

**Shelby County Schools**  
**Cigna True Choice Medicare (PPO)**

# **Cigna True Choice Medicare (PPO)**

## **2022 Drug List (Formulary)**

H7849 – 801\_Ver A6

Enhanced Drug List

**Please read: This document contains information about the drugs we cover in this plan.**



This drug list was updated September 2021. For more recent information or other questions, please contact Cigna Customer Service, at 1-888-281-7867 or, for TTY users, 711, 8 a.m. – 8 p.m., local time, 7 days a week. Our automated phone system may answer your call during weekends, holidays and after hours from April 1 – Sept 30, or visit [CignaMedicare.com/group/MAresources](https://www.CignaMedicare.com/group/MAresources). The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

**Note to existing customers:** This drug list 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 Cigna. When it refers to “plan” or “our plan,” it means Cigna True Choice Medicare (PPO).

This document includes a list of the drugs for our plans, which is current as of September 2021. If you have any questions, please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, drug list, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

### **What is the Cigna True Choice Medicare (PPO) Comprehensive Drug List?**

A drug list is a list of covered drugs selected by Cigna True Choice Medicare (PPO) 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. Cigna True Choice Medicare (PPO) will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna True Choice Medicare (PPO) 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 Drug List (drug list) change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs in the drug list during the year, move them to different cost-sharing tiers, or add new restrictions.

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

- **New Generic Drugs.** We may immediately remove a brand name drug in 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 in our drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find information in the following section entitled “How do I request an exception to the Cigna True Choice Medicare (PPO) Drug list?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug in our drug list to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our drug list and provide notice to customers who take the drug.
- **Other changes.** We may make other changes that affect customers currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently in the drug list or add new restrictions to the brand name drug or move it to a different cost-sharing tier. We may also make changes based on new clinical guidelines and/or studies. If we remove drugs from our drug list, 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 customers of the change at least 30 days before the change becomes effective, or at the time the customer requests a refill of the drug, at which time the customer 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 Cigna True Choice Medicare (PPO) Drug List?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 drug list that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 customers taking them for the remainder of the coverage year.

The enclosed drug list is current as of September 2021. To get updated information about the drugs covered by Cigna True Choice Medicare (PPO), please contact us. Our contact information appears on the front and back cover pages. If there are significant changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes.

## **How do I use the Drug List?**

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

### **Medical Condition**

The drug list begins on page 1. The drugs in this drug list 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, HYPERTENSION / LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 156. The Index provides a list of the drugs included in this document. Both brand name drugs and generic drugs are in the drug list. 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 drug name column of the list.

## **What are generic drugs?**

Cigna True Choice Medicare (PPO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** The plan requires you or your doctor to get prior authorization for some drugs. This means that you will need to get approval from the plan before you fill these prescriptions. If you do not get approval, Cigna True Choice Medicare (PPO) may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that Cigna True Choice Medicare (PPO) will cover. For example, the plan allows for 1 tablet per day for BYSTOLIC 10MG. This applies to a standard one-month supply (for total quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).
- **Step Therapy:** In some cases, the plan requires you must 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, Cigna True Choice Medicare (PPO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.
- **Non-Extended Days Supply:** For certain drugs, Cigna True Choice Medicare (PPO) limits the amount of the drug that we will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as "opioid naïve") are limited to a maximum of 7 days' supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month's supply of that medication at one time. Other high cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted 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 drug list, appears on the front and back cover pages.

You can ask Cigna True Choice Medicare (PPO) 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 plan drug list?” on the next page for information about how to request an exception.

### **Options for Maintenance Medications**

Taking the medications prescribed by your doctor is important to your health.

We are committed to helping you achieve control of chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. [Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can ensure that you don't miss a dose.]
- You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

### **How can I use my prescription drug coverage to save money on my medications?**

There may be opportunities for you to save money on your medications using your plan coverage.

- Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- Check the Drug Tier and Cost-Share Tables to see if your plan offers copay savings with mail order.
- Explore whether the ‘CMS Extra Help’ program may offer additional financial support for your medications.
- If your medication is not covered on the plan drug list, talk with your doctor about alternative medications which are covered in the drug list.

### **What if my drug is not in the Drug List?**

If your drug is not included in this drug list, you should first contact Customer Service to ask if your drug is covered. If you learn that the plan does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by the 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 the plan.
- You can ask the plan to make an exception to cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the plan Drug List?**

You can ask us 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 in 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 waive coverage restrictions or limits on your drug. For example, there are certain drugs that the 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.
- You can ask us to provide a tiering exception for a drug to be covered at a lower cost-sharing tier under the following circumstances:
  - If the drug you're taking is a brand name drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains brand name alternatives for treating your condition.
  - If the drug you're taking is a generic drug you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.

- If the drug you're taking is a biological product you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

These exceptions would lower the amount you must pay for your drug.

Please note, if we grant your request to cover a drug that is not in our drug list, you may not ask us to provide a higher level of coverage of the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the Specialty tier.

Generally, we will only approve your request for an exception if the alternative drug is included on the plan's drug list, 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 drug list, tiering or utilization restriction exception. **When you request a drug list, tiering or utilization restriction exception, you should submit a statement from your prescriber or doctor 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 customer in our plan, you may either be taking drugs that are not in our drug list or taking a drug that is in our drug list but your ability to get it is limited. If this is the case, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide whether you should switch to an alternative drug that we cover or request a drug list 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 up to a 30-day supply, in certain cases during the first 90 days you are a customer of our plan.

For each of your drugs that are not in our drug list 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 without a drug list exception, even if you have been a customer of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not in our drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, we will allow a one-time 31-day supply (unless the prescription is written for fewer days).

### **Cigna True Choice Medicare (PPO) Drug List**

The formulary that begins on page 1 provides coverage information about of the drugs covered by Cigna True Choice Medicare (PPO). If you have trouble finding your drug in the list, turn to the Index that begins on page 156.

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

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

Some plans offer additional prescription drug coverage in the coverage gap. Please refer to your *Evidence of Coverage Snapshot* to see if your plan has this coverage and for more information.

We specify quantity limits on certain drugs which are indicated with a QL in the formulary that begins on page 1, along with the amount dispensed per the days supplied. (For example: *atorvastatin* 40MG QL 30/30; this means the drug *atorvastatin* 40MG is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

**For more information**

For more detailed information about your Cigna True Choice Medicare (PPO) coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Cigna True Choice Medicare (PPO), please contact us. Our contact information, along with the date we last updated the drug list, appears on the front and back cover pages.

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

## 2022 Drug Tier and Cost-Share Table

The following table represents the plan name, the drug tier number as it appears in the drug list, and the cost-share amount for that tier number. You may also refer to Evidence of Coverage for additional details.

Cigna True Choice Medicare (PPO) is not always able to keep all generic medication in the Generic drug tiers. Some generic medications may be in the Preferred Brand (Tier 2), Non-Preferred Generic and Brand (Tier 3), and Specialty Generic and Brand (Tier 4) drug tiers. Keep in mind that the name of the tier is just a description of the majority of the drugs in the tier. It does not mean that there are only generic or only brand drugs in that tier.

**Note for customers receiving Extra Help:** Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

## Shelby County Schools

<b>Cigna True Choice Medicare (PPO)</b>	<b>Retail Cost Share 30 / 60 / 90 Days</b>	<b>Mail Order Cost Share 30 / 60 / 90 Days</b>	<b>Out of Network 30-day supply</b>
Tier 1: Preferred Generic Drugs	\$10 / \$20 / \$20	\$10 / \$20 / \$20	\$10 / \$20 / \$20
Tier 2: Preferred Brand Drugs	\$25 / \$50 / \$50	\$25 / \$50 / \$50	\$25 / \$50 / \$50
Tier 3: Non-Preferred Generic and Brand Drugs	\$50 / \$100 / \$100	\$50 / \$100 / \$100	\$50 / \$100 / \$100
Tier 4: Specialty Generic and Brand Drugs*	\$50 / N/A / N/A	\$50 / N/A / N/A	\$50 / N/A / N/A

\*Specialty drugs are limited to a 30-day supply.

Your plan covers additional drugs not normally covered in a Medicare Prescription Drug Plan as indicated in the Formulary Drug List by the + symbol. Please see your 2022 Formulary document for details. The cost share you pay on these drugs do not count toward your annual TrOOP.

The following preventive benefits are covered at a \$0 copay (deductible does not apply):

- **Preventive generic and brand name drugs and diabetic drugs and supplies**

Your plan includes the following clinical management edits.

- **Prior Authorization** - This drug requires prior authorization
- **Quantity Limits** - This drug has quantity limits.
- **Step Therapy** - This drug has step therapy requirements.
- **\* opioid medication** - Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a month supply.
- **+** - This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
- **^** - This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.
- **HRM PA** – This high risk medication requires prior authorization
- **B/D PA:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.
- **LA:** Limited Availability drug. This drug may be available only at certain pharmacies.





## List of Abbreviations

**\***: Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.

**^**: This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.

**+**: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not apply to your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**B/D PA**: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

**HRM**: This high risk medication requires prior authorization

**LA**: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

**PA**: This drug requires prior authorization.

**QL**: This drug has quantity limits.

**ST**: This drug has step therapy requirements.

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	PA; ^
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	PA; ^
<i>amphotericin b injection recon soln 50 mg</i>	1	PA; ^
<i>caspofungin intravenous recon soln 50 mg</i>	4	PA
<i>caspofungin intravenous recon soln 70 mg</i>	3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	3	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	4	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	4	PA

CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	
<b>ANTIVIRALS</b>		
<i>abacavir oral solution 20 mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	QL (30 EA per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	4	QL (60 EA per 30 days)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; ^
<i>adefovir oral tablet 10 mg</i>	3	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	4	QL (120 EA per 30 days)
<i>atazanavir oral capsule 150 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir oral capsule 200 mg</i>	3	QL (60 EA per 30 days)
<i>atazanavir oral capsule 300 mg</i>	3	QL (30 EA per 30 days)
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	3	QL (630 ML per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 200-25 MG	4	QL (30 EA per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EFAVIRENZ ORAL CAPSULE 200 MG	3	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	1	QL (180 EA per 30 days)
EFAVIRENZ ORAL TABLET 600 MG	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i>	4	
<i>emtricitabine oral capsule 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (680 ML per 28 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL (60 EA per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	4	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (60 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	4	QL (30 EA per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; QL (56 EA per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; QL (28 EA per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
INVIRASE ORAL TABLET 500 MG	4	QL (120 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	4	QL (120 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	4	
KALETRA ORAL TABLET 100-25 MG	2	QL (300 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	4	QL (120 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (900 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (1575 ML per 28 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 EA per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	QL (30 EA per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	2	QL (480 ML per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	4	QL (30 EA per 30 days)
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PIFELTRO ORAL TABLET 100 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	4	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	3	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	4	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA ORAL TABLET 75 MG	2	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	4	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (120 EA per 365 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (240 EA per 30 days)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 75 MG	4	QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	2	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	4	QL (120 EA per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (60 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30 EA per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	4	QL (30 EA per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	4	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA
TEMIXYS ORAL TABLET 300-300 MG	4	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	3	QL (60 EA per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	4	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	4	QL (30 EA per 30 days)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM	3	QL (120 EA per 30 days)
VALTREX ORAL TABLET 500 MG	3	QL (60 EA per 30 days)
VEMLIDY ORAL TABLET 25 MG	4	
VIRACEPT ORAL TABLET 250 MG	4	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	4	QL (120 EA per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1680 ML per 28 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 EA per 30 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 g, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	
CEFEPIME INTRAVENOUS RECON SOLN 100 GRAM	1	PA
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	3	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	PA
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	PA
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriazone intravenous recon soln 1 gram, 2 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	PA
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	PA
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	PA
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln 500 mg</i>	1	PA
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	4	QL (20 EA per 10 days)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tablet 200 mg</i>	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA; LA
ATOVAQUONE ORAL SUSPENSION 750 MG/5 ML	4	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 gram</i>	1	PA
<i>aztreonam injection recon soln 2 gram</i>	3	PA
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
CAPASTAT INJECTION RECON SOLN 1 GRAM	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84 ML per 28 days)
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	PA
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	PA
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	PA
COARTEM ORAL TABLET 20-120 MG	3	QL (24 EA per 30 days)
COLISTIN (COLISTIMETHATE NA) INJECTION RECON SOLN 150 MG	4	PA
CYCLOSERINE ORAL CAPSULE 250 MG	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	
<i>daptomycin intravenous recon soln 500 mg</i>	4	
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	
<i>ertapenem injection recon soln 1 gram</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	QL (400 ML per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	QL (450 ML per 10 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>lincomycin injection solution 300 mg/ml</i>	1	PA
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	PA
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>linezolid oral tablet 600 mg</i>	1	QL (60 EA per 30 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	PA
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	4	PA; QL (3 EA per 30 days)
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; ^; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	3	
PRIMAQUINE ORAL TABLET 26.3 MG	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	PA; ^; QL (42 EA per 7 days)
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	4	PA; QL (6 EA per 28 days)
SIVEXTRO ORAL TABLET 200 MG	4	QL (6 EA per 28 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	4	PA
SYNERCID INTRAVENOUS RECON SOLN 500 MG	4	PA
TIGECYCLINE INTRAVENOUS RECON SOLN 50 MG	4	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	B/D PA; ^; QL (280 ML per 28 days)
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	PA
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	PA
TRECTOR ORAL TABLET 250 MG	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	1	
<i>vancomycin oral capsule 125 mg</i>	2	PA; QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	2	PA; QL (80 EA per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL (450 ML per 10 days)
VANCOMYCIN-WATER INJECT (PEG) INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 1.5 GRAM/300 ML, 1.75 GRAM/350 ML, 2 GRAM/400 ML, 500 MG/100 ML, 750 MG/150 ML	1	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90 EA per 30 days)
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	PA
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	PA

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AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	PA
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	3	
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	PA
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
MORGIDOX 1X 50 KIT 50 MG	2	+
MORGIDOX 1X100 KIT 100 MG	2	+

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MORGIDOX 2X100 KIT 100 MG	2	+
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA INTRAVENOUS RECON SOLN 100 MG	4	PA
NUZYRA ORAL TABLET 150 MG	4	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	B/D PA; ^
MESNEX ORAL TABLET 400 MG	4	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1.7 ML per 28 days)
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60 EA per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	4	PA; ^

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	4	PA; ^
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i>	3	B/D PA; ^
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA; ^
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	3	B/D PA; ^
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG, 5 MG	4	PA; QL (56 EA per 28 days)
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (30 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL (240 EA per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	4	PA; ^
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	4	PA; ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; QL (60 EA per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	
ARIMIDEX ORAL TABLET 1 MG	3	
AROMASIN ORAL TABLET 25 MG	3	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	3	B/D PA; ^
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	4	B/D PA; ^
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; ^
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	4	B/D PA; ^
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	3	B/D PA; ^
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 5 MG	4	B/D PA; ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; LA; QL (30 EA per 30 days)

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<i>azacitidine injection recon soln 100 mg</i>	4	B/D PA; ^
AZASAN ORAL TABLET 100 MG, 75 MG	2	B/D PA; ^
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; ^
<i>azathioprine sodium injection recon soln 100 mg</i>	3	B/D PA; ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	4	B/D PA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	B/D PA; ^
BESPOLSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA; ^
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
BLENREP INTRAVENOUS RECON SOLN 100 MG	4	PA; ^
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	3	B/D PA; ^
BLINCYTO INTRAVENOUS KIT 35 MCG	4	B/D PA; ^
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	4	PA; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
<i>busulfan intravenous solution 60 mg/10 ml</i>	4	B/D PA; ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 EA per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	3	B/D PA; ^
<i>carmustine intravenous recon soln 100 mg</i>	3	B/D PA; ^
CELLCEPT ORAL CAPSULE 250 MG	4	B/D PA; ^

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	4	B/D PA; ^
CELLCEPT ORAL TABLET 500 MG	4	B/D PA; ^
<i>cisplatin intravenous solution 1 mg/ml</i>	3	B/D PA; ^
<i>cladribine intravenous solution 10 mg/10 ml</i>	3	B/D PA; ^
<i>clofarabine intravenous solution 20 mg/20 ml</i>	3	B/D PA; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL (60 EA per 30 days)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	4	B/D PA; ^
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	4	B/D PA; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	4	B/D PA; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	B/D PA; ^
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA; ^
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; ^
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	3	B/D PA; ^
<i>cytarabine injection solution 20 mg/ml</i>	3	B/D PA; ^
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	3	B/D PA; ^
<i>dactinomycin intravenous recon soln 0.5 mg</i>	3	B/D PA; ^

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DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	4	PA; ^
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; ^
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
<i>daunorubicin intravenous solution 5 mg/ml</i>	3	B/D PA; ^
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 EA per 30 days)
<i>decitabine intravenous recon soln 50 mg</i>	4	B/D PA; ^
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	B/D PA; ^
<i>doxorubicin intravenous recon soln 50 mg</i>	3	B/D PA; ^
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA; ^
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	4	B/D PA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA; ^
EMCYT ORAL CAPSULE 140 MG	4	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	3	PA; ^
ENHERTU INTRAVENOUS RECON SOLN 100 MG	4	PA; ^
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA; ^

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<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	3	B/D PA; ^
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	4	B/D PA; ^
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (60 EA per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	4	B/D PA; ^
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	3	B/D PA; ^
<i>etoposide intravenous solution 20 mg/ml</i>	2	B/D PA; ^
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.75 mg</i>	4	B/D PA; ^; QL (60 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.5 mg</i>	4	B/D PA; ^; QL (120 EA per 30 days)
EVOMELA INTRAVENOUS RECON SOLN 50 MG	4	PA; ^
<i>exemestane oral tablet 25 mg</i>	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	PA; QL (6 EA per 21 days)
FEMARA ORAL TABLET 2.5 MG	3	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	B/D PA; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	B/D PA; ^
<i>floxuridine injection recon soln 0.5 gram</i>	3	B/D PA; ^
<i>fludarabine intravenous recon soln 50 mg</i>	1	B/D PA; ^
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	B/D PA; ^
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	3	B/D PA; ^
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA; ^

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FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; QL (21 EA per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	B/D PA; ^
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL (120 EA per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	4	PA; ^
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	B/D PA; ^
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; ^
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA; ^
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; ^
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA; ^
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL (30 EA per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	2	
GLEOSTINE ORAL CAPSULE 100 MG	4	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	4	PA; ^
HYDREA ORAL CAPSULE 500 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
<i>idarubicin intravenous solution 1 mg/ml</i>	3	B/D PA; ^
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	3	B/D PA; ^
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	3	B/D PA; ^
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; QL (30 EA per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
INFUGEM INTRAVENOUS PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	4	B/D PA; ^
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	4	PA; QL (30 EA per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D PA; ^
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	4	B/D PA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60 EA per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	3	B/D PA; ^
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	4	PA; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; QL (63 EA per 28 days)

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KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	4	B/D PA; ^
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL (180 EA per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 EA per 30 days)
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	4	PA; ^
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (100 EA per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (80 EA per 28 days)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 EA per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	4	PA; ^
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	3	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	4	

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MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	4	B/D PA; ^
MATULANE ORAL CAPSULE 50 MG	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; ^
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; ^
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL (180 EA per 30 days)
<i>melfhalan hcl intravenous recon soln 50 mg</i>	4	B/D PA; ^
<i>melfhalan oral tablet 2 mg</i>	3	B/D PA; ^
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D PA; ^
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	3	B/D PA; ^
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	3	B/D PA; ^
MONJUVI INTRAVENOUS RECON SOLN 200 MG	4	PA; ^
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	B/D PA; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; ^
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; ^
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	B/D PA; ^
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; ^

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NEORAL ORAL CAPSULE 100 MG, 25 MG	3	B/D PA; ^
NEORAL ORAL SOLUTION 100 MG/ML	3	B/D PA; ^
NERLYNX ORAL TABLET 40 MG	4	PA; LA
NEXAVAR ORAL TABLET 200 MG	4	PA; LA; QL (120 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	4	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL (3 EA per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA; ^
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL (120 EA per 30 days)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	4	B/D PA; ^; QL (26 EA per 28 days)
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	3	PA
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	PA
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL (30 EA per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	B/D PA; ^
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	4	PA; ^
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; QL (14 EA per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; ^; QL (80 ML per 28 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL (30 EA per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	3	B/D PA; ^
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA; ^
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D PA; ^
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	4	PA; ^

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14 EA per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	4	PA; ^
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	4	PA; ^
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	4	PA; ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (21 EA per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	3	B/D PA; ^
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	4	PA; ^
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA; ^
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	B/D PA; ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA; ^
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
QINLOCK ORAL TABLET 50 MG	4	PA; LA
RAPAMUNE ORAL SOLUTION 1 MG/ML	4	B/D PA; ^
RAPAMUNE ORAL TABLET 0.5 MG, 2 MG	3	B/D PA; ^
RAPAMUNE ORAL TABLET 1 MG	4	B/D PA; ^
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28 EA per 28 days)
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	4	PA; ^
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120 EA per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA; ^
RYDAPT ORAL CAPSULE 25 MG	4	PA; QL (240 EA per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B/D PA; ^
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA; ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	4	B/D PA; ^
<i>sirolimus oral solution 1 mg/ml</i>	4	B/D PA; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; ^
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; QL (84 EA per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL (30 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (120 EA per 30 days)
TAGRISSEO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	4	PA; QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARGETIN TOPICAL GEL 1 %	4	PA; ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA; ^
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4	B/D PA; ^
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	B/D PA; ^
TEPMETKO ORAL TABLET 225 MG	4	PA; LA; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 50 MG	4	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 200 MG	4	PA; QL (56 EA per 28 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	PA; ^
TIBSOVO ORAL TABLET 250 MG	4	PA
<i>toposar intravenous solution 20 mg/ml</i>	1	B/D PA; ^
<i>topotecan intravenous recon soln 4 mg</i>	4	B/D PA; ^
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	3	B/D PA; ^
<i>toremifene oral tablet 60 mg</i>	4	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; ^
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	B/D PA; ^
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	3	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 EA per 168 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRODELVY INTRAVENOUS RECON SOLN 180 MG	4	PA; ^
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	4	PA; LA
TYKERB ORAL TABLET 250 MG	4	PA; LA; QL (180 EA per 30 days)
UKONIQ ORAL TABLET 200 MG	4	PA; LA; QL (120 EA per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	4	PA; ^
<i>valrubicin intravesical solution 40 mg/ml</i>	3	B/D PA; ^
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; ^
VELCADE INJECTION RECON SOLN 3.5 MG	4	PA; ^
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60 EA per 30 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	3	B/D PA; ^
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA; ^
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA; ^
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA; ^
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	4	PA; QL (120 EA per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	4	B/D PA; ^

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (60 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA
XOSPATA ORAL TABLET 40 MG	4	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; QL (90 EA per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 EA per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; ^
YONDELIS INTRAVENOUS RECON SOLN 1 MG	4	PA; ^
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	B/D PA; ^
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	3	B/D PA; ^
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; QL (240 EA per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	4	PA; ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA; ^
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	B/D PA; ^
ZOLINZA ORAL CAPSULE 100 MG	4	PA; QL (120 EA per 30 days)
ZORTRESS ORAL TABLET 1 MG	4	B/D PA; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (90 EA per 30 days)

## **AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH**

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	4	QL (180 EA per 30 days)
APTIOM ORAL TABLET 400 MG	4	QL (90 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	QL (60 EA per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	4	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg</i>	1	PA; QL (120 EA per 30 days)
<i>clobazam oral tablet 20 mg</i>	3	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	3	LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	3	LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	3	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	
GABITRIL ORAL TABLET 2 MG, 4 MG	3	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	
KEPPRA ORAL SOLUTION 100 MG/ML	3	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	2	QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	2	QL (60 EA per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (120 EA per 30 days)
LYRICA ORAL CAPSULE 200 MG, 25 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 ML per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	3	QL (360 EA per 30 days)
NEURONTIN ORAL CAPSULE 400 MG	3	QL (270 EA per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	QL (180 EA per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA; HRM; QL (1500 ML per 30 days)
<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>	1	PA; HRM; QL (120 EA per 30 days)
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	QL (30 EA per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	QL (60 EA per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepira oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA; QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	3	PA; ^
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA; ^
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; ^
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ^
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	3	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; ^
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	4	PA; ^
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL (180 EA per 30 days)
<i>vigabatrin oral tablet 500 mg</i>	4	LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL (180 EA per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	QL (1200 ML per 30 days)
VIMPAT ORAL SOLUTION 10 MG/ML	4	QL (1200 ML per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	QL (60 EA per 30 days)
VIMPAT ORAL TABLET 50 MG	2	QL (120 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA; ^
<b>ANTIPARKINSONISM AGENTS</b>		
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA; HRM
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>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</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
KYMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (150 EA per 30 days)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; HRM
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA; HRM
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 28 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	ST; QL (12 EA per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	ST; QL (18 EA per 28 days)
DIHYDROERGOTAMINE NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	4	QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg</i>	1	ST; QL (12 EA per 28 days)
<i>eletriptan oral tablet 40 mg</i>	1	ST; QL (6 EA per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	3	ST; QL (18 EA per 28 days)
<i>frovatriptan oral tablet 2.5 mg</i>	1	ST; QL (18 EA per 28 days)
<i>migergot rectal suppository 2-100 mg</i>	4	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	1	QL (18 EA per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	1	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	1	QL (12 EA per 28 days)
<i>zolmitriptan oral tablet 5 mg</i>	1	QL (6 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	1	QL (12 EA per 28 days)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	1	QL (6 EA per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL (28 EA per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; LA; QL (60 EA per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120 EA per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>donepezil oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	
<i>donepezil oral tablet 5 mg</i>	1	QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	
FIRDAPSE ORAL TABLET 10 MG	4	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral solution 2 mg/ml</i>	1	PA; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>memantine oral tablet 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	1	PA; QL (98 EA per 365 days)
NAMENDA ORAL TABLET 10 MG	3	PA; QL (60 EA per 30 days)
NAMENDA ORAL TABLET 5 MG	3	PA; QL (90 EA per 30 days)
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	3	PA; QL (98 EA per 365 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	PA; QL (56 EA per 28 days)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	PA
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	4	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)

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<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 EA per 30 days)
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	4	PA
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	4	QL (30 EA per 30 days)
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	PA; HRM
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; HRM; *
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA; HRM; QL (90 EA per 30 days)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	PA; HRM
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	PA; HRM
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	PA; HRM; QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	*

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<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (4500 ML per 30 days); *
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 EA per 30 days); *
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 EA per 30 days); *
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; HRM; QL (180 EA per 30 days); *
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	*
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	*
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	QL (4 EA per 28 days); *
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA; HRM; QL (180 EA per 30 days); *
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA; HRM; QL (180 EA per 30 days); *
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	PA; HRM; QL (180 EA per 30 days)
<b>BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR</b>	3	QL (4 EA per 28 days); *
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (360 EA per 30 days); *
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (180 EA per 30 days); *
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; HRM; QL (180 EA per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	1	*
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	1	*

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<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; ^; QL (120 EA per 30 days); *
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; ^; QL (120 EA per 30 days); *
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL (10 EA per 30 days); *
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days); *
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	1	*
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	QL (5550 ML per 30 days); *
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	1	QL (390 EA per 30 days); *
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 EA per 30 days); *
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (2400 ML per 30 days); *
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (180 EA per 30 days); *
<i>hydromorphone rectal suppository 3 mg</i>	1	+
<b>INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML</b>	4	B/D PA; ^; *
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (900 ML per 30 days); *
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	QL (180 EA per 30 days); *
<i>methadone injection solution 10 mg/ml</i>	1	*
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	QL (90 ML per 30 days); *
<i>methadone oral concentrate 10 mg/ml</i>	1	QL (90 ML per 30 days); *
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600 ML per 30 days); *
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200 ML per 30 days); *
<i>methadone oral tablet 10 mg</i>	1	QL (120 EA per 30 days); *
<i>methadone oral tablet 5 mg</i>	1	QL (240 EA per 30 days); *
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	*

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (900 ML per 30 days); *
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	*
<i>morphine injection solution 8 mg/ml</i>	1	*
<i>morphine injection syringe 10 mg/ml, 4 mg/ml, 5 mg/ml</i>	1	*
MORPHINE INJECTION SYRINGE 2 MG/ML	1	*
<i>morphine injection syringe 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml</i>	1	*
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	*
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	*
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	*
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60 EA per 30 days); *
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days); *
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (900 ML per 30 days); *
<i>morphine oral tablet 15 mg, 30 mg</i>	1	QL (180 EA per 30 days); *
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120 EA per 30 days); *
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	+
<i>oxycodone oral capsule 5 mg</i>	1	QL (300 EA per 30 days); *
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180 ML per 30 days); *
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1200 ML per 30 days); *
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 EA per 30 days); *
<i>oxycodone oral tablet 5 mg</i>	1	QL (360 EA per 30 days); *
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (90 EA per 30 days); *
<i>oxycodone oral tablet, oral only, ext.rel.12 hr 80 mg</i>	1	QL (120 EA per 30 days); *
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	*
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (180 EA per 30 days); *
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (90 EA per 30 days); *
<i>tencon oral tablet 50-325 mg</i>	1	PA; HRM; QL (180 EA per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	QL (90 EA per 30 days); *
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL (10 ML per 28 days); *
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG	3	QL (90 EA per 30 days)
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral capsule 400 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 EA per 30 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	

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<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	QL (240 EA per 30 days); *
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days); *
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days); *
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (240 EA per 30 days); *
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	QL (60 EA per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG	4	QL (60 EA per 30 days)
ABILIFY ORAL TABLET 20 MG, 30 MG	4	QL (30 EA per 30 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	QL (60 EA per 30 days)
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam oral tablet, disintegrating 2 mg</i>	1	QL (150 EA per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	4	QL (30 EA per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	3	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	4	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 ML per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; ^; QL (30 EA per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tablet 5 mg</i>	1	QL (90 EA per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)

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<i>bupropion hcl oral tablet 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 42 MG	4	PA; QL (30 EA per 30 days)
CELEXA ORAL TABLET 10 MG	3	
CELEXA ORAL TABLET 20 MG	3	QL (60 EA per 30 days)
CELEXA ORAL TABLET 40 MG	3	QL (30 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	1	QL (360 EA per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg</i>	1	
<i>citalopram oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>citalopram oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (360 EA per 30 days)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	1	
<i>clozapine oral tablet, disintegrating 200 mg</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	ST; QL (60 EA per 30 days)
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	ST; QL (90 EA per 30 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	QL (1800 ML per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 20 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 5 mg</i>	1	QL (360 EA per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (240 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1800 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG	3	QL (120 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (90 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (60 EA per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (30 EA per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	PA; HRM
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	3	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG	4	PA; QL (60 EA per 30 days)
FANAPT ORAL TABLET 8 MG	4	PA; QL (90 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; QL (16 EA per 365 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (56 EA per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
<i>fluoxetine (pmdd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral capsule,extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (30 EA per 30 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	3	QL (6 EA per 30 days)
GEODON ORAL CAPSULE 20 MG	4	QL (180 EA per 30 days)
GEODON ORAL CAPSULE 40 MG	4	QL (120 EA per 30 days)
GEODON ORAL CAPSULE 60 MG, 80 MG	4	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	1	
HALOPERIDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML(1ML)	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ ORAL CAPSULE 20 MG	4	PA; QL (30 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	3	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	3	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	3	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	3	QL (2.63 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	4	QL (60 EA per 30 days)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	3	

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<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<b>MARPLAN ORAL TABLET 10 MG</b>	3	QL (180 EA per 30 days)
<i>metadate er oral tablet extended release 20 mg</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1	PA; ^
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; ^; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; ^; QL (60 EA per 30 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tablet, disintegrating 15 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 9 mg</i>	1	PA; QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 6 mg</i>	1	PA; QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	1	QL (180 EA per 30 days)
<i>paroxetine hcl oral tablet 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST; QL (900 ML per 30 days)
PAXIL ORAL TABLET 10 MG	3	QL (180 EA per 30 days)
PAXIL ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days)
PAXIL ORAL TABLET 30 MG	3	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 28 days)
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	QL (120 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	3	QL (60 EA per 30 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	QL (90 EA per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG	4	PA; ^; QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	4	PA; ^; QL (60 EA per 30 days)
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>quetiapine oral tablet 200 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	
<i>ramelteon oral tablet 8 mg</i>	1	QL (30 EA per 30 days)
REMERON ORAL TABLET 15 MG, 30 MG	3	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML	3	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL ORAL SOLUTION 1 MG/ML	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral syringe 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	1	QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (90 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)
SEROQUEL ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (120 EA per 30 days)
SEROQUEL ORAL TABLET 200 MG	3	QL (90 EA per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	QL (30 EA per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral tablet extended release 24hr 225 mg, 37.5 mg, 75 mg</i>	1	QL (30 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	ST; QL (30 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (60 EA per 365 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	PA; QL (14 EA per 365 days)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	QL (30 EA per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG	3	QL (120 EA per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	QL (60 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA; ^; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ziprasidone hcl oral capsule 20 mg</i>	1	QL (180 EA per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	1	QL (120 EA per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	QL (6 EA per 30 days)
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	3	PA

## **CARDIOVASCULAR, HYPERTENSION / LIPIDS**

### **ANTIARRHYTHMIC AGENTS**

<i>amiodarone intravenous solution 50 mg/ml</i>	1	B/D PA; ^
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	3	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	QL (60 EA per 30 days)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG	3	QL (60 EA per 30 days)
ATACAND ORAL TABLET 32 MG	3	QL (30 EA per 30 days)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	QL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG	3	
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	2	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan oral tablet 32 mg</i>	1	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 50 mg</i>	1	
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL (4 EA per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	QL (4 EA per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL (4 EA per 28 days)
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 28 days)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	3	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	QL (30 EA per 30 days)
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	3	QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	3	QL (30 EA per 30 days)
DIURIL ORAL SUSPENSION 250 MG/5 ML	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	3	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG	3	QL (30 EA per 30 days)
HYZAAR ORAL TABLET 50-12.5 MG	3	QL (60 EA per 30 days)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	4	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	4	PA
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	QL (30 EA per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torseמידe oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 4-240 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	QL (30 EA per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	QL (60 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	

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<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (60 EA per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

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XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 EA per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tablet 120 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	

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<i>fenofibrate oral tablet 40 mg</i>	1	QL (60 EA per 30 days)
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid oral tablet 35 mg</i>	1	QL (60 EA per 30 days)
FENOGLIDE ORAL TABLET 120 MG	3	QL (30 EA per 30 days)
FENOGLIDE ORAL TABLET 40 MG	3	QL (60 EA per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	2	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	QL (30 EA per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE 1 GRAM	3	
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (3 ML per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	3	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (60 EA per 30 days)
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 EA per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	3	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	QL (60 EA per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	QL (60 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
<b>NITRATES</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; ^
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	+
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
EPIFOAM TOPICAL FOAM 1-1 %	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	+
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	2	+
OVACE PLUS TOPICAL CLEANSER 10 %	2	+
OVACE PLUS TOPICAL CREAM 10 %	2	+

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OVACE PLUS TOPICAL FOAM 9.8 %	2	+
OVACE PLUS TOPICAL LOTION 9.8 %	2	+
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	2	+
OVACE TOPICAL CLEANSER 10 %	2	+
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	+
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	+
SELRX TOPICAL SHAMPOO 2.3 %	2	+
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL (2 EA per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 ML per 28 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	+
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	+
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL (4 ML per 28 days)
TERSI FOAM TOPICAL FOAM 2.25 %	2	+
ZITHRANOL TOPICAL SHAMPOO 1 %	2	+
<b>KERATOLYTICS</b>		
BENSAL HP TOPICAL OINTMENT 3 %	2	+
KERALYT RX TOPICAL GEL 6 %	2	+

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KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 %	2	+
KERALYT SCALP TOPICAL GEL 6 %	2	+
<i>keralyt topical shampoo 6 %</i>	2	+
PODOCON TOPICAL LIQUID 25 %	2	+
SALEX TOPICAL SHAMPOO 6 %	2	+
<i>salicylic acid topical cream 6 %</i>	1	+
<i>salicylic acid topical cream,extended release 6 %</i>	1	+
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	+
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	+
<i>salicylic acid topical foam 6 %</i>	1	+
<i>salicylic acid topical gel 6 %</i>	1	+
<i>salicylic acid topical liquid 26 %</i>	1	+
<i>salicylic acid topical lotion 6 %</i>	1	+
<i>salicylic acid topical lotion,extended release 6 %</i>	1	+
<i>salicylic acid topical shampoo 6 %</i>	1	+
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	+
SALIMEZ FORTE TOPICAL CREAM 10 %	2	+
<i>salimez topical cream 6 %</i>	1	+
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	2	+
<i>salvax topical foam 6 %</i>	1	+
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	2	+
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	2	+
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	2	+
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
ASTERO TOPICAL GEL WITH PUMP 4 %	2	+
ATOPADERM TOPICAL CREAM	2	+

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ATOPICLAIR TOPICAL CREAM	2	+
ATRAPRO HYDROGEL TOPICAL GEL	2	+
BIONECT TOPICAL CREAM 0.2 %	2	+
BIONECT TOPICAL FOAM 0.2 %	2	+
BIONECT TOPICAL GEL 0.2 %	2	+
<i>celacyn topical gel with pump</i>	1	+
<i>cem-urea topical gel 45 %</i>	1	+
CERAMAX TOPICAL CREAM	2	+
CERAMAX TOPICAL LOTION	2	+
CONDYLOX TOPICAL GEL 0.5 %	3	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	2	+
DEXERYL TOPICAL CREAM	2	+
<i>doxepin topical cream 5 %</i>	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
<i>eletone topical cream</i>	1	+
ELIDEL TOPICAL CREAM 1 %	3	PA; QL (100 GM per 30 days)
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	+
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL (60 ML per 30 days)
<i>hpr plus topical cream</i>	1	+
<i>hpr plus topical foam</i>	1	+
<i>hpr topical foam</i>	1	+
HYDRO 35 TOPICAL FOAM 35 %	2	+
HYDRO 40 TOPICAL FOAM 40 %	2	+
HYLATOPICPLUS TOPICAL CREAM	2	+
HYLATOPICPLUS TOPICAL LOTION	2	+

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<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	4	
<i>imiquimod topical cream in packet 3.75 %</i>	4	
<i>imiquimod topical cream in packet 5 %</i>	1	
KERAFOAM TOPICAL FOAM 30 %, 42 %	2	+
KERALAC TOPICAL CREAM 47 %	2	+
LDO PLUS TOPICAL GEL WITH PUMP 4 %	2	+
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	2	+
LEVICYN ANTIPRURITIC TOPICAL GEL	2	+
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	+
LIDOCAINE HCL INJECTION SYRINGE 100 MG/5 ML (2 %)	2	+
LIDOCAINE HCL INTRADERMAL PEN INJECTOR 0.5 MG	2	+
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	+
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	+; QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	+; QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	+
LIDOCAINE HCL TOPICAL CREAM 3.88 %	2	+
<i>lidocaine hcl topical lotion 3 %</i>	1	+
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	+
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
<i>lido-k topical lotion 3 %</i>	1	+
LIDOPAC TOPICAL KIT 5 %	2	+

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidopin topical cream 3 %</i>	1	+
LIDOPIN TOPICAL CREAM 3.25 %	2	+
LIDORX TOPICAL GEL WITH PUMP 3 %	2	+
LIDOTRAL TOPICAL CREAM 3.88 %	2	+
LIDOVEX TOPICAL CREAM 3.75 %	2	+
<i>lidozion topical lotion 3 %</i>	1	+
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	3	
MIMYX TOPICAL CREAM	2	+
NEOSALUS TOPICAL CREAM	2	+
NEOSALUS TOPICAL FOAM	2	+
NEOSALUS TOPICAL LOTION	2	+
<i>nivatopic plus topical cream</i>	1	+
NUTRASEB TOPICAL CREAM	2	+
PANRETIN TOPICAL GEL 0.1 %	4	
PICATO TOPICAL GEL 0.015 %, 0.05 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
PRESERA TOPICAL FOAM	2	+
PROMISEB TOPICAL CREAM	2	+
<i>pruclair topical cream</i>	1	+
<i>prumyx topical cream</i>	1	+
RADIAGEL TOPICAL GEL	2	+
REGRANEX TOPICAL GEL 0.01 %	4	PA
RYNODERM TOPICAL CREAM 37.5 %	2	+
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	
SEBUDERM TOPICAL GEL	2	+
<i>silver nitrate applicators topical stick 75-25 %</i>	1	+
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (100 GM per 30 days)
TETRIX TOPICAL CREAM	2	+

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRANZAREL TOPICAL GEL 4 %	2	+
<i>umecta topical foam 40 %</i>	1	+
URAMAXIN TOPICAL FOAM 20 %	2	+
URAMAXIN TOPICAL GEL 45 %	2	+
<i>urea nail stick topical solution 50 %</i>	1	+
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	+
<i>urea topical foam 35 %</i>	1	+
<i>urea topical gel 45 %</i>	1	+
UREA TOPICAL LOTION 40 %	2	+
<i>ure-k topical cream 50 %</i>	1	+
UREVAZ TOPICAL CREAM 44 %	2	+
UTOPIC TOPICAL CREAM 41 %	2	+
VALCHLOR TOPICAL GEL 0.016 %	4	
VEREGEN TOPICAL OINTMENT 15 %	4	
ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 %	2	QL (90 EA per 30 days)
<b>THERAPY FOR ACNE</b>		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AVAR LS TOPICAL CLEANSER 10-2 %	2	+
AVAR LS TOPICAL FOAM 10-2 %	2	+
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	2	+
<i>avar topical cleanser 10-5 % (w/w)</i>	1	+
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	2	+
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	2	+
AVAR-E LS TOPICAL CREAM 10-2 %	2	+
AVAR-E TOPICAL CREAM 10-5 % (W/W)	2	+
AVITA TOPICAL CREAM 0.025 %	2	PA; ^
AVITA TOPICAL GEL 0.025 %	2	PA; ^

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelaic acid topical gel 15 %</i>	1	
BENZEFOAM TOPICAL FOAM 5.3 %	2	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	2	+
<i>benzepro topical towelette 6 %</i>	1	+
<i>benzoyl peroxide topical cleanser 7 %</i>	2	+
<i>benzoyl peroxide topical foam 9.8 %</i>	1	+
<i>bp 10-1 topical cleanser 10-1 %</i>	1	+
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	1	
<i>clindamycin phosphate topical lotion 1 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL FOAM 15 %	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
PACNEX TOPICAL CLEANSER 7 %	2	+
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	2	+
PLEXION TOPICAL CLEANSER 9.8-4.8 %	2	+
PLEXION TOPICAL CREAM 9.8-4.8 %	2	+
PLEXION TOPICAL LOTION 9.8-4.8 %	2	+
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	+
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	2	+
ROSDAN TOPICAL KIT,CLEANSER AND CREAM 0.75 %	2	+
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	2	+
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	+
ROSULA TOPICAL CLEANSER 10-4.5 %	2	+
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	+
<i>sss 10-5 topical foam 10-5 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	+
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	1	+
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	1	+
SUMADAN TOPICAL CLEANSER 9-4.5 %	2	+

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SUMADAN TOPICAL KIT 9-4.5 %	2	+
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % - SPF 25	2	+
SUMAXIN CP TOPICAL KIT 10-4 %	2	+
SUMAXIN TOPICAL CLEANSER 9-4 %	2	+
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	2	+
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	2	+
<i>tazarotene topical cream 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA; ^
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; ^
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A TOPICAL GEL 2-1-1 %	2	+
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	2	+
ALTABAX TOPICAL OINTMENT 1 %	3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	2	+
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	+
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	2	+
QUINJA TOPICAL GEL 1.25-1 %	2	+
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	2	+
<b>TOPICAL ANTIFUNGALS</b>		
ALA-QUIN TOPICAL CREAM 3-0.5 %	2	+
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	+
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 ML per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>econazole topical cream 1 %</i>	1	QL (85 GM per 28 days)
<i>ketoconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	2	+
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	2	+
<i>naftifine topical cream 1 %, 2 %</i>	1	QL (60 GM per 28 days)
<i>naftifine topical gel 1 %</i>	1	
NAFTIN TOPICAL GEL 2 %	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30 GM per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL (60 GM per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	1	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	4	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
<i>clodan topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<b>CLODERM TOPICAL CREAM 0.1 %</b>	3	
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
PANDEL TOPICAL CREAM 0.1 %	3	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	2	+
<i>texacort topical solution 2.5 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	4	
<i>triderm topical cream 0.1 %</i>	1	
<i>tritocin topical ointment 0.05 %</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	1	
<i>ivermectin topical lotion 0.5 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	

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<i>permethrin topical cream 5 %</i>	1	
SKLICE TOPICAL LOTION 0.5 %	3	
<i>spinosad topical suspension 0.9 %</i>	1	
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
XENICAL ORAL CAPSULE 120 MG	2	PA; ^
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	3	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
AQUORAL MUCOUS MEMBRANE AEROSOL, SPRAY	2	+
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	4	PA; LA
CAPHOSOL MUCOUS MEMBRANE SOLUTION	2	+
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
D10 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D2.5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
D5 % AND 0.9 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
D5 %-0.45 % SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	
DEFERASIROX ORAL TABLET 180 MG	4	
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	
<i>deferiprone oral tablet 500 mg</i>	4	PA
DEXTROSE 10 % AND 0.2 % NACL INTRAVENOUS PARENTERAL SOLUTION	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	
DEXTROSE 5%-0.2 % SOD CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	

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<i>droxidopa oral capsule 100 mg</i>	3	PA; QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	3	PA; QL (180 EA per 30 days)
E-Z DISK ORAL TABLET 700 MG	2	+
E-Z-HD BARIUM ORAL SUSPENSION FOR RECONSTITUTION 98 %	2	+
E-Z-PAQUE ORAL SUSPENSION FOR RECONSTITUTION 96 % (W/W)	2	+
E-Z-PASTE ORAL CREAM 60 %	2	+
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; LA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	4	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LIQUID E-Z PAQUE ORAL SUSPENSION 60 % (W/V)	2	+
LIQUID POLIBAR PLUS ORAL SUSPENSION 105 % (W/V), 58 % (W/W)	2	+
LITHOSTAT ORAL TABLET 250 MG	4	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	
NORTHERA ORAL CAPSULE 100 MG	4	PA; QL (90 EA per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	4	PA; QL (180 EA per 30 days)
NUMOISYN MUCOUS MEMBRANE LIQUID	2	+
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	4	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	
READI-CAT 2 ORAL SUSPENSION 2 % (W/V), 2.1 % (W/V), 2.0 % (W/W)	2	+
RENAGEL ORAL TABLET 800 MG	3	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (30 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
TAGITOL V ORAL SUSPENSION 40 % (W/V)	2	+
<i>trientine oral capsule 250 mg</i>	4	PA
VARIBAR HONEY ORAL SUSPENSION 40 % (W/V) 29% (W/W)	2	+
VARIBAR NECTAR ORAL SUSPENSION 40 % (W/V)	2	+
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	2	+
VARIBAR THIN HONEY ORAL SUSPENSION 40 %(W/V), 29% (W/W)(1500 CPS)	2	+

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VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	2	+
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
<i>water for irrigation, sterile irrigation solution</i>	1	
XEROSTOMIA RELIEF MUCOUS MEMBRANE AEROSOL,SPRAY	2	+
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA; ^
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	B/D PA; ^
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
ARESTIN DENTAL CARTRIDGE 1 MG	3	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	1	
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 %	2	+

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DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 %	2	+
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	2	+
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	+
PREVIDENT DENTAL GEL 1.1 %	2	+
PREVIDENT DENTAL SOLUTION 0.2 %	2	+
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<b>OTIC STEROID / ANTIBIOTIC</b>		

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Drug Name	Drug Tier	Requirements/Limits
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; ^
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML	3	
MEDROL ORAL TABLET 2 MG	2	B/D PA; ^
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	

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<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; ^
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	B/D PA; ^
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
<b>SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML</b>	3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<b>ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG</b>	3	QL (90 EA per 30 days)
<b>ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG</b>	3	QL (30 EA per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	
<i>alcohol prep pads topical pads, medicated</i>	1	

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<i>alcohol swabs topical pads, medicated</i>	1	
AMARYL ORAL TABLET 1 MG	3	QL (240 EA per 30 days)
AMARYL ORAL TABLET 2 MG	3	QL (120 EA per 30 days)
AMARYL ORAL TABLET 4 MG	3	QL (60 EA per 30 days)
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	1	QL (200 EA per 30 days)
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>bd safetyglide insulin syringe syringe 1 ml 31 gauge x 15/64"</i>	1	QL (200 EA per 30 days)
<i>bd ultra-fine nano pen needle needle 32 gauge x 5/32"</i>	1	QL (200 EA per 30 days)
<i>bd ultra-fine short pen needle needle 31 gauge x 5/16"</i>	1	QL (200 EA per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	QL (4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	QL (1.2 ML per 30 days)
<i>curity gauze topical bandage 2 x 2 "</i>	1	
CYCLOSET ORAL TABLET 0.8 MG	3	
<i>diazoxide oral suspension 50 mg/ml</i>	3	
FARXIGA ORAL TABLET 10 MG	2	QL (30 EA per 30 days)
FARXIGA ORAL TABLET 5 MG	2	QL (60 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	QL (60 EA per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	QL (150 EA per 30 days)
<i>gauze pad topical bandage 2 x 2 "</i>	1	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	ST; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	PA; HRM
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA; HRM
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA; HRM
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	

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INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	QL (200 EA per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	ST; QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
<i>metformin oral solution 500 mg/5 ml</i>	1	QL (765 ML per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60 EA per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120 EA per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	2	QL (30 EA per 30 days)
OMNIPOD DASH PDM KIT	2	QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD INSULIN MANAGEMENT	2	QL (1 EA per 365 days)
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	2	QL (30 EA per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	ST; QL (30 EA per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	QL (3 ML per 28 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	QL (200 EA per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15- 850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	2	QL (600 ML per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (15 ML per 25 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30 EA per 30 days)
<i>techlite insulin syringe syringe 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1 ml 30 gauge x 5/16, 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16</i>	1	QL (200 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>techlite insuln syr(half unit) syringe 0.3 ml 29 gauge x 1/2", 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 15/64", 0.5 ml 31 gauge x 5/16"</i>	1	QL (200 EA per 30 days)
<i>techlite pen needle needle 29 gauge x 1/2", 29 gauge x 3/8", 31 gauge x 1/4", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 5/16", 32 gauge x 5/32"</i>	1	QL (200 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	QL (2 ML per 28 days)
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9 ML per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	QL (9 ML per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	2	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15 ML per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	4	PA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	QL (90 EA per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	3	QL (30 EA per 30 days)
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	1	PA; ^
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	QL (60 EA per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	3	QL (120 EA per 30 days)
<i>clomiphene citrate oral tablet 50 mg</i>	2	PA; ^
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	
<i>desmopressin injection solution 4 mcg/ml</i>	4	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	1	
<i>doxercalciferol oral capsule 2.5 mcg</i>	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	4	PA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	4	
KORLYM ORAL TABLET 300 MG	4	PA; QL (120 EA per 30 days)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	4	PA
<i>methitest oral tablet 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>miglustat oral capsule 100 mg</i>	4	LA
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	4	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA; QL (2 EA per 28 days)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	PA; ^
<i>oxandrolone oral tablet 10 mg</i>	3	PA; ^; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	1	PA; ^; QL (120 EA per 30 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	2	PA; ^
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	2	
SAMSCA ORAL TABLET 15 MG	4	PA; QL (120 EA per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA

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<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30 EA per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (112.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>tolvaptan oral tablet 30 mg</i>	4	PA; QL (60 EA per 30 days)
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	B/D PA; ^
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; ^
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; ^
<b>THYROID HORMONES</b>		
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	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	2	

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Drug Name	Drug Tier	Requirements/Limits
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	2	
LEVOTHYROXINE INTRAVENOUS SOLUTION 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine 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	
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	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
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	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>unithroid oral tablet 137 mcg</i>	2	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	+

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<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	+
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	2	+
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	2	+
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	+
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	+
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	+
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	+
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	+
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	+
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	+
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	2	+
LEVSIN ORAL TABLET 0.125 MG	2	+
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	2	+
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	2	+
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	+
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	+
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	+
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	+
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	+
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1	+
<i>symax-sl sublingual tablet 0.125 mg</i>	1	+
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	+
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg</i>	3	PA
<i>alosetron oral tablet 1 mg</i>	4	PA
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	QL (60 EA per 30 days)
ANA-LEX KIT RECTAL KIT 2-2 %	2	+
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	+
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	2	+
<i>anucort-hc rectal suppository 25 mg</i>	1	+
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	2	+
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	B/D PA; ^
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; ^
AVSOLA INTRAVENOUS RECON SOLN 100 MG	4	PA
<i>balsalazide oral capsule 750 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	4	
CHENODAL ORAL TABLET 250 MG	4	LA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	
DIPENTUM ORAL CAPSULE 250 MG	4	ST
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; ^; QL (60 EA per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B/D PA; ^
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; ^; QL (60 EA per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	+
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	+
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	+
<b>INFLECTRA INTRAVENOUS RECON SOLN 100 MG</b>	4	PA
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	+
<b>LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)</b>	2	+
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	+
<b>LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG</b>	2	QL (30 EA per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	2	+
OICALIVA ORAL TABLET 10 MG, 5 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; ^; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	B/D PA; ^
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; ^
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	3	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	2	+
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	+
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
RENFLXIS INTRAVENOUS RECON SOLN 100 MG	4	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10 EA per 30 days)
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA; QL (60 EA per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
<b>ULCER THERAPY</b>		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	QL (60 EA per 30 days)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	QL (60 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	QL (60 EA per 30 days)
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	3	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	3	QL (60 EA per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG	3	QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	QL (60 EA per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	QL (60 EA per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	QL (60 EA per 30 days)
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL (14 EA per 28 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	4	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	4	
LEUKINE INJECTION RECON SOLN 250 MCG	4	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	B/D PA; ^
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML	3	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	4	PA; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; QL (6 ML per 28 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	3	B/D PA; ^
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	3	B/D PA; ^
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BIVIGAM INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; ^
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	B/D PA; ^
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B/D PA; ^
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B/D PA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA; ^
<i>fomepizole intravenous solution 1 gram/ml</i>	4	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	B/D PA; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	B/D PA; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	B/D PA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	B/D PA; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA; ^
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	B/D PA; ^
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	B/D PA; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL (2 ML per 28 days)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	B/D PA; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; ^
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; ^
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	B/D PA; ^
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	

## **MUSCULOSKELETAL / RHEUMATOLOGY**

### **GOUT THERAPY**

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule 0.6 mg</i>	1	QL (60 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	1	QL (120 EA per 30 days)
COLCRYS ORAL TABLET 0.6 MG	3	QL (120 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	

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<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	3	ST
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG	3	QL (1 EA per 28 days)
ACTONEL ORAL TABLET 35 MG	3	QL (4 EA per 28 days)
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	
BONIVA ORAL TABLET 150 MG	3	QL (1 EA per 28 days)
EVISTA ORAL TABLET 60 MG	3	QL (30 EA per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.4 ML per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL (4 EA per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 ML per 168 days)
<i>raloxifene oral tablet 60 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56 ML per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (12 EA per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (8 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (4 EA per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 ML per 28 days)
<i>penicillamine oral capsule 250 mg</i>	4	
<i>penicillamine oral tablet 250 mg</i>	4	
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; QL (30 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	QL (55 EA per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	4	PA; ^
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (3 ML per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (3 ML per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (30 ML per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	2	QL (8 EA per 28 days)
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4 EA per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (4 EA per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	+
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	+
CRINONE VAGINAL GEL 8 %	2	PA; ^
<i>deblitane oral tablet 0.35 mg</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	+
<i>eemt oral tablet 1.25-2.5 mg</i>	1	+

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	3	
<i>errin oral tablet 0.35 mg</i>	1	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	+
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	3	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1 EA per 90 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	QL (4 EA per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREFEST ORAL TABLET 1 MG (15)/1 MG-0.09 MG (15)	3	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 EA per 28 days)
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	+
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; ^; QL (30 EA per 30 days)
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	+
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
OSPHENA ORAL TABLET 60 MG	3	PA; ^; QL (30 EA per 30 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 %</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<b>ELLA ORAL TABLET 30 MG</b>	2	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<b>NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG</b>	1	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<b>TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)</b>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<b>TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG</b>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<b>AZASITE OPHTHALMIC (EYE) DROPS 1 %</b>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	+
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BLEPHAMIDOPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	+
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	+
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	4	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	2	+
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (112 ML per 56 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	+
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	+
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	+
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	2	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	QL (60 EA per 30 days)
COSOPT OPHTHALMIC (EYE) DROPS 22.3- 6.8 MG/ML	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (60 EA per 30 days)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3- 6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (30 EA per 30 days)
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%</i>	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	2	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
<b>STERIODS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		

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Drug Name	Drug Tier	Requirements/Limits
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	2	+
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	+

## RESPIRATORY AND ALLERGY

### ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

CLARINEX ORAL TABLET 5 MG	3	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60 EA per 30 days)
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	2	+
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection solution 1 mg/ml (1 ml)</i>	2	+
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	+
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; HRM
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA; HRM
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	

### PULMONARY AGENTS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (90 EA per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	ST; QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PA; ^
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	3	PA; ^; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	QL (23 GM per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 EA per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	B/D PA; ^
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D PA; ^
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA; ^
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	ST
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	3	ST; QL (13 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	QL (23 GM per 30 days)
ESBRIET ORAL CAPSULE 267 MG	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (270 EA per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (90 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240 EA per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 GM per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 GM per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	2	+
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; ^
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PA; ^
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	1	QL (30 GM per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %, 6 %	2	+
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112 EA per 28 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	B/D PA; ^; QL (120 ML per 30 days)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	ST; QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	B/D PA; ^
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	B/D PA; ^; QL (150 ML per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	ST
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; ^; QL (90 EA per 30 days)
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	ST
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	ST
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; ^; QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	4	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA; ^
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	B/D PA; ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	B/D PA; ^
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	B/D PA; ^
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	3	B/D PA; ^
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	QL (30 EA per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	QL (30 EA per 30 days)
<i>trospium oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
VESICARE ORAL TABLET 10 MG, 5 MG	3	
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
FLOMAX ORAL CAPSULE 0.4 MG	3	QL (60 EA per 30 days)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	
PROSCAR ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	1	QL (60 EA per 30 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	3	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CIALIS ORAL TABLET 2.5 MG (BPH)	2	PA; ^; QL (60 EA per 30 days)
CIALIS ORAL TABLET 5 MG (BPH)	2	PA; ^; QL (30 EA per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	LA
<i>cytra-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>cytra-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	1	+
ELMIRON ORAL CAPSULE 100 MG	3	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	+
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	+

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORACIT ORAL SOLUTION 490-640 MG/5 ML	2	+
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	+
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	+
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	+
<i>tadalafil oral tablet 2.5 mg (BPH)</i>	1	PA; ^; QL (60 EA per 30 days)
<i>tadalafil oral tablet 5 mg (BPH)</i>	1	PA; ^; QL (30 EA per 30 days)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	+
URELLE ORAL TABLET 81-10.8-40.8 MG	2	+
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	+
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	2	+
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	+
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	+
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	+
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	+
<i>ustell oral capsule 120-0.12 mg</i>	1	+
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	+
<i>virtrate-2 oral solution 500-334 mg/5 ml</i>	1	+
<i>virtrate-3 oral solution 550-500-334 mg/5 ml</i>	1	+
<i>virtrate-k oral solution 1,100-334 mg/5 ml</i>	1	+
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	+
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG	2	+
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-phos-neutral oral tablet 250 mg</i>	1	+
<i>lactated ringers intravenous parenteral solution</i>	3	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	
<i>phospha 250 neutral oral tablet 250 mg</i>	1	+
<i>phosphorous oral tablet 250 mg</i>	1	+
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	1	+

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POTASSIUM CHLORID-D5-0.45%NACL INTRAVENOUS PARENTERAL SOLUTION 10 MEQ/L, 20 MEQ/L, 30 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	3	
POTASSIUM CHLORIDE IN 5 % DEX INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
POTASSIUM CHLORIDE IN LR-D5 INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
POTASSIUM CHLORIDE-0.45 % NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
POTASSIUM CHLORIDE-D5-0.2%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	3	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
POTASSIUM CHLORIDE-D5-0.9%NACL INTRAVENOUS PARENTERAL SOLUTION 20 MEQ/L, 40 MEQ/L	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %</i>	1	+
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium bicarbonate intravenous syringe 4.2 % (0.5 meq/ml)</i>	1	+
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	3	B/D PA; ^
<i>virt-phos 250 neutral oral tablet 250 mg</i>	1	+
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	3	B/D PA; ^
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA; ^
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^

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CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B/D PA; ^
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	3	B/D PA; ^
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	3	B/D PA; ^
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	3	B/D PA; ^
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B/D PA; ^
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>freamine iii 10 % intravenous parenteral solution 10 %</i>	3	B/D PA; ^
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	3	B/D PA; ^
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	3	B/D PA; ^
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	3	B/D PA; ^
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
NUTRILIPID INTRAVENOUS EMULSION 20 %	3	B/D PA; ^
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	3	B/D PA; ^
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B/D PA; ^
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^

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PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	3	B/D PA; ^
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA; ^
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B/D PA; ^
<b>VITAMINS / HEMATINICS</b>		
BAL-CARE DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	2	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG	2	
ELITE-OB ORAL TABLET 50 MG IRON- 1.25 MG	2	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	2	
<i>udent fluoride oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS ORAL TABLET 27 MG IRON-1 MG	2	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG	2	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	2	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	2	
PNV-SELECT ORAL TABLET 27-1 MG	2	
PR NATAL 400 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-400 MG	2	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	2	
PR NATAL 430 EC ORAL COMBO PACK, TABLET AND CAP, DR 29-1-430 MG	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	2	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	2	
PREPLUS ORAL TABLET 27 MG IRON- 1 MG	2	
PRETAB ORAL TABLET 29-1 MG	2	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	2	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAPSULE 35-1-200 MG	2	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	2	
TRIVEEN-DUO DHA ORAL COMBO PACK 29-1-400 MG	2	
VIRT-C DHA ORAL CAPSULE 35-1-200 MG	2	
VIRT-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	2	
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CAPITALIZED = BRAND NAME DRUG

*Lowercase italic = Generic drug*

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

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tolmetin.....	46	trientine.....	86	TYSABRI.....	41
tolterodine.....	139	tri-estarylla.....	126	TYVASO.....	138
tolvaptan.....	100	trifluoperazine.....	57	TYVASO INSTITUTIONAL START KIT.....	138
TOPAMAX.....	36	trifluridine.....	128	TYVASO REFILL KIT.....	138
topiramate.....	36	trihexyphenidyl.....	38	TYVASO STARTER KIT.....	138
toposar.....	29	TRIJARDY XR.....	97	<b>U</b>	
topotecan.....	29	TRIKAFTA.....	138	UKONIQ.....	29
TOPROL XL.....	65	tri-legest fe.....	126	ULORIC.....	114
toremifene.....	29	TRILEPTAL.....	36	ULTRASAL-ER.....	72
torsemide.....	65	tri-linyah.....	126	umecta.....	75
TOUJEO MAX U-300 SOLOSTAR.....	96	TRILIPIX.....	69	unithroid.....	101
TOUJEO SOLOSTAR U-300 INSULIN.....	96	tri-lo-estarylla.....	126	UNITHROID.....	101
TOVIAZ.....	139	tri-lo-marzia.....	126	UNITUXIN.....	29
TPN ELECTROLYTES.....	144	tri-lo-mili.....	126	UPTRAVI.....	65
TRADJENTA.....	96	tri-lo-sprintec.....	126	URAMAXIN.....	75
tramadol.....	46	trilyte with flavor packets... 106		urea.....	75, 76
tramadol-acetaminophen.....	46	trimethobenzamide.....	106	UREA.....	76
trandolapril.....	65	trimethoprim.....	16	urea nail stick.....	75
trandolapril-verapamil.....	65	tri-mili.....	126	ure-k.....	76
tranexamic acid.....	120	trimipramine.....	57	URELLE.....	141
tranycypromine.....	56	TRINATAL RX 1.....	146	uretron d-s.....	141
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TRAVATAN Z.....	131	tri-previfem (28).....	126	uro-458.....	141
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TRAZIMERA.....	29	tri-sprintec (28).....	126	uro-mp.....	141
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TREANDA.....	29	TRIUMEQ.....	6	ursodiol.....	106
TRECTOR.....	13	TRIVEEN-DUO DHA.....	147	uryl.....	141
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TRELSTAR.....	29	tri-vylibra.....	126	utira-c.....	141
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TRESIBA FLEXTOUCH U- 200.....	97	TRODELVY.....	29	<b>V</b>	
TRESIBA U-100 INSULIN.....	97	TROGARZO.....	6	valacyclovir.....	6
tretinoin.....	79	TROKENDI XR.....	36	VALCHLOR.....	76
tretinoin (antineoplastic).....	29	TROPHAMINE 10 %.....	145	valganciclovir.....	6
tretinoin microspheres.....	78	tropicamide.....	130	valproate sodium.....	36
		tropium.....	140	valproic acid.....	36
		TRULICITY.....	97	valproic acid (as sodium salt) .....	36

valrubicin.....	29	vigadrone.....	36	XARELTO DVT-PE TREAT	
valsartan .....	65	VIIBRYD .....	57	30D START.....	67
valsartan-hydrochlorothiazide		VIMPAT.....	36	XATMEP.....	30
.....	65	vinblastine .....	30	XCOPRI .....	37
VALTOCO.....	36	vincasar pfs.....	30	XCOPRI MAINTENANCE	
VALTREX .....	6	vincristine .....	30	PACK .....	37
vancomycin .....	13	vinorelbine.....	30	XCOPRI TITRATION PACK	
VANCOMYCIN .....	13	VIOKACE .....	107	.....	37
VANCOMYCIN IN 0.9 %		viorele (28).....	127	XELJANZ.....	117
SODIUM CHL .....	13	VIRACEPT .....	6	XELJANZ XR.....	117
VANCOMYCIN IN		VIRASAL.....	72	XENICAL.....	83
DEXTROSE 5 %.....	13	VIREAD.....	7	XEROSTOMIA RELIEF ....	87
VANCOMYCIN-WATER		VIRT-C DHA .....	147	XGEVA .....	16
INJECT (PEG) .....	13	VIRT-NATE DHA.....	147	XHANCE .....	139
vandazole.....	120	virt-phos 250 neutral .....	144	XIAFLEX .....	87
VAQTA (PF).....	113	VIRT-PN DHA.....	147	XIFAXAN .....	13
VARIBAR HONEY .....	87	VIRT-PN PLUS .....	147	XIGDUO XR.....	97
VARIBAR NECTAR.....	87	virtrate-2 .....	141	XOFLUZA .....	7
VARIBAR PUDDING.....	87	virtrate-3 .....	141	XOLAIR .....	139
VARIBAR THIN HONEY ..	87	virtrate-k .....	141	XOPENEX .....	139
VARIBAR THIN LIQUID...	87	VITRAKVI.....	30	XOPENEX CONCENTRATE	
VARIVAX (PF) .....	113	VIVELLE-DOT.....	120	.....	139
VARIZIG .....	113	VIVITROL .....	46	XOSPATA.....	30
VASCEPA.....	69	VIZIMPRO.....	30	XPOVIO .....	30
VECTIBIX .....	29	volnea (28).....	127	XTAMPZA ER.....	44
VELCADE .....	29	voriconazole .....	2	XTANDI.....	30
velivet triphasic regimen (28)		VOSEVI .....	7	xulane .....	120
.....	127	VOTRIENT .....	30	XULTOPHY 100/3.6 .....	97
VELPHORO.....	87	VP-PNV-DHA.....	147	XYREM.....	57
VELTASSA .....	87	VRAYLAR.....	57	<b>Y</b>	
VEMLIDY .....	6	vyfemla (28).....	127	YERVOY .....	30
VENCLEXTA.....	29	vylibra.....	127	YF-VAX (PF).....	114
VENCLEXTA STARTING		VYNDAQEL.....	70	YONDELIS .....	30
PACK .....	29	VYTONE.....	79	YUPELRI .....	139
venlafaxine .....	57	VYVANSE.....	57	yuvaferm .....	120
VENTAVIS.....	138	VYXEOS.....	30	<b>Z</b>	
VENTOLIN HFA.....	139	<b>W</b>		zafemy .....	120
verapamil .....	65	warfarin .....	67	zafirlukast .....	139
VEREGEN .....	76	water for irrigation, sterile....	87	zaleplon.....	57
VERSACLOZ .....	57	WELCHOL .....	69	ZALTRAP .....	30
VERZENIO.....	30	WELBUTRIN SR .....	57	ZANOSAR .....	31
VESICARE .....	140	WELBUTRIN XL.....	57	zarah .....	127
vestura (28).....	127	wera (28).....	127	ZATEAN-PN DHA .....	147
V-GO 20.....	97	wixela inhub .....	139	ZATEAN-PN PLUS.....	147
V-GO 30.....	97	wymzya fe .....	127	ZEJULA .....	31
V-GO 40.....	97	<b>X</b>		ZELBORAF .....	31
VIBERZI.....	106	XALATAN.....	131	ZEMAIRA .....	87
VICTOZA 2-PAK.....	97	XALIX.....	72	zenatane .....	79
VICTOZA 3-PAK.....	97	XALKORI .....	30	ZENPEP .....	107
vienna .....	127	XARELTO .....	67	ZEPZELCA .....	31
vigabatrin.....	36			zidovudine .....	7

zileuton .....	139	zoledronic ac-mannitol-0.9nacl		zovia 1-35 (28) .....	127
ZIOPTAN (PF).....	131	.....	100	ZTLIDO.....	76
ziprasidone hcl.....	57, 58	ZOLINZA.....	31	ZUBSOLV.....	46
ziprasidone mesylate .....	58	zolmitriptan .....	39	zumandimine (28).....	127
ZIRABEV .....	31	ZOLOFT.....	58	ZYDELIG.....	31
ZIRGAN.....	128	zolpidem .....	58	ZYKADIA.....	31
ZITHRANOL .....	71	zonisamide.....	37	ZYLET .....	132
ZOCOR .....	69	ZORTRESS .....	31	ZYPREXA.....	58
ZOLADEX.....	31	ZOSTAVAX (PF) .....	114	ZYPREXA RELPREVV.....	58
zoledronic acid .....	100	ZOSYN IN DEXTROSE (ISO-			
zoledronic acid-mannitol-water		OSM).....	14		
.....	87, 100	zovia 1/35e (28).....	127		



Preventive drugs are used to improve outcomes for high blood pressure, high cholesterol, diabetes, Part D covered diabetic supplies, asthma, osteoporosis, heart attack, stroke and prenatal vitamins. The list below contains the **generic and brand name drugs** sorted by each category. If you have questions about which drugs are right for you, talk to your doctor. **You do not have to pay a copay or coinsurance for the preventive drugs on this list** if filled at a pharmacy in the Cigna network. All quantity limits, prior authorization and step therapy in the full drug list still apply.

### Asthma

Inhalation Solns	Inhalers and Inhalation Devices			
albuterol solution ^	albuterol HFA	COMBIVENT RESP	SEREVENT DISKUS	
budesonide susp ^	ANORO ELLIPTA	FLOVENT HFA, DISKUS	PERFORMIST	
ipratropium-albut ^	ARNUITY ELLIPTA	INCRUSE ELLIPTA	TRELEGY ELLIPTA	
levalbuterol soln ^	ATROVENT INH	ipratropium bromide inh	WIXELA INHUB	
cromolyn soln ^	BREO ELLIPTA	levalbuterol HFA	VENTOLIN HFA	
Oral Products				
albuterol tab, syr	metaproterenol syr	montelukast tabs	theophylline ER, CR, elixir, soln	zafirlukast tab

### Blood Pressure

acebutolol cap	candesartan-hctz	fosinopril-hctz	metoprolol-hctz	SORINE
acetazolamide, er	captopril tab	furosemide	minoxidil tab	sotalol tab
aliskiren	captopril-hctz	guanfacine	moexipril tab	sotalol af tab
amiloride tab	CARTIA XT	hydralazine tab, inj	nadolol tab	spironolactone tab
amiloride-hctz	carvedilol tab, er	hydrochlorothiazide	nadolol/bend tab	spironolactone-hctz
amlodipine tab	chlorothiazide	indapamide tab	nicardipine cap	TAZTIA XT
amlodipine-atorv	chlorthalidone tab	irbesartan tab	nicardipine inj	TEKTURNA HCT
amlodipine benz	clonidine tab, patch	irbesartan-hctz	nifedipine cap	telmisartan tab
amlodipine-olmes	DILT-XR	isradipine cap	nifedipine er tab	telmisartan-amlodipine
amlodipine-valsart.	diltiazem vial	labetalol tab	nimodipine cap	telmisartan-hctz
amlodipine-val-hctz	diltiazem tab	lisinopril tab	nisoldipine er tab	terazosin cap
atenolol tab	diltiazem er, cd	lisinopril-hctz	olmesartan	timolol tab
atenolol-chlorthalid	doxazosin tab	losartan tab	olm-aml-hctz	toremide tab
benazepril tab	enalapril tab	losartan-hctz	olmesartan-hctz	trandolapril tab
benazepril-hctz	enalapril-hctz	MATZIM LA	perindopril tab	trandolapril-verap er
betaxolol tab	ENTRESTO	methazolamide tab	pindolol tab	triamterene-hctz
bisoprolol tab	eplerenone tab	methyclothiazide	prazosin cap	valsartan tab
bisoprolol-hctz	eprosartan tab	methylodopa tab	propranolol,er	valsartan-hctz
bumetanide tab	ethacrynate sod	methylodopa-hctz	propranolol-hctz	verapamil cap pellet
bumetanide inj	ethacrynic acid	metolazone tab	quinapril tab	verapamil tab, er
BYSTOLIC	felodipine er	metoprolol succ er	quinapril-hctz	verapamil sr cap
candesartan tab	fosinopril tab	metoprolol tart tab	ramipril cap	verapamil tab, inj

^This prescription drug has a Part B versus D administrative prior authorization requirement.



## 2022 Adherence Package

### Blood Thinners

aspirin-dipyridam er BRILINTA	clopidogrel tab dipyridamole tab cilostazol tab	ELIQUIS STRT PK JANTOVEN tab	prasugrel tab warfarin tab	XARELTO XARELTO ST PK
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### Cholesterol

atorvastatin tab	ezetimibe	fluvastatin cap,er tb	NIACOR	prevalite pwd pkt
cholestyramine, light	ezetimibe-simvast	gemfibrozil tab	niacin, er <sup>RX</sup>	rosuvastatin tab
colestevlam pck,tab	fenofibrate tab, cap	LIVALO	omega-3 ethyl <sup>RX</sup>	simvastatin tab
colestipol granules,tb	fenofibric acid, dr	lovastatin tabs	pravastatin tab	VASCEPA

### Diabetes

#### Oral Products

acarbose	glyburide tb,micro tb	JANUMET tab, XR	miglitol tab	RYBELSUS tab
chlorpropamide tab	glyburide-metformin	JANUVIA	nateglinide tab	SYNJARDY tab, XR tb
FARXIGA	GLYXAMBI	JARDIANCE	pioglitazone tab	TRADJENTA
glimepiride tab	INVOKANA	JENTADUETO	pioglitazone-glimpir	TRIJARDY XR
glipizide ER, XL, tab	INVOKAMET	metformin er osm	pioglitazone-metfm	tolazamide tab
glipizide-metformin	INVOKAMET XR	metformin tab, er tab	repaglinide tab	XIGDUO XR

#### Insulins

HUMALOG JR KWK	insulin lispro JR	HUMULIN 70/30 vial	LEVEMIR FLEXTCH	TOUJEO SOLOSTR
HUMALOG KWKPN	insulin lispro KWKPN	HUMULIN N	LEVEMIR vial	TRESIBA FLXTCH
HUMALOG vial	insulin lispro vial	HUMULIN R	LYUMJEV	TRESIBA
HUMALOG MIX KWKPN	insulin lispro mix 75/25 KWKPN	LANTUS vials	SOLIQUA PEN	XULTOPHY PEN
HUMALOG MIX vial	HUMULIN 70/30 KWKPN	LANTUS SOLOSTR	TOUJEO MAX	

#### Injectable Non-Insulin

BYETTA	Bydureon BCISE, pn	Ozempic pen	TRULICITY	VICTOZA PEN
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### Diabetic Supplies

ALCOHOL SWABS	INSULIN PEN NDLE	OMNIPOD 5 pk	OMNIPOD STR KIT	VGO 20, 30, 40
GAUZE PADS 2 X 2	INSULIN SYRGES	OMNIPOD DASH		

### Osteoporosis

alendronate	etidronate disodium	pamidronate inj	risedronate tab	zoledronic acid
calcitonin-salmon	ibandronate tab	raloxifene tab	risedronate dr tab	

### Prenatal Vitamins

Formulary Prescription Prenatal Vitamins				
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<b>Drug Name</b>	<b>Medical Benefit</b>	<b>Requirements/Limits</b>
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
<b>PREFERRED DIABETIC METERS</b>		
CONTOUR TEST GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
CONTOUR NEXT GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
CONTOUR NEXT EZ METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE FLASH GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE INSULINX GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 10 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 10 DAY READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 14 DAY SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 14 DAY READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LIBRE 2 SENSOR	Part B \$0 Copay	QL (3 UNITS per 30 day fill)
FREESTYLE LIBRE 2 READER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE LITE GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
FREESTYLE SIDEKICK GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
PRECISION EXTRA GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
ULTIMA GLUCOSE METER	Part B \$0 Copay	QL (1 EACH every 2 years)
<b>PREFERRED DIABETIC GLUCOSE TEST STRIPS</b>		
CONTOUR TEST GLUCOSE STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
CONTOUR NEXT GLUCOSE STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
CONTOUR NEXT EZ GLUCOSE STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
FREESTYLE GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
PRECISION GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)
ULTIMA GLUCOSE TEST STRIPS	Part B \$0 Copay	QL (200 STRIPS per 30 day fill)



Help is always here. If you have any questions, customer service is here to help. We go above and beyond to make sure you have everything you need to understand and get the most from your plan.

**1-888-281-7867 (TTY 711)**

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