592-7737 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-855-592-7737 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-855-592-7737. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-855-592-7737 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-592-7737 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-592-7737 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-592-7737 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-592-7737 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-855-592-7737 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



Presbyterian Dual Plus (HMO D-SNP)

This formulary was updated on June 20, 2024. For more recent information or other questions, please call our Presbyterian Customer Service Center at (505) 923-7675 or 1-855-465-7737 (TTY: 711).

October 1 to March 31, we are available from 8 a.m. to 8 p.m., seven days a week. April 1 to September 30, we are available from 8 a.m. to 8 p.m., Monday to Friday. We are closed on holidays.

You may also visit our website at www.phs.org/Medicare.

Presbyterian exists to ensure all of the patients, members and communities we serve can achieve their best health.