



Health Alliance Medicare

Formulary

(List of Covered Drugs)

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

This formulary was updated on February 1, 2020. For more recent information or other questions, please contact Health Alliance Medicare Member Services at 1-800-965-4022 or, for TTY users, 711, Monday through Friday, 8 a.m. to 8 p.m., or visit HealthAlliance.org/Group-Medicare.

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

When this drug list (formulary) refers to “we,” “us” or “our,” it means Health Alliance Medicare. When it refers to “plan” or “our plan,” it means Health Alliance Medicare.

This document includes a list of the drugs (formulary) for our plan which is current as of February 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

The formulary may change at any time. You will receive notice when necessary.

What is the Health Alliance Medicare Formulary?

A formulary is a list of covered drugs selected by Health Alliance Medicare 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. Health Alliance Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Health Alliance Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information on page iii entitled “How do I request an exception to the Health Alliance Medicare Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - o 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 Health Alliance Medicare Formulary?”

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of February 1, 2020. To get updated information about the drugs covered by Health Alliance Medicare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 125. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Health Alliance Medicare 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:** Health Alliance Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Health Alliance Medicare before you fill your prescriptions. If you don't get approval, Health Alliance Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Health Alliance Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Alliance Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Health Alliance Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization restriction. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Health Alliance Medicare 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 Health Alliance Medicare formulary?" on page ii for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Health Alliance Medicare does not cover your drug, you have two options:

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

How do I request an exception to the Health Alliance Medicare formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Health Alliance Medicare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at HealthAlliance.org/Group-Medicare for further details.

For more information

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

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

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

Health Alliance Medicare Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by Health Alliance Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 125.

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

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

Drug Name	Drug Tier	Requirements/Limits
Opthalmic Agents		
Opthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

CB This prescription drug has a capped benefit limit.

EA Each.

HI Home Infusion. This prescription drug may be covered under our medical benefit. For more information, call Member Services at 1-800-965-4022, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 711.

LA Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member Services at 1-800-965-4022, Monday through Friday, 8 a.m. to 8 p.m. TTY/TDD users should call 711.

MO Mail-Order Drug. This prescription drug is available through a mail-order service.

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

QL Quantity Limit. For certain drugs, Health Alliance Medicare limits the amount of the drug that Health Alliance Medicare will cover. For example, Health Alliance Medicare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

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

Please Note: All drugs except Tier 5 Specialty are available by mail-order.

Brand name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>alagesic caps 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>capacet caps 325mg; 50mg; 40mg</i>	2	
<i>esgic caps 325mg; 50mg; 40mg</i>	2	
<i>margesic caps 325mg; 50mg; 40mg</i>	2	
<i>zebutal caps 325mg; 50mg; 40mg</i>	2	
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps 100mg</i>	2	
<i>celecoxib caps 200mg</i>	2	
<i>celecoxib caps 400mg</i>	2	
<i>celecoxib caps 50mg</i>	2	
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium dr tbec 25mg</i>	1	
<i>diclofenac sodium dr tbec 50mg</i>	1	
<i>diclofenac sodium dr tbec 75mg</i>	1	
<i>diclofenac sodium er tb24 100mg</i>	1	
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	2	
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen tbec 500mg</i>	1	
<i>etodolac er tb24 400mg</i>	2	
<i>etodolac er tb24 500mg</i>	2	
<i>etodolac er tb24 600mg</i>	2	
<i>etodolac caps 200mg</i>	1	
<i>etodolac caps 300mg</i>	1	
<i>etodolac tabs 400mg</i>	1	
<i>etodolac tabs 500mg</i>	1	
<i>fenoprofen calcium caps 400mg</i>	1	
<i>fenoprofen calcium tabs 600mg</i>	1	
<i>fenortho caps 400mg</i>	1	
<i>flurbiprofen tabs 100mg</i>	1	
<i>flurbiprofen tabs 50mg</i>	1	
<i>ibuprofen susp 100mg/5ml</i>	1	
<i>ibuprofen tabs 400mg</i>	1	
<i>ibuprofen tabs 600mg</i>	1	
<i>ibuprofen tabs 800mg</i>	1	
<i>ibu tabs 400mg</i>	1	
<i>ibu tabs 600mg</i>	1	
<i>ibu tabs 800mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	2	
<i>ketoprofen caps 25mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen caps 50mg</i>	2	
<i>ketoprofen caps 75mg</i>	2	
<i>ketorolac tromethamine inj 15mg/ml</i>	2	
<i>ketorolac tromethamine inj 30mg/ml</i>	2	
<i>ketorolac tromethamine inj 30mg/ml</i>	2	
<i>ketorolac tromethamine inj 30mg/ml</i>	2	
<i>meclofenamate sodium caps 100mg</i>	1	
<i>meclofenamate sodium caps 50mg</i>	1	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam susp 7.5mg/5ml</i>	1	
<i>meloxicam tabs 15mg</i>	1	
<i>meloxicam tabs 7.5mg</i>	1	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	
<i>naproxen dr tbec 375mg</i>	1	
<i>naproxen dr tbec 500mg</i>	1	
<i>naproxen ec tbec 500mg</i>	1	
<i>naproxen sodium tabs 275mg</i>	1	
<i>naproxen sodium tabs 550mg</i>	1	
<i>naproxen susp 125mg/5ml</i>	1	
<i>naproxen tabs 250mg</i>	1	
<i>naproxen tabs 375mg</i>	1	
<i>naproxen tabs 500mg</i>	1	
<i>oxaprozin tabs 600mg</i>	2	
<i>piroxicam caps 10mg</i>	2	
<i>piroxicam caps 20mg</i>	2	
<i>profeno tabs 600mg</i>	1	
<i>salsalate tabs 500mg</i>	2	
<i>salsalate tabs 750mg</i>	2	
<i>sulindac tabs 150mg</i>	1	
<i>sulindac tabs 200mg</i>	1	
<i>tolmetin sodium caps 400mg</i>	1	
<i>tolmetin sodium tabs 200mg</i>	1	
<i>tolmetin sodium tabs 600mg</i>	1	
Opioid Analgesics, Long-acting		
BELBUCA FILM 150MCG	4	QL (60 EA per 30 days)
BELBUCA FILM 300MCG	4	QL (60 EA per 30 days)
BELBUCA FILM 450MCG	4	QL (60 EA per 30 days)
BELBUCA FILM 600MCG	4	QL (60 EA per 30 days)
BELBUCA FILM 750MCG	4	QL (60 EA per 30 days)
BELBUCA FILM 75MCG	4	QL (60 EA per 30 days)
BELBUCA FILM 900MCG	4	QL (60 EA per 30 days)
<i>buprenorphine ptwk 10mcg/hr</i>	2	
<i>buprenorphine ptwk 15mcg/hr</i>	2	
<i>buprenorphine ptwk 20mcg/hr</i>	2	
<i>buprenorphine ptwk 5mcg/hr</i>	2	
BUPRENORPHINE PTWK 7.5MCG/HR	3	
BUTRANS PTWK 7.5MCG/HR	3	
<i>fentanyl pt72 100mcg/hr</i>	2	QL (20 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 12mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 25mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 37.5mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 50mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 62.5mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 75mcg/hr</i>	2	QL (10 EA per 30 days)
<i>fentanyl pt72 87.5mcg/hr</i>	2	QL (10 EA per 30 days)
LEVORPHANOL TARTRATE TABS 2MG	5	QL (180 EA per 30 days)
<i>methadone hcl intensol conc 10mg/ml</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl conc 10mg/ml</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl inj 10mg/ml</i>	2	
<i>methadone hcl soln 10mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methadone hcl tabs 10mg</i>	2	QL (360 EA per 30 days)
<i>methadone hcl tabs 5mg</i>	2	QL (360 EA per 30 days)
<i>morphine sulfate er cp24 100mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 10mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 20mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 30mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 40mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 50mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 60mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er cp24 80mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er tbcr 15mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er tbcr 200mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er tbcr 30mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate er tbcr 60mg</i>	2	QL (120 EA per 30 days)
<i>morphine sulfate inj 10mg/0.7ml</i>	2	
NUCYNTA ER TB12 100MG	3	
NUCYNTA ER TB12 150MG	3	
NUCYNTA ER TB12 200MG	3	
NUCYNTA ER TB12 250MG	3	
NUCYNTA ER TB12 50MG	3	
<i>oxycodone hcl er t12a 10mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone hcl er t12a 15mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone hcl er t12a 20mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone hcl er t12a 30mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone hcl er t12a 40mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone hcl er t12a 60mg</i>	2	QL (60 EA per 30 days)
<i>oxycodone hcl er t12a 80mg</i>	2	QL (60 EA per 30 days)
OXYCONTIN T12A 15MG	4	QL (60 EA per 30 days)
OXYCONTIN T12A 30MG	4	QL (60 EA per 30 days)
OXYCONTIN T12A 60MG	4	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg</i>	2	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 15mg</i>	2	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 20mg</i>	2	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	2	QL (120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 40mg</i>	2	QL (120 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hydrochloride er tb12 5mg</i>	2	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 7.5mg</i>	2	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 40mg</i>	2	QL (120 EA per 30 days)
<i>tramadol hcl er cp24 100mg</i>	2	QL (60 EA per 30 days) ST
<i>tramadol hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) ST
<i>tramadol hcl er cp24 200mg</i>	2	QL (60 EA per 30 days) ST
<i>tramadol hcl er cp24 300mg</i>	2	QL (60 EA per 30 days) ST
<i>tramadol hcl er tb24 100mg</i>	2	QL (30 EA per 30 days) ST
<i>tramadol hcl er tb24 100mg</i>	2	QL (30 EA per 30 days) ST
<i>tramadol hcl er tb24 200mg</i>	2	QL (30 EA per 30 days) ST
<i>tramadol hcl er tb24 200mg</i>	2	QL (30 EA per 30 days) ST
<i>tramadol hcl er tb24 300mg</i>	2	QL (30 EA per 30 days) ST
<i>tramadol hcl er tb24 300mg</i>	2	QL (30 EA per 30 days) ST
Opioid Analgesics, Short-acting		
<i>acetaminophen/caffeine/dihydrocodeine bitartrate tabs 325mg; 30mg; 16mg</i>	2	QL (300 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 30mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	1	QL (180 EA per 30 days)
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	1	QL (4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	1	QL (360 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	1	QL (180 EA per 30 days)
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>aspirin-caffeine-dihydrocodeine caps 356.4mg; 30mg; 16mg</i>	2	QL (300 EA per 30 days)
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 2 30mg</i>	2	
<i>butorphanol tartrate inj 1mg/ml</i>	2	
<i>butorphanol tartrate inj 2mg/ml</i>	2	
<i>butorphanol tartrate soln 10mg/ml</i>	2	QL (5 ML per 28 days)
<i>codeine sulfate tabs 15mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate tabs 15mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate tabs 30mg</i>	1	QL (180 EA per 30 days)
<i>codeine sulfate tabs 60mg</i>	1	QL (180 EA per 30 days)
<i>duramorph inj 0.5mg/ml</i>	2	
<i>duramorph inj 1mg/ml</i>	2	
<i>dvorah tabs 325mg; 30mg; 16mg</i>	2	QL (300 EA per 30 days)
<i>endocet tabs 325mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>endocet tabs 325mg; 2.5mg</i>	2	QL (240 EA per 30 days)
<i>endocet tabs 325mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>endocet tabs 325mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>endodan tabs 325mg; 4.835mg</i>	2	QL (240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	5	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	5	QL (120 EA per 30 days) PA

Drug Name	Drug Tier	Requirements/Limits
FENTANYL CITRATE ORAL TRANSMUCOSAL LPOP 200MCG	4	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	5	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	5	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	5	QL (120 EA per 30 days) PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 10mg/15ml</i>	2	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml</i>	2	QL (2700 ML per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 2.5mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 5mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>hydromorphone hcl inj 10mg/ml</i>	2	
<i>hydromorphone hcl inj 1mg/ml</i>	2	
<i>hydromorphone hcl inj 2mg/ml</i>	2	
<i>hydromorphone hcl inj 4mg/ml</i>	2	
<i>hydromorphone hcl inj 50mg/5ml</i>	2	
<i>hydromorphone hcl liqd 1mg/ml</i>	2	QL (1200 ML per 30 days)
<i>hydromorphone hcl tabs 2mg</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl tabs 4mg</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL (120 EA per 30 days)
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	
<i>ibudone tabs 5mg; 200mg</i>	2	QL (150 EA per 30 days)
LAZANDA SOLN 100MCG/ACT	5	PA
LAZANDA SOLN 300MCG/ACT	5	PA
LAZANDA SOLN 400MCG/ACT	5	PA
<i>lorcet hd tabs 325mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>lorcet plus tabs 325mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>lorcet tabs 325mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>lortab tabs 325mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>lortab tabs 325mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>lortab tabs 325mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>morphine sulfate inj 0.5mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml</i>	2	
<i>morphine sulfate inj 150mg/30ml</i>	2	
<i>morphine sulfate inj 15mg/ml</i>	2	
<i>morphine sulfate inj 1mg/ml</i>	2	
<i>morphine sulfate inj 2mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate inj 2mg/ml</i>	2	
<i>morphine sulfate inj 4mg/ml</i>	2	
<i>morphine sulfate inj 4mg/ml</i>	2	
<i>morphine sulfate inj 4mg/ml</i>	2	
<i>morphine sulfate inj 5mg/ml</i>	2	
<i>morphine sulfate inj 8mg/ml</i>	2	
<i>morphine sulfate inj 8mg/ml</i>	2	
<i>morphine sulfate soln 100mg/5ml</i>	2	QL (200 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml</i>	2	QL (700 ML per 30 days)
<i>morphine sulfate soln 20mg/5ml</i>	2	QL (300 ML per 30 days)
<i>morphine sulfate supp 30mg</i>	2	
<i>morphine sulfate tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate tabs 30mg</i>	2	QL (180 EA per 30 days)
<i>nalbuphine hcl inj 10mg/ml</i>	1	
<i>nalbuphine hcl inj 20mg/ml</i>	1	
<i>oxycodone hcl caps 5mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hydrochloride conc 100mg/5ml</i>	2	QL (180 ML per 30 days)
<i>oxycodone hydrochloride soln 5mg/5ml</i>	2	QL (1300 ML per 30 days)
<i>oxycodone hydrochloride tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hydrochloride tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hydrochloride tabs 20mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hydrochloride tabs 30mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone/acetaminophen soln 325mg/5ml; 5mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	2	QL (240 EA per 30 days)
<i>oxycodone/ibuprofen tabs 400mg; 5mg</i>	2	QL (30 EA per 30 days)
<i>oxymorphone hydrochloride tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>oxymorphone hydrochloride tabs 5mg</i>	2	QL (180 EA per 30 days)
<i>panlor tabs 325mg; 30mg; 16mg</i>	2	QL (300 EA per 30 days)
<i>reprexain tabs 10mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>reprexain tabs 5mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>roxicet soln 325mg/5ml; 5mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>roxicet tabs 325mg; 5mg</i>	2	QL (240 EA per 30 days)
ROXYBOND TABA 15MG	5	QL (180 EA per 30 days)
ROXYBOND TABA 30MG	5	QL (180 EA per 30 days)
<i>tramadol hcl tabs 50mg</i>	1	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	QL (240 EA per 30 days)
<i>verdrocet tabs 325mg; 2.5mg</i>	2	QL (240 EA per 30 days)
<i>vicodin es tabs 300mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>vicodin hp tabs 300mg; 10mg</i>	2	QL (240 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	2	QL (240 EA per 30 days)
<i>xylon tabs 10mg; 200mg</i>	2	QL (150 EA per 30 days)
<i>zamicet soln 325mg/15ml; 10mg/15ml</i>	2	QL (2700 ML per 30 days)

Anesthetics

Local Anesthetics

Drug Name	Drug Tier	Requirements/Limits
<i>glydo prsy 2%</i>	1	QL (30 ML per 30 days)
<i>lidocaine hcl jelly gel 2%</i>	1	QL (30 ML per 30 days)
<i>lidocaine hcl/dextrose soln 7.5%; 5%</i>	1	
<i>lidocaine hcl gel 2%</i>	1	QL (30 ML per 30 days)
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 0.5%</i>	1	
<i>lidocaine hcl inj 1%</i>	1	
<i>lidocaine hcl inj 1.5%</i>	1	
<i>lidocaine hcl inj 2%</i>	1	
<i>lidocaine hcl inj 4%</i>	1	
<i>lidocaine hcl prsy 2%</i>	1	QL (30 ML per 30 days)
<i>lidocaine hcl soln 4%</i>	1	QL (250 ML per 30 days)
<i>lidocaine hydrochloride inj 1%</i>	1	
<i>lidocaine hydrochloride inj 2%</i>	1	
<i>lidocaine pak oint 5%</i>	1	QL (150 GM per 30 days)
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	1	QL (30 GM per 30 days)
<i>lidocaine oint 5%</i>	1	QL (150 GM per 30 days)
<i>lidocaine ptch 5%</i>	2	PA
PLIAGLIS CREA 7%; 7%	4	QL (30 GM per 30 days)
<i>premium lidocaine oint 5%</i>	1	QL (150 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr tbec 333mg</i>	2	
<i>disulfiram tabs 250mg</i>	2	
<i>disulfiram tabs 500mg</i>	2	
VIVITROL INJ 380MG	5	
Opioid Dependence Treatments		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl inj 0.3mg/ml</i>	4	
<i>buprenorphine hcl inj 0.3mg/ml</i>	4	
<i>buprenorphine hcl subl 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	2	QL (90 EA per 30 days)
LUCEMYRA TABS 0.18MG	4	
<i>naltrexone hcl tabs 50mg</i>	1	
Opioid Reversal Agents		
<i>naloxone hcl inj 0.4mg/ml</i>	1	
<i>naloxone hcl inj 0.4mg/ml</i>	1	
<i>naloxone hcl inj 2mg/2ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl inj 4mg/10ml</i>	1	
NARCAN LIQD 4MG/0.1ML	3	
Smoking Cessation Agents		
<i>buproban tb12 150mg</i>	2	
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	
<i>chantix continuing month pak tabs 1mg</i>	3	
<i>chantix starting month pak tabs 0</i>	3	
<i>chantix tabs 0.5mg</i>	3	
<i>chantix tabs 1mg</i>	3	
NICOTROL INHALER INHA 10MG	4	QL (480 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	4	QL (720 ML per 365 days)
Anti-inflammatory Agents		
Glucocorticoids		
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>procto-med hc crea 2.5%</i>	1	
<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	1	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate inj 1gm/4ml</i>	2	
<i>amikacin sulfate inj 500mg/2ml</i>	2	
<i>gentak oint 0.3%</i>	1	
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	
<i>gentamicin sulfate inj 10mg/ml</i>	1	
<i>gentamicin sulfate inj 40mg/ml</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>gentamicin sulfate oint 0.3%</i>	1	
<i>gentamicin sulfate soln 0.3%</i>	1	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml</i>	2	
<i>paromomycin sulfate caps 250mg</i>	1	
<i>streptomycin sulfate inj 1gm</i>	1	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	2	
<i>tobramycin sulfate inj 10mg/ml</i>	2	
<i>tobramycin sulfate inj 40mg/ml</i>	2	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate soln 0.3%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
ZEMDRI INJ 500MG/10ML	5	
Antibacterials, Other		
AEMCOLO TBEC 194MG	3	QL (12 EA per 30 days)
<i>baciim inj 50000unit</i>	1	
<i>bacitracin inj 50000unit</i>	1	
<i>bacitracin oint 500unit/gm</i>	2	
BACTROBAN NASAL OINT 2%	4	
<i>chloramphenicol sodium succinate inj 1gm</i>	1	
CLEOCIN SUPP 100MG	4	
<i>clindacin etz pledgets swab 1%</i>	2	
<i>clindacin-p swab 1%</i>	2	
<i>clindamax gel 1%</i>	1	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hcl caps 75mg</i>	1	
<i>clindamycin hydrochloride caps 150mg</i>	1	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	1	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	1	
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	1	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	2	
<i>clindamycin phosphate crea 2%</i>	2	
<i>clindamycin phosphate foam 1%</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate inj 150mg/ml</i>	1	
<i>clindamycin phosphate inj 300mg/2ml</i>	1	
<i>clindamycin phosphate inj 300mg/2ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	
<i>clindamycin phosphate inj 600mg/4ml</i>	1	
<i>clindamycin phosphate inj 900mg/6ml</i>	1	
<i>clindamycin phosphate inj 900mg/6ml</i>	1	
<i>clindamycin phosphate inj 9gm/60ml</i>	1	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin inj 900mg/6ml</i>	1	
<i>colistimethate sodium inj 150mg</i>	2	
DALVANCE INJ 500MG	5	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
FLAGYL ER TB24 750MG	3	
<i>lincomycin hcl inj 300mg/ml</i>	2	
<i>linezolid inj 600mg/300ml</i>	5	
<i>linezolid susr 100mg/5ml</i>	5	
<i>linezolid tabs 600mg</i>	4	QL (56 EA per 28 days)
MAFENIDE ACETATE PACK 5%	4	
<i>methenamine hippurate tabs 1gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole inj 500mg/100ml; 0.79%</i>	1	
<i>metronidazole inj 5mg/ml</i>	1	
<i>metronidazole tabs 250mg</i>	1	
<i>metronidazole tabs 500mg</i>	1	
MONUROL PACK 5.631GM	4	
<i>mupirocin calcium crea 2%</i>	1	
<i>mupirocin crea 2%</i>	1	
<i>mupirocin oint 2%</i>	1	
<i>nitrofurantoin macrocrystals caps 100mg</i>	2	
<i>nitrofurantoin macrocrystals caps 25mg</i>	2	
<i>nitrofurantoin macrocrystals caps 50mg</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	2	
<i>nitrofurantoin monohydrate caps 100mg</i>	2	
<i>nitrofurantoin caps 100mg</i>	2	
NUVESSA GEL 1.3%	4	
ORBACTIV INJ 400MG	5	
<i>polymyxin b sulfate inj 500000unit</i>	2	
PRIMSOL SOLN 50MG/5ML	3	
<i>silver sulfadiazine crea 1%</i>	1	
SIVEXTRO INJ 200MG	5	QL (6 EA per 30 days)
SIVEXTRO TABS 200MG	5	QL (6 EA per 30 days)
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	4	
SYNERCID INJ 350MG; 150MG	5	
<i>thermazene crea 1%</i>	1	
<i>tigecycline inj 50mg</i>	5	
<i>trimethoprim tabs 100mg</i>	1	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
VANCOMYCIN HCL INJ 10GM	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 4 1GM/200ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 4 500MG/100ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 4 750MG/150ML	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	
<i>vancomycin hydrochloride caps 250mg</i>	5	
VANCOMYCIN HYDROCHLORIDE INJ 1000MG/200ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1GM	4	
<i>vancomycin hydrochloride inj 250mg</i>	2	
VANCOMYCIN HYDROCHLORIDE INJ 500MG	4	
VANCOMYCIN HYDROCHLORIDE INJ 5GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 750MG	4	
VANCOMYCIN INJ 0.9%; 500MG/100ML	4	
VANCOMYCIN INJ 0.9%; 750MG/150ML	4	
<i>vandazole gel 0.75%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ INJ 0.5GM; 2GM	5	
<i>cefaclor er tb12 500mg</i>	2	
<i>cefaclor caps 250mg</i>	2	
<i>cefaclor caps 500mg</i>	2	
<i>cefaclor susr 125mg/5ml</i>	2	
<i>cefaclor susr 250mg/5ml</i>	2	
<i>cefaclor susr 375mg/5ml</i>	2	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml</i>	2	
<i>cefadroxil susr 500mg/5ml</i>	2	
<i>cefadroxil tabs 1gm</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	2	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm</i>	2	
<i>cefazolin sodium inj 10gm</i>	2	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 20gm</i>	2	
<i>cefazolin sodium inj 20gm</i>	2	
<i>cefazolin sodium inj 300gm</i>	2	
<i>cefazolin sodium inj 500mg</i>	2	
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml</i>	2	
<i>cefdinir susr 250mg/5ml</i>	2	
<i>cefditoren pivoxil tabs 200mg</i>	2	
<i>cefditoren pivoxil tabs 400mg</i>	2	
CEFEPIME/DEXTROSE INJ 1GM/50ML; 5%	3	
CEFEPIME/DEXTROSE INJ 2GM/50ML; 5%	3	
CEFEPIME INJ 1GM/50ML	3	
CEFEPIME INJ 1GM	3	
CEFEPIME INJ 2GM/100ML	3	
CEFEPIME INJ 2GM	3	
CEFIXIME CAPS 400MG	4	
<i>cefixime susr 100mg/5ml</i>	2	
<i>cefixime susr 200mg/5ml</i>	2	
<i>cefotaxime sodium inj 10gm</i>	1	
<i>cefotaxime sodium inj 1gm</i>	1	
<i>cefotaxime sodium inj 2gm</i>	1	
<i>cefotaxime sodium inj 500mg</i>	1	
<i>cefotetan/dextrose inj 1gm; 3.58%</i>	1	
<i>cefotetan/dextrose inj 2gm; 2.08%</i>	1	
<i>cefotetan inj 10gm</i>	1	
<i>cefotetan inj 1gm</i>	1	
<i>cefotetan inj 2gm</i>	1	
<i>cefoxitin sodium inj 10gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin sodium inj 1gm</i>	1	
<i>cefoxitin sodium inj 1gm; 4%</i>	1	
<i>cefoxitin sodium inj 2gm</i>	1	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	1	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	2	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	2	
<i>cefpodoxime proxetil tabs 100mg</i>	2	
<i>cefpodoxime proxetil tabs 200mg</i>	2	
<i>cefprozil susr 125mg/5ml</i>	2	
<i>cefprozil susr 250mg/5ml</i>	2	
<i>cefprozil tabs 250mg</i>	2	
<i>cefprozil tabs 500mg</i>	2	
CEFTAZIDIME/DEXTROSE INJ 1GM/50ML; 5%	4	
CEFTAZIDIME/DEXTROSE INJ 2GM/50ML; 5%	4	
<i>ceftazidime inj 1gm</i>	1	
<i>ceftazidime inj 2gm</i>	1	
<i>ceftazidime inj 6gm</i>	1	
<i>ceftibuten caps 400mg</i>	2	
<i>ceftibuten susr 180mg/5ml</i>	2	
CEFTIN SUSR 125MG/5ML	4	
CEFTIN SUSR 250MG/5ML	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 20MG/ML; 0	4	
CEFTRIAXONE SODIUM INJ 10GM	4	
CEFTRIAXONE SODIUM INJ 1GM	4	
CEFTRIAXONE SODIUM INJ 1GM	4	
CEFTRIAXONE SODIUM INJ 250MG	4	
CEFTRIAXONE SODIUM INJ 2GM	4	
CEFTRIAXONE SODIUM INJ 2GM	4	
CEFTRIAXONE SODIUM INJ 500MG	4	
CEFTRIAXONE/DEXTROSE INJ 1GM; 3.74%	4	
CEFTRIAXONE/DEXTROSE INJ 2GM; 2.22%	4	
<i>cefuroxime axetil tabs 250mg</i>	2	
<i>cefuroxime axetil tabs 500mg</i>	2	
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cefuroxime sodium inj 225gm</i>	2	
<i>cefuroxime sodium inj 7.5gm</i>	2	
<i>cefuroxime sodium inj 7.5gm</i>	2	
<i>cefuroxime sodium inj 750mg</i>	2	
<i>cefuroxime sodium inj 75gm</i>	2	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	1	
<i>cephalexin susr 250mg/5ml</i>	1	
<i>cephalexin tabs 250mg</i>	1	
<i>cephalexin tabs 500mg</i>	1	
DAXBIA CAPS 333MG	4	
SUPRAX CAPS 400MG	4	

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	
SUPRAX SUSR 500MG/5ML	5	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 1gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 2gm</i>	1	
<i>tazicef inj 6gm</i>	1	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
ZERBAXA INJ 1GM; 0.5GM	5	
ZINACEF INJ 750MG	2	
Beta-lactam, Other		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM/50ML; 0	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM/50ML; 0	4	
AZACTAM INJ 2GM	4	
<i>aztreonam inj 1gm</i>	1	
<i>aztreonam inj 2gm</i>	5	
DORIBAX INJ 500MG	4	
DORIPENEM INJ 250MG	4	
DORIPENEM INJ 500MG	4	
<i>ertapenem sodium inj 1gm</i>	4	
<i>ertapenem inj 1gm</i>	4	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	1	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	1	
INVANZ INJ 1GM	3	
<i>meropenem/sodium chloride inj 1gm/50ml; 0.9%</i>	5	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	1	
<i>meropenem inj 1gm</i>	1	
<i>meropenem inj 500mg</i>	1	
Beta-lactam, Penicillins		
<i>amoxicillin er tb24 775mg</i>	2	
<i>amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg</i>	2	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	2	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	2	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	2	
<i>amoxicillin caps 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
<i>amoxicillin chew 250mg</i>	1	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	
<i>ampicillin sodium inj 10gm</i>	1	
<i>ampicillin sodium inj 125mg</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 1gm</i>	1	
<i>ampicillin sodium inj 250mg</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 2gm</i>	1	
<i>ampicillin sodium inj 500mg</i>	1	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	1	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	1	
<i>ampicillin caps 250mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin susr 125mg/5ml</i>	1	
<i>ampicillin susr 250mg/5ml</i>	1	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	3	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML	3	
BICILLIN L-A INJ 2400000UNIT/4ML	3	
BICILLIN L-A INJ 600000UNIT/ML	3	
<i>dicloxacillin sodium caps 250mg</i>	1	
<i>dicloxacillin sodium caps 500mg</i>	1	
<i>nafcillin sodium inj 10gm</i>	5	
<i>nafcillin sodium inj 1gm</i>	2	
<i>nafcillin sodium inj 1gm</i>	2	
<i>nafcillin sodium inj 2gm</i>	5	
<i>nafcillin sodium inj 2gm</i>	2	
NAFCILLIN INJ 5%; 1GM/50ML	5	
NAFCILLIN INJ 5%; 2GM/100ML	5	
<i>oxacillin sodium inj 10gm</i>	2	
<i>oxacillin sodium inj 1gm</i>	2	
<i>oxacillin sodium inj 2gm</i>	2	
<i>oxacillin inj 1.5gm/50ml; 1gm/50ml</i>	2	
<i>oxacillin inj 1gm</i>	2	
<i>oxacillin inj 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 40000unit/ml</i>	1	
<i>penicillin g potassium in iso-osmotic dextrose inj 0; 60000unit/ml</i>	1	
<i>penicillin g potassium inj 20000000unit</i>	1	
<i>penicillin g potassium inj 5000000unit</i>	1	
<i>penicillin g procaine inj 600000unit/ml</i>	1	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	1	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	1	
<i>piperacillin sodium/tazobactam inj 12gm; 1.5gm</i>	1	
PIPERACILLIN/TAZOBACTAM INJ 12GM; 1.5GM	1	
<i>piperacillin/tazobactam inj 2gm; 0.25gm</i>	1	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	1	
<i>piperacillin/tazobactam inj 3gm; 0.375gm</i>	1	
<i>piperacillin/tazobactam inj 4gm; 0.5gm</i>	1	
Macrolides		
AZASITE SOLN 1%	4	
<i>azithromycin inj 500mg</i>	1	
<i>azithromycin pack 1gm</i>	2	
<i>azithromycin susr 100mg/5ml</i>	2	
<i>azithromycin susr 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg</i>	2	
<i>azithromycin tabs 250mg</i>	2	
<i>azithromycin tabs 500mg</i>	2	
<i>azithromycin tabs 500mg</i>	2	
<i>azithromycin tabs 600mg</i>	2	
<i>clarithromycin er tb24 500mg</i>	2	
<i>clarithromycin susr 125mg/5ml</i>	2	
<i>clarithromycin susr 250mg/5ml</i>	2	
<i>clarithromycin tabs 250mg</i>	2	
<i>clarithromycin tabs 500mg</i>	2	
DIFICID TABS 200MG	5	ST
<i>e.e.s. 400 tabs 400mg</i>	2	
ERY-TAB TBEC 250MG	4	
ERY-TAB TBEC 333MG	4	
ERY-TAB TBEC 500MG	4	
<i>ery pads 2%</i>	1	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocin stearate tabs 250mg</i>	2	
<i>erythromycin base tabs 250mg</i>	2	
<i>erythromycin base tabs 500mg</i>	2	
<i>erythromycin dr tbec 250mg</i>	2	
<i>erythromycin dr tbec 333mg</i>	2	
<i>erythromycin dr tbec 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	2	
<i>erythromycin ethylsuccinate tabs 400mg</i>	2	
<i>erythromycin cpep 250mg</i>	2	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>erythromycin pads 2%</i>	1	
<i>erythromycin soln 2%</i>	2	
<i>ilotycin oint 5mg/gm</i>	1	
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	
<i>romycin oint 5mg/gm</i>	1	
ZMAX SUSR 2GM	4	
Quinolones		
BAXDELA INJ 300MG	5	
BAXDELA TABS 450MG	5	
<i>ciprofloxacin er tb24 1000mg; 0</i>	2	
<i>ciprofloxacin er tb24 500mg; 0</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	1	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	1	
<i>ciprofloxacin inj 200mg/20ml</i>	1	
<i>ciprofloxacin inj 400mg/40ml</i>	1	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>ciprofloxacin susr 250mg/5ml</i>	2	
<i>ciprofloxacin susr 500mg/5ml</i>	2	
FACTIVE TABS 320MG	4	
<i>gatifloxacin soln 0.5%</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin soln 0.5%</i>	2	
<i>levofloxacin soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg</i>	2	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 750mg</i>	2	
MOXEZA SOLN 0.5%	4	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	2	
<i>moxifloxacin hcl inj 400mg/250ml</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NOROXIN TABS 400MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin tabs 400mg</i>	1	
Sulfonamides		
<i>AVC CREA 15%</i>	4	
<i>sodium sulfacetamide lotn 10%</i>	2	
<i>sulfacetamide sodium lotn 10%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	2	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>sulfadiazine tabs 500mg</i>	1	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	1	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	1	
Tetracyclines		
<i>avidoxy tabs 100mg</i>	2	
<i>coremino tb24 135mg</i>	1	
<i>coremino tb24 45mg</i>	1	
<i>coremino tb24 90mg</i>	1	
<i>demeclocycline hcl tabs 150mg</i>	2	
<i>demeclocycline hcl tabs 300mg</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate dr tbec 150mg</i>	2	
<i>doxycycline hyclate dr tbec 75mg</i>	2	
<i>doxycycline hyclate caps 100mg</i>	2	
<i>doxycycline hyclate caps 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	2	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline hyclate tabs 20mg</i>	2	
<i>doxycycline monohydrate caps 100mg</i>	2	
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 50mg</i>	2	
<i>doxycycline monohydrate caps 75mg</i>	2	
<i>doxycycline monohydrate tabs 100mg</i>	2	
<i>doxycycline monohydrate tabs 150mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
<i>doxycycline tabs 150mg</i>	2	
<i>doxycycline tabs 50mg</i>	2	
<i>doxycycline tabs 75mg</i>	2	
<i>MINOCIN INJ 100MG</i>	5	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	1	
<i>minocycline hcl tabs 50mg</i>	1	
<i>minocycline hcl tabs 75mg</i>	1	
<i>minocycline hydrochloride er tb24 135mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hydrochloride er tb24 45mg</i>	1	
<i>minocycline hydrochloride er tb24 90mg</i>	1	
<i>minocycline hydrochloride caps 100mg</i>	1	
<i>minocycline hydrochloride caps 50mg</i>	1	
<i>minocycline hydrochloride caps 75mg</i>	1	
<i>mondoxyne nl caps 100mg</i>	2	
<i>mondoxyne nl caps 50mg</i>	2	
<i>mondoxyne nl caps 75mg</i>	2	
<i>morgidox 1x100mg caps 100mg</i>	2	
MORGIDOX 1X50MG KIT KIT 0; 50MG; 0	4	
<i>morgidox 2x100mg caps 100mg</i>	2	
NUZYRA INJ 100MG	5	
NUZYRA TABS 150MG	5	QL (30 EA per 30 days)
NUZYRA TABS 150MG	5	QL (30 EA per 30 days)
NUZYRA TABS 150MG	5	QL (30 EA per 30 days)
<i>okebo caps 100mg</i>	2	
<i>okebo caps 75mg</i>	2	
<i>soloxide tbec 150mg</i>	2	
<i>tetracycline hydrochloride caps 250mg</i>	2	
<i>tetracycline hydrochloride caps 500mg</i>	2	
VIBRAMYCIN SYRP 50MG/5ML	4	
XERAVA INJ 50MG	5	

Anticonvulsants

Anticonvulsants, Other

APTiom TABS 200MG	5	ST
APTiom TABS 400MG	5	ST
APTiom TABS 600MG	5	ST
APTiom TABS 800MG	5	ST
BRIVIACT INJ 50MG/5ML	5	ST
BRIVIACT SOLN 10MG/ML	5	ST
BRIVIACT TABS 100MG	5	ST
BRIVIACT TABS 10MG	5	ST
BRIVIACT TABS 25MG	5	ST
BRIVIACT TABS 50MG	5	ST
BRIVIACT TABS 75MG	5	ST
EPIDIOLEX SOLN 100MG/ML	5	PA
FYCOMPA SUSP 0.5MG/ML	5	
FYCOMPA TABS 10MG	5	
FYCOMPA TABS 12MG	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 4MG	5	
FYCOMPA TABS 6MG	5	
FYCOMPA TABS 8MG	4	
<i>levetiracetam er tb24 500mg</i>	1	
<i>levetiracetam er tb24 750mg</i>	1	
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	2	
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml</i>	2	
<i>levetiracetam inj 1500mg/100ml; 540mg/100ml</i>	2	
<i>levetiracetam inj 500mg/100ml; 820mg/100ml</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>levetiracetam soln 100mg/ml</i>	1	
<i>levetiracetam tabs 1000mg</i>	1	
<i>levetiracetam tabs 250mg</i>	1	
<i>levetiracetam tabs 500mg</i>	1	
<i>levetiracetam tabs 750mg</i>	1	
NAYZILAM SOLN 5MG/0.1ML	5	
POTIGA TABS 200MG	5	
POTIGA TABS 300MG	5	
POTIGA TABS 400MG	5	
POTIGA TABS 50MG	4	
<i>roweepra xr tb24 500mg</i>	1	
<i>roweepra xr tb24 750mg</i>	1	
<i>roweepra tabs 1000mg</i>	1	
<i>roweepra tabs 500mg</i>	1	
<i>roweepra tabs 750mg</i>	1	
SPRITAM TB3D 1000MG	4	ST
SPRITAM TB3D 250MG	4	ST
SPRITAM TB3D 500MG	4	ST
SPRITAM TB3D 750MG	4	ST
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
<i>ethosuximide caps 250mg</i>	2	
<i>ethosuximide soln 250mg/5ml</i>	2	
LYRICA CAPS 100MG	3	
LYRICA CAPS 150MG	3	
LYRICA CAPS 200MG	3	
LYRICA CAPS 225MG	3	
LYRICA CAPS 25MG	3	
LYRICA CAPS 300MG	3	
LYRICA CAPS 50MG	3	
LYRICA CAPS 75MG	3	
LYRICA SOLN 20MG/ML	3	
<i>pregabalin caps 100mg</i>	2	
<i>pregabalin caps 150mg</i>	2	
<i>pregabalin caps 200mg</i>	2	
<i>pregabalin caps 225mg</i>	2	
<i>pregabalin caps 25mg</i>	2	
<i>pregabalin caps 300mg</i>	2	
<i>pregabalin caps 50mg</i>	2	
<i>pregabalin caps 75mg</i>	2	
<i>pregabalin soln 20mg/ml</i>	2	
<i>zonisamide caps 100mg</i>	1	
<i>zonisamide caps 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zonisamide caps 50mg</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam susp 2.5mg/ml</i>	4	
<i>clobazam tabs 10mg</i>	4	
<i>clobazam tabs 20mg</i>	4	
<i>clonazepam odt tbdp 0.125mg</i>	2	
<i>clonazepam odt tbdp 0.25mg</i>	2	
<i>clonazepam odt tbdp 0.5mg</i>	2	
<i>clonazepam odt tbdp 1mg</i>	2	
<i>clonazepam odt tbdp 2mg</i>	2	
<i>clonazepam tabs 0.5mg</i>	2	
<i>clonazepam tabs 1mg</i>	2	
<i>clonazepam tabs 2mg</i>	2	
<i>diastat acudial gel 10mg</i>	2	
<i>diastat acudial gel 20mg</i>	2	
<i>diastat pediatric gel 2.5mg</i>	2	
<i>diazepam rectal gel gel 10mg</i>	2	
<i>diazepam rectal gel gel 2.5mg</i>	2	
<i>diazepam rectal gel gel 20mg</i>	2	
<i>diazepam gel 10mg</i>	2	
<i>diazepam gel 2.5mg</i>	2	
<i>diazepam gel 20mg</i>	2	
<i>divalproex sodium dr tbec 125mg</i>	1	
<i>divalproex sodium dr tbec 250mg</i>	1	
<i>divalproex sodium dr tbec 500mg</i>	1	
<i>divalproex sodium er tb24 250mg</i>	2	
<i>divalproex sodium er tb24 500mg</i>	2	
<i>divalproex sodium csdr 125mg</i>	1	
<i>gabapentin caps 100mg</i>	1	
<i>gabapentin caps 300mg</i>	1	
<i>gabapentin caps 400mg</i>	1	
<i>gabapentin soln 250mg/5ml</i>	1	
<i>gabapentin tabs 600mg</i>	1	
<i>gabapentin tabs 800mg</i>	1	
<i>phenobarbital sodium inj 130mg/ml</i>	1	
<i>phenobarbital sodium inj 65mg/ml</i>	1	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg</i>	1	
<i>phenobarbital tabs 15mg</i>	1	
<i>phenobarbital tabs 16.2mg</i>	1	
<i>phenobarbital tabs 30mg</i>	1	
<i>phenobarbital tabs 32.4mg</i>	1	
<i>phenobarbital tabs 60mg</i>	1	
<i>phenobarbital tabs 64.8mg</i>	1	
<i>phenobarbital tabs 97.2mg</i>	1	
<i>primidone tabs 250mg</i>	1	
<i>primidone tabs 50mg</i>	1	
STAVZOR CPDR 125MG	4	
STAVZOR CPDR 250MG	4	

Drug Name	Drug Tier	Requirements/Limits
STAVZOR CPDR 500MG	4	
SYMPAZAN FILM 10MG	5	
SYMPAZAN FILM 20MG	5	
SYMPAZAN FILM 5MG	4	
<i>tiagabine hydrochloride tabs 12mg</i>	2	
<i>tiagabine hydrochloride tabs 16mg</i>	2	
<i>tiagabine hydrochloride tabs 2mg</i>	2	
<i>tiagabine hydrochloride tabs 4mg</i>	2	
<i>valproate sodium inj 100mg/ml</i>	1	
<i>valproic acid caps 250mg</i>	1	
<i>valproic acid soln 250mg/5ml</i>	1	
<i>vigabatrin pack 500mg</i>	5	
<i>vigabatrin tabs 500mg</i>	5	
<i>vigadrone pack 500mg</i>	5	
Glutamate Reducing Agents		
<i>felbamate susp 600mg/5ml</i>	5	
<i>felbamate tabs 400mg</i>	2	
<i>felbamate tabs 600mg</i>	2	
<i>lamotrigine er tb24 100mg</i>	2	
<i>lamotrigine er tb24 200mg</i>	2	
<i>lamotrigine er tb24 250mg</i>	2	
<i>lamotrigine er tb24 25mg</i>	2	
<i>lamotrigine er tb24 300mg</i>	2	
<i>lamotrigine er tb24 50mg</i>	2	
<i>lamotrigine chew 25mg</i>	1	
<i>lamotrigine chew 5mg</i>	1	
<i>lamotrigine tabs 100mg</i>	1	
<i>lamotrigine tabs 150mg</i>	1	
<i>lamotrigine tabs 200mg</i>	1	
<i>lamotrigine tabs 25mg</i>	1	
<i>subvenite tabs 100mg</i>	1	
<i>subvenite tabs 150mg</i>	1	
<i>subvenite tabs 200mg</i>	1	
<i>subvenite tabs 25mg</i>	1	
<i>topiragen tabs 100mg</i>	2	
<i>topiragen tabs 200mg</i>	2	
<i>topiragen tabs 25mg</i>	2	
<i>topiragen tabs 50mg</i>	2	
<i>topiramate er cs24 100mg</i>	2	
<i>topiramate er cs24 150mg</i>	2	
<i>topiramate er cs24 200mg</i>	2	
<i>topiramate er cs24 25mg</i>	2	
<i>topiramate er cs24 50mg</i>	2	
<i>topiramate csp 15mg</i>	2	
<i>topiramate csp 25mg</i>	2	
<i>topiramate tabs 100mg</i>	2	
<i>topiramate tabs 200mg</i>	2	
<i>topiramate tabs 25mg</i>	2	
<i>topiramate tabs 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CP24 100MG	4	
TROKENDI XR CP24 200MG	5	
TROKENDI XR CP24 25MG	4	
TROKENDI XR CP24 50MG	4	
<i>Sodium Channel Agents</i>		
BANZEL SUSP 40MG/ML	5	
BANZEL TABS 200MG	5	
BANZEL TABS 400MG	5	
<i>carbamazepine er cp12 100mg</i>	1	
<i>carbamazepine er cp12 200mg</i>	1	
<i>carbamazepine er cp12 300mg</i>	1	
<i>carbamazepine er tb12 100mg</i>	1	
<i>carbamazepine er tb12 200mg</i>	2	
<i>carbamazepine er tb12 400mg</i>	1	
<i>carbamazepine chew 100mg</i>	1	
<i>carbamazepine susp 100mg/5ml</i>	1	
<i>carbamazepine tabs 200mg</i>	1	
DILANTIN INFATABS CHEW 50MG	4	
DILANTIN-125 SUSP 125MG/5ML	4	
DILANTIN CAPS 100MG	4	
DILANTIN CAPS 30MG	4	
<i>epitol tabs 200mg</i>	1	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	1	
<i>oxcarbazepine susp 300mg/5ml</i>	1	
<i>oxcarbazepine tabs 150mg</i>	1	
<i>oxcarbazepine tabs 300mg</i>	1	
<i>oxcarbazepine tabs 600mg</i>	1	
OXTELLAR XR TB24 150MG	4	
OXTELLAR XR TB24 300MG	4	
OXTELLAR XR TB24 600MG	4	
PEGANONE TABS 250MG	4	
<i>phenytoin infatabs chew 50mg</i>	1	
<i>phenytoin sodium extended caps 100mg</i>	1	
<i>phenytoin sodium extended caps 200mg</i>	1	
<i>phenytoin sodium extended caps 300mg</i>	1	
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	
<i>phenytoin susp 125mg/5ml</i>	1	
VIMPAT INJ 200MG/20ML	3	
VIMPAT SOLN 10MG/ML	3	
VIMPAT TABS 100MG	5	
VIMPAT TABS 150MG	5	
VIMPAT TABS 200MG	5	
VIMPAT TABS 50MG	3	
Antidementia Agents		
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tbdp 10mg</i>	1	
<i>donepezil hcl tbdp 5mg</i>	1	
<i>donepezil hydrochloride odt tbdp 10mg</i>	1	
<i>donepezil hydrochloride odt tbdp 5mg</i>	1	
<i>donepezil hydrochloride tabs 10mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er cp24 16mg</i>	2	
<i>galantamine hydrobromide er cp24 24mg</i>	2	
<i>galantamine hydrobromide er cp24 8mg</i>	2	
<i>galantamine hydrobromide soln 4mg/ml</i>	2	
<i>galantamine hydrobromide tabs 12mg</i>	2	
<i>galantamine hydrobromide tabs 4mg</i>	2	
<i>galantamine hydrobromide tabs 8mg</i>	2	
<i>rivastigmine tartrate caps 1.5mg</i>	2	
<i>rivastigmine tartrate caps 3mg</i>	2	
<i>rivastigmine tartrate caps 4.5mg</i>	2	
<i>rivastigmine tartrate caps 6mg</i>	2	
<i>rivastigmine transdermal system pt24 13.3mg/24hr</i>	4	
<i>rivastigmine transdermal system pt24 4.6mg/24hr</i>	4	
<i>rivastigmine transdermal system pt24 9.5mg/24hr</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride er cp24 14mg</i>	2	
<i>memantine hydrochloride er cp24 21mg</i>	2	
<i>memantine hydrochloride er cp24 28mg</i>	2	
<i>memantine hydrochloride er cp24 7mg</i>	2	
<i>memantine hydrochloride soln 2mg/ml</i>	2	
<i>memantine hydrochloride tabs 10mg</i>	1	
<i>memantine hydrochloride tabs 5mg</i>	1	
NAMENDA XR TITRATION PACK CP24 0	4	
Antidepressants		
<i>Antidepressants, Other</i>		
APLENZIN TB24 174MG	5	
APLENZIN TB24 348MG	5	
APLENZIN TB24 522MG	5	
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	4	
<i>bupropion hydrochloride tabs 75mg</i>	1	
FORFIVO XL TB24 450MG	4	
<i>mirtazapine odt tbdp 15mg</i>	1	
<i>mirtazapine odt tbdp 30mg</i>	1	
<i>mirtazapine odt tbdp 45mg</i>	1	
<i>mirtazapine tabs 15mg</i>	1	
<i>mirtazapine tabs 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tabs 45mg</i>	1	
<i>mirtazapine tabs 7.5mg</i>	1	
SPRAVATO 56MG DOSE SOPK 0	5	PA
SPRAVATO 84MG DOSE SOPK 0	5	PA
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR	5	QL (30 EA per 30 days)
EMSAM PT24 6MG/24HR	5	QL (30 EA per 30 days)
EMSAM PT24 9MG/24HR	5	QL (30 EA per 30 days)
MARPLAN TABS 10MG	4	
<i>phenelzine sulfate tabs 15mg</i>	2	
<i>tranylcypromine sulfate tabs 10mg</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
BRINTELLIX TABS 10MG	4	ST
BRINTELLIX TABS 20MG	4	ST
BRINTELLIX TABS 5MG	4	ST
<i>citalopram hydrobromide soln 10mg/5ml</i>	1	
<i>citalopram hydrobromide tabs 10mg</i>	1	
<i>citalopram hydrobromide tabs 20mg</i>	1	
<i>citalopram hydrobromide tabs 40mg</i>	1	
<i>desvenlafaxine er tb24 100mg</i>	2	
DESVENLAFAXINE ER TB24 100MG	4	
<i>desvenlafaxine er tb24 100mg</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine er tb24 25mg</i>	2	QL (30 EA per 30 days)
<i>desvenlafaxine er tb24 50mg</i>	2	
DESVENLAFAXINE ER TB24 50MG	4	
<i>desvenlafaxine er tb24 50mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG	4	
DRIZALMA SPRINKLE CSDR 30MG	4	
DRIZALMA SPRINKLE CSDR 40MG	4	
DRIZALMA SPRINKLE CSDR 60MG	4	
<i>duloxetine hcl cpep 20mg</i>	2	
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg</i>	2	
<i>duloxetine hydrochloride cpep 30mg</i>	2	
<i>duloxetine hydrochloride cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 60mg</i>	2	
ESCITALOPRAM OXALATE SOLN 5MG/5ML	4	
<i>escitalopram oxalate tabs 10mg</i>	1	
<i>escitalopram oxalate tabs 20mg</i>	1	
<i>escitalopram oxalate tabs 5mg</i>	1	
FETZIMA TITRATION PACK C4PK 0	4	ST
FETZIMA CP24 120MG	4	ST
FETZIMA CP24 20MG	4	ST
FETZIMA CP24 40MG	4	ST
FETZIMA CP24 80MG	4	ST
<i>fluoxetine dr cpdr 90mg</i>	1	
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hydrochloride caps 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride caps 40mg</i>	1	
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	1	
<i>fluoxetine hydrochloride tabs 60mg</i>	4	
FLUVOXAMINE MALEATE ER CP24 100MG	4	ST
FLUVOXAMINE MALEATE ER CP24 150MG	4	ST
<i>fluvoxamine maleate tabs 100mg</i>	1	
<i>fluvoxamine maleate tabs 25mg</i>	1	
<i>fluvoxamine maleate tabs 50mg</i>	1	
IRENKA CPEP 40MG	4	QL (90 EA per 30 days)
<i>maprotiline hcl tabs 25mg</i>	2	
<i>maprotiline hcl tabs 50mg</i>	2	
<i>maprotiline hcl tabs 75mg</i>	2	
<i>nefazodone hcl tabs 100mg</i>	2	
<i>nefazodone hcl tabs 150mg</i>	2	
<i>nefazodone hydrochloride tabs 200mg</i>	2	
<i>nefazodone hydrochloride tabs 250mg</i>	2	
<i>nefazodone hydrochloride tabs 50mg</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	2	
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	2	
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	2	
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	2	
<i>paroxetine hcl er tb24 12.5mg</i>	2	
<i>paroxetine hcl er tb24 25mg</i>	2	
<i>paroxetine hcl er tb24 37.5mg</i>	2	
<i>paroxetine hcl tabs 10mg</i>	1	
<i>paroxetine hcl tabs 30mg</i>	1	
<i>paroxetine hcl tabs 40mg</i>	1	
<i>paroxetine hydrochloride tabs 20mg</i>	1	
<i>paroxetine caps 7.5mg</i>	2	
PAXIL SUSP 10MG/5ML	4	
PEXEVA TABS 10MG	4	ST
PEXEVA TABS 20MG	4	ST
PEXEVA TABS 30MG	4	ST
PEXEVA TABS 40MG	4	ST
<i>sertraline hcl conc 20mg/ml</i>	1	
<i>sertraline hcl tabs 25mg</i>	1	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 100mg</i>	1	
<i>trazodone hydrochloride tabs 150mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trazodone hydrochloride tabs 50mg</i>	1	
TRINTELLIX TABS 10MG	4	ST
TRINTELLIX TABS 20MG	4	ST
TRINTELLIX TABS 5MG	4	ST
<i>venlafaxine hcl er cp24 150mg</i>	1	
<i>venlafaxine hcl er cp24 37.5mg</i>	1	
<i>venlafaxine hcl tabs 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tabs 25mg</i>	1	
<i>venlafaxine hcl tabs 37.5mg</i>	1	
<i>venlafaxine hcl tabs 50mg</i>	1	
<i>venlafaxine hcl tabs 75mg</i>	1	
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	
<i>venlafaxine hydrochloride er tb24 150mg</i>	1	
<i>venlafaxine hydrochloride er tb24 75mg</i>	1	
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days) ST
VIIBRYD KIT 0	4	ST
VIIBRYD TABS 10MG	4	QL (30 EA per 30 days) ST
VIIBRYD TABS 20MG	4	QL (30 EA per 30 days) ST
VIIBRYD TABS 40MG	4	QL (30 EA per 30 days) ST
Tricyclics		
AMITRIPTYLINE HCL TABS 100MG	4	PA
AMITRIPTYLINE HCL TABS 150MG	4	PA
AMITRIPTYLINE HCL TABS 25MG	4	PA
AMITRIPTYLINE HCL TABS 75MG	4	PA
AMITRIPTYLINE HYDROCHLORIDE TABS 10MG	4	PA
AMITRIPTYLINE HYDROCHLORIDE TABS 50MG	4	PA
<i>amoxapine tabs 100mg</i>	1	
<i>amoxapine tabs 150mg</i>	1	
<i>amoxapine tabs 25mg</i>	1	
<i>amoxapine tabs 50mg</i>	1	
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG	4	PA
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 25MG; 10MG	4	PA
CLOMIPRAMINE HCL CAPS 25MG	4	PA
CLOMIPRAMINE HCL CAPS 50MG	4	PA
CLOMIPRAMINE HCL CAPS 75MG	4	PA
<i>desipramine hcl tabs 100mg</i>	2	
<i>desipramine hcl tabs 10mg</i>	2	
<i>desipramine hcl tabs 150mg</i>	2	
<i>desipramine hcl tabs 25mg</i>	2	
<i>desipramine hcl tabs 50mg</i>	2	
<i>desipramine hcl tabs 75mg</i>	2	
DOXEPIN HCL CAPS 100MG	4	PA
DOXEPIN HCL CAPS 10MG	4	PA
DOXEPIN HCL CAPS 150MG	4	PA
DOXEPIN HCL CAPS 50MG	4	PA
DOXEPIN HCL CAPS 75MG	4	PA
DOXEPIN HCL CONC 10MG/ML	4	PA
DOXEPIN HYDROCHLORIDE CAPS 25MG	4	PA
IMIPRAMINE HCL TABS 25MG	4	PA
IMIPRAMINE HCL TABS 50MG	4	PA
IMIPRAMINE HYDROCHLORIDE TABS 10MG	4	PA
IMIPRAMINE PAMOATE CAPS 100MG	4	PA
IMIPRAMINE PAMOATE CAPS 125MG	4	PA
IMIPRAMINE PAMOATE CAPS 150MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
IMIPRAMINE PAMOATE CAPS 75MG	4	PA
<i>nortriptyline hcl caps 25mg</i>	1	
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	
<i>nortriptyline hydrochloride caps 10mg</i>	1	
<i>nortriptyline hydrochloride caps 50mg</i>	1	
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG	4	PA
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 4MG	4	PA
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 2MG	4	PA
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 4MG	4	PA
PERPHENAZINE/AMITRIPTYLINE TABS 50MG; 4MG	4	PA
<i>protriptyline hcl tabs 10mg</i>	2	
<i>protriptyline hcl tabs 5mg</i>	2	
<i>trimipramine maleate caps 100mg</i>	2	
<i>trimipramine maleate caps 25mg</i>	2	
<i>trimipramine maleate caps 50mg</i>	2	
Antiemetics		
<i>Antiemetics, Other</i>		
<i>compro supp 25mg</i>	2	
<i>dimenhydrinate inj 50mg/ml</i>	1	
<i>droperidol inj 2.5mg/ml</i>	1	
<i>meclizine hcl tabs 12.5mg</i>	1	
<i>meclizine hydrochloride tabs 25mg</i>	2	
<i>phenadoz supp 12.5mg</i>	2	
<i>phenadoz supp 25mg</i>	2	
<i>phenergan supp 12.5mg</i>	2	
<i>phenergan supp 25mg</i>	2	
<i>phenergan supp 50mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	1	
<i>prochlorperazine maleate tabs 10mg</i>	1	
<i>prochlorperazine maleate tabs 5mg</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>promethazine hcl supp 12.5mg</i>	2	
<i>promethazine hcl supp 25mg</i>	2	
<i>promethazine hcl supp 50mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride tabs 25mg</i>	4	PA
<i>promethazine hydrochloride tabs 50mg</i>	4	PA
<i>promethegan supp 12.5mg</i>	2	
<i>promethegan supp 25mg</i>	2	
<i>promethegan supp 50mg</i>	2	
<i>scopolamine pt72 1mg/3days</i>	2	
<i>Emetogenic Therapy Adjuncts</i>		
<i>aprepitant caps 0</i>	4	PA
<i>aprepitant caps 125mg</i>	4	PA
<i>aprepitant caps 40mg</i>	4	PA
<i>aprepitant caps 80mg</i>	4	PA
CESAMET CAPS 1MG	5	PA
CINVANTI INJ 130MG/18ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol caps 10mg</i>	2	B/D
<i>dronabinol caps 2.5mg</i>	2	B/D
<i>dronabinol caps 5mg</i>	2	B/D
EMEND INJ 150MG	4	PA
EMEND SUSR 125MG	4	PA
<i>fosaprepitant dimeglumine inj 150mg</i>	2	PA
<i>granisetron hcl inj 0.1mg/ml</i>	2	
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hcl tabs 1mg</i>	2	B/D
<i>granisetron hydrochloride inj 1mg/ml</i>	2	
<i>granisetron hydrochloride inj 1mg/ml</i>	2	
<i>ondansetron hcl soln 4mg/5ml</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hydrochloride inj 40mg/20ml</i>	2	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	2	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	2	
<i>ondansetron hydrochloride tabs 4mg</i>	2	B/D
<i>ondansetron hydrochloride tabs 8mg</i>	2	B/D
<i>ondansetron odt tbdp 4mg</i>	2	B/D
<i>ondansetron odt tbdp 8mg</i>	2	B/D
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	4	
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/5ML	4	
SANCUSO PTCH 3.1MG/24HR	5	

Antifungals

Antifungals

ABELCET INJ 5MG/ML	5	PA
AMBISOME INJ 50MG	5	PA
<i>amphotericin b inj 50mg</i>	1	B/D
CASPOFUNGIN ACETATE INJ 50MG	5	
CASPOFUNGIN ACETATE INJ 70MG	5	
<i>ciclodan crea 0.77%</i>	2	
<i>ciclodan soln 8%</i>	2	
<i>ciclopirox nail lacquer soln 8%</i>	2	
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	2	
<i>ciclopirox susp 0.77%</i>	2	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	2	
<i>clotrimazole crea 1%</i>	2	
<i>clotrimazole lozg 10mg</i>	2	
<i>clotrimazole soln 1%</i>	2	
CRESEMBA CAPS 186MG	5	PA
CRESEMBA INJ 372MG	5	PA
<i>econazole nitrate crea 1%</i>	2	
ERAXIS INJ 100MG	5	
ERAXIS INJ 50MG	4	
<i>fluconazole in dextrose inj 56mg/ml; 200mg/100ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	
<i>fluconazole in dextrose inj 56mg/ml; 400mg/200ml</i>	1	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole susr 10mg/ml</i>	2	
<i>fluconazole susr 40mg/ml</i>	2	
<i>fluconazole tabs 100mg</i>	2	
<i>fluconazole tabs 150mg</i>	2	
<i>fluconazole tabs 200mg</i>	2	
<i>fluconazole tabs 50mg</i>	2	
<i>flucytosine caps 250mg</i>	5	
<i>flucytosine caps 500mg</i>	5	
<i>griseofulvin microsize susp 125mg/5ml</i>	1	
<i>griseofulvin microsize tabs 500mg</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg</i>	2	
<i>griseofulvin ultramicrosize tabs 250mg</i>	2	
<i>itraconazole caps 100mg</i>	2	
<i>itraconazole soln 10mg/ml</i>	5	
<i>ketoconazole crea 2%</i>	2	
<i>ketoconazole sham 2%</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
MENTAX CREA 1%	4	ST
<i>miconazole 3 supp 200mg</i>	1	
MYCAMINE INJ 100MG	5	
MYCAMINE INJ 50MG	5	
NAFTIFINE HCL CREA 1%	3	ST
NAFTIFINE HYDROCHLORIDE CREA 2%	3	ST
NAFTIFINE HYDROCHLORIDE GEL 1%	3	ST
NAFTIN GEL 1%	4	ST
NAFTIN GEL 2%	4	ST
NATACYN SUSP 5%	3	
NOXAFIL INJ 300MG/16.7ML	5	
NOXAFIL SUSP 40MG/ML	5	
NOXAFIL TBEC 100MG	5	
<i>nyamyc powd 100000unit/gm</i>	2	
<i>nyata powd 100000unit/gm</i>	2	
<i>nystatin/triamcinolone acetone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>nystop powd 100000unit/gm</i>	2	
ORAVIG TABS 50MG	4	

Drug Name	Drug Tier	Requirements/Limits
POSACONAZOLE DR TBEC 100MG	5	
POSACONAZOLE SUSP 40MG/ML	5	
<i>terbinafine hcl tabs 250mg</i>	1	
<i>terconazole crea 0.4%</i>	2	
<i>terconazole crea 0.8%</i>	2	
<i>terconazole supp 80mg</i>	2	
<i>voriconazole inj 200mg</i>	5	
<i>voriconazole susr 40mg/ml</i>	5	
<i>voriconazole tabs 200mg</i>	5	
<i>voriconazole tabs 50mg</i>	5	
<i>zazole crea 0.4%</i>	2	
<i>zazole crea 0.8%</i>	2	
<i>zazole supp 80mg</i>	2	
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	
<i>allopurinol tabs 300mg</i>	1	
<i>colchicine tabs 0.6mg</i>	2	
COLCRYS TABS 0.6MG	3	
<i>febuxostat tabs 40mg</i>	2	
<i>febuxostat tabs 80mg</i>	2	
KRYSTEXXA INJ 8MG/ML	5	PA
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	1	
<i>probenecid tabs 500mg</i>	1	
ULORIC TABS 40MG	4	ST
ULORIC TABS 80MG	4	ST
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
DIHYDROERGOTAMINE MESYLATE SOLN 4MG/ML	5	QL (8 ML per 23 days)
ERGOMAR SUBL 2MG	4	
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	3	
<i>migergot supp 100mg; 2mg</i>	5	
<i>Prophylactic</i>		
AIMOVIG INJ 140MG/ML	4	QL (2 ML per 30 days) PA
AJOVY INJ 225MG/1.5ML	4	PA
EMGALITY INJ 100MG/ML	4	QL (3 ML per 30 days) PA
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA
<i>Serotonin (5-HT) 1b/1d Receptor Agonists</i>		
<i>naratriptan hcl tabs 1mg</i>	2	QL (18 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	2	QL (18 EA per 30 days)
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (6 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (18 EA per 30 days)
<i>zolmitriptan odt tbdp 2.5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	2	QL (9 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	2	QL (9 EA per 30 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>guanidine hcl tabs 125mg</i>	1	
<i>pyridostigmine bromide er tbc 180mg</i>	4	
<i>pyridostigmine bromide soln 60mg/5ml</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tabs 100mg</i>	2	
<i>dapsone tabs 25mg</i>	2	
<i>rifabutin caps 150mg</i>	2	
<i>Antituberculars</i>		
CAPASTAT SULFATE INJ 1GM	4	
<i>cycloserine caps 250mg</i>	2	
<i>ethambutol hcl tabs 100mg</i>	2	
<i>ethambutol hydrochloride tabs 400mg</i>	2	
<i>isoniazid inj 100mg/ml</i>	1	
<i>isoniazid syrp 50mg/5ml</i>	1	
<i>isoniazid tabs 100mg</i>	1	
<i>isoniazid tabs 300mg</i>	1	
PASER PACK 4GM	4	
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifampin caps 150mg</i>	2	
<i>rifampin caps 300mg</i>	2	
<i>rifampin inj 600mg</i>	2	
RIFATER TABS 50MG; 300MG; 120MG	4	
SIRTURO TABS 100MG	5	PA
TRECTOR TABS 250MG	4	
Antineoplastics		
<i>Alkylating Agents</i>		
BELRAPZO INJ 100MG/4ML	5	PA
BENDAMUSTINE HYDROCHLORIDE INJ 100MG/4ML	5	PA
BENDEKA INJ 100MG/4ML	5	PA
BICNU INJ 100MG	5	
<i>busulfan inj 6mg/ml</i>	5	

Drug Name	Drug Tier	Requirements/Limits
BUSULFEX INJ 6MG/ML	5	
<i>carboplatin inj 150mg/15ml</i>	1	
<i>carboplatin inj 450mg/45ml</i>	1	
<i>carboplatin inj 50mg/5ml</i>	1	
<i>carboplatin inj 600mg/60ml</i>	1	
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml</i>	1	
<i>cisplatin inj 50mg/50ml</i>	1	
CYCLOPHOSPHAMIDE CAPS 25MG	3	B/D
CYCLOPHOSPHAMIDE CAPS 50MG	3	B/D
<i>cyclophosphamide inj 1gm</i>	5	
<i>cyclophosphamide inj 2gm</i>	5	
<i>cyclophosphamide inj 500mg</i>	5	
<i>dacarbazine inj 200mg</i>	1	
EVOMELA INJ 50MG	5	PA
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 40MG	4	
GLEOSTINE CAPS 5MG	4	
HEXALEN CAPS 50MG	5	PA
<i>ifosfamide inj 1gm/20ml</i>	1	
<i>ifosfamide inj 3gm/60ml</i>	1	
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	PA
LEUKERAN TABS 2MG	5	
LOMUSTINE CAPS 100MG	3	
LOMUSTINE CAPS 10MG	3	
LOMUSTINE CAPS 40MG	3	
MATULANE CAPS 50MG	5	PA
<i>melphalan hydrochloride inj 50mg</i>	5	PA
MUSTARGEN INJ 10MG	5	
<i>oxaliplatin inj 100mg/20ml</i>	1	
<i>oxaliplatin inj 100mg</i>	5	
<i>oxaliplatin inj 50mg/10ml</i>	5	
<i>oxaliplatin inj 50mg</i>	5	
TEMODAR INJ 100MG	5	PA
TEPADINA INJ 100MG	5	PA
<i>thiotepa inj 15mg</i>	5	PA
TREANDA INJ 100MG	5	PA
TREANDA INJ 180MG/2ML	5	PA
TREANDA INJ 25MG	5	PA
TREANDA INJ 45MG/0.5ML	5	PA
VALCHLOR GEL 0.016%	5	PA
YONDELIS INJ 1MG	5	PA
ZANOSAR INJ 1GM	5	
Antiandrogens		
<i>abiraterone acetate tabs 250mg</i>	5	PA
<i>bicalutamide tabs 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 60MG	5	PA
<i>flutamide caps 125mg</i>	2	
<i>nilutamide tabs 150mg</i>	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
YONSA TABS 125MG	5	PA
ZYTIGA TABS 500MG	5	PA
Antiangiogenic Agents		
POMALYST CAPS 1MG	5	QL (21 EA per 28 days) PA
POMALYST CAPS 2MG	5	QL (21 EA per 28 days) PA
POMALYST CAPS 3MG	5	QL (21 EA per 28 days) PA
POMALYST CAPS 4MG	5	QL (21 EA per 28 days) PA
REVLIMID CAPS 10MG	5	PA
REVLIMID CAPS 15MG	5	PA
REVLIMID CAPS 2.5MG	5	PA
REVLIMID CAPS 20MG	5	PA
REVLIMID CAPS 25MG	5	PA
REVLIMID CAPS 5MG	5	PA
THALOMID CAPS 100MG	5	PA
THALOMID CAPS 150MG	5	PA
THALOMID CAPS 200MG	5	PA
THALOMID CAPS 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant inj 250mg/5ml</i>	5	
SOLTAMOX SOLN 10MG/5ML	5	
<i>tamoxifen citrate tabs 10mg</i>	1	
<i>tamoxifen citrate tabs 20mg</i>	1	
<i>toremifene citrate tabs 60mg</i>	5	PA
Antimetabolites		
<i>adrucil inj 2.5gm/50ml</i>	2	B/D
<i>adrucil inj 500mg/10ml</i>	2	B/D
<i>adrucil inj 5gm/100ml</i>	2	B/D
ALIMTA INJ 100MG	5	
ALIMTA INJ 500MG	5	
ARRANON INJ 5MG/ML	5	
<i>cladribine inj 10mg/10ml</i>	5	B/D
<i>clofarabine inj 1mg/ml</i>	5	
<i>cytarabine aqueous inj 100mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 100mg/ml</i>	1	B/D
<i>cytarabine inj 20mg/ml</i>	1	B/D
<i>cytarabine inj 20mg/ml</i>	1	B/D
DEPOCYT INJ 50MG/5ML	5	
DROXIA CAPS 200MG	4	
DROXIA CAPS 300MG	4	
DROXIA CAPS 400MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>floxuridine inj 0.5gm</i>	5	B/D
FLUOROURACIL CREA 0.5%	5	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil inj 2.5gm/50ml</i>	2	B/D
<i>fluorouracil inj 500mg/10ml</i>	2	B/D
<i>fluorouracil inj 5gm/100ml</i>	2	B/D
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
FOLOTYN INJ 20MG/ML	5	
FOLOTYN INJ 40MG/2ML	5	
<i>gemcitabine hydrochloride inj 1.5gm/15ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm/10ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	5	
<i>gemcitabine hydrochloride inj 200mg/2ml</i>	5	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	5	
<i>gemcitabine hydrochloride inj 2gm/20ml</i>	5	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	5	
<i>gemcitabine inj 1gm/26.3ml</i>	5	
<i>gemcitabine inj 200mg/5.26ml</i>	5	
<i>gemcitabine inj 200mg/5.26ml</i>	5	
<i>gemcitabine inj 2gm/52.6ml</i>	5	
<i>hydroxyurea caps 500mg</i>	1	
INFUGEM INJ 1200MG/120ML; 0.9%	5	PA
INFUGEM INJ 1300MG/130ML; 0.9%	5	PA
INFUGEM INJ 1400MG/140ML; 0.9%	5	PA
INFUGEM INJ 1500MG/150ML; 0.9%	5	PA
INFUGEM INJ 1600MG/160ML; 0.9%	5	PA
INFUGEM INJ 1700MG/170ML; 0.9%	5	PA
INFUGEM INJ 1800MG/180ML; 0.9%	5	PA
INFUGEM INJ 1900MG/190ML; 0.9%	5	PA
INFUGEM INJ 2000MG/200ML; 0.9%	5	PA
INFUGEM INJ 2200MG/220ML; 0.9%	5	PA
LONSURF TABS 6.14MG; 15MG	5	PA
LONSURF TABS 8.19MG; 20MG	5	PA
<i>mercaptopurine tabs 50mg</i>	2	
PURIXAN SUSP 2000MG/100ML	5	
SIKLOS TABS 100MG	4	
TABLOID TABS 40MG	4	PA
VYXEOS INJ 100MG; 44MG	5	PA
Antineoplastics, Other		
ABRAXANE INJ 900MG; 100MG	5	
<i>adriamycin inj 10mg</i>	1	B/D
<i>adriamycin inj 2mg/ml</i>	1	B/D
<i>adriamycin inj 50mg</i>	1	B/D
<i>amifostine inj 500mg</i>	5	
ARSENIC TRIOXIDE INJ 10MG/10ML	3	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
ASPARLAS INJ 3750UNIT/5ML	5	PA
AZACITIDINE INJ 100MG	5	

Drug Name	Drug Tier	Requirements/Limits
BELEODAQ INJ 500MG	5	PA
BLEO 15K INJ 15UNIT	4	B/D
<i>bleomycin sulfate inj 15unit</i>	1	B/D
<i>bleomycin sulfate inj 30unit</i>	1	B/D
<i>bleomycin inj 15unit</i>	1	B/D
<i>bleomycin inj 30unit</i>	1	B/D
BORTEZOMIB INJ 3.5MG	5	PA
BRAFTOVI CAPS 50MG	5	PA
BRAFTOVI CAPS 75MG	5	PA
CISPLATIN INJ 50MG	5	PA
COPIKTRA CAPS 15MG	5	PA
COPIKTRA CAPS 25MG	5	PA
COTELLIC TABS 20MG	5	PA
<i>dactinomycin inj 0.5mg</i>	5	PA
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	1	
<i>daunorubicin hydrochloride inj 50mg/10ml</i>	1	
DAUNOXOME INJ 2MG/ML	5	
DAURISMO TABS 100MG	5	PA
DAURISMO TABS 25MG	5	PA
<i>decitabine inj 50mg</i>	5	
<i>dexrazoxane inj 250mg</i>	5	
DOCEFREZ INJ 20MG	5	
<i>docetaxel (non-alcohol formula) inj 160mg/8ml</i>	5	
<i>docetaxel (non-alcohol formula) inj 20mg/ml</i>	5	
<i>docetaxel (non-alcohol formula) inj 80mg/4ml</i>	5	
<i>docetaxel inj 140mg/7ml</i>	5	
<i>docetaxel inj 160mg/16ml</i>	5	
<i>docetaxel inj 160mg/8ml</i>	5	
DOCETAXEL INJ 200MG/10ML	5	
<i>docetaxel inj 200mg/20ml</i>	5	
<i>docetaxel inj 20mg/0.5ml</i>	5	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>docetaxel inj 20mg/ml</i>	5	
<i>docetaxel inj 20mg/ml</i>	5	
<i>docetaxel inj 80mg/2ml</i>	5	
<i>docetaxel inj 80mg/4ml</i>	5	
<i>docetaxel inj 80mg/8ml</i>	5	
<i>doxorubicin hcl inj 10mg</i>	1	B/D
<i>doxorubicin hcl inj 2mg/ml</i>	1	B/D
<i>doxorubicin hcl inj 50mg</i>	1	B/D
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	5	
<i>doxorubicin hydrochloride liposomal inj 2mg/ml</i>	5	
<i>doxorubicin hydrochloride liposome inj 2mg/ml</i>	5	
ELZONRIS INJ 1000MCG/ML	5	PA
<i>epirubicin hcl inj 200mg/100ml</i>	2	
<i>epirubicin hcl inj 50mg/25ml</i>	2	
ERWINAZE INJ 10000UNIT	5	
FARYDAK CAPS 10MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 20MG	5	PA
<i>fludarabine phosphate inj 50mg/2ml</i>	5	
<i>fludarabine phosphate inj 50mg</i>	1	
FUSILEV INJ 50MG	5	
HALAVEN INJ 1MG/2ML	5	
IBRANCE CAPS 100MG	5	PA
IBRANCE CAPS 125MG	5	PA
IBRANCE CAPS 75MG	5	PA
<i>idarubicin hcl inj 10mg/10ml</i>	5	
<i>idarubicin hcl inj 20mg/20ml</i>	5	
<i>idarubicin hcl inj 5mg/5ml</i>	5	
<i>idarubicin hydrochloride inj 10mg/10ml</i>	5	
<i>idarubicin hydrochloride inj 20mg/20ml</i>	5	
<i>idarubicin hydrochloride inj 5mg/5ml</i>	5	
INREBIC CAPS 100MG	5	PA
ISTODAX (OVERFILL) INJ 10MG	5	
ISTODAX INJ 10MG	5	
IXEMPRA KIT INJ 15MG	5	
IXEMPRA KIT INJ 45MG	5	
JEVTANA INJ 60MG/1.5ML	5	
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
<i>leucovorin calcium inj 100mg</i>	1	
<i>leucovorin calcium inj 200mg</i>	1	
<i>leucovorin calcium inj 350mg</i>	1	
<i>leucovorin calcium inj 50mg</i>	1	
<i>leucovorin calcium tabs 10mg</i>	1	
<i>leucovorin calcium tabs 15mg</i>	1	
<i>leucovorin calcium tabs 25mg</i>	1	
<i>leucovorin calcium tabs 5mg</i>	1	
LEVOLEUCOVORIN INJ 175MG	5	
<i>levoleucovorin inj 50mg</i>	5	
<i>lipodox 50 inj 2mg/ml</i>	5	
<i>lipodox inj 2mg/ml</i>	5	
LORBRENA TABS 100MG	5	PA
LORBRENA TABS 25MG	5	PA
LYNPARZA CAPS 50MG	5	PA
<i>lynparza tabs 100mg</i>	5	PA
<i>lynparza tabs 150mg</i>	5	PA
MARQIBO INJ 5MG/31ML	5	PA
MEKTOVI TABS 15MG	5	PA
<i>mitomycin inj 20mg</i>	5	
<i>mitomycin inj 40mg</i>	5	
<i>mitomycin inj 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	
<i>mitoxantrone hcl inj 2mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mutamycin inj 20mg</i>	5	
<i>mutamycin inj 40mg</i>	5	
<i>mutamycin inj 5mg</i>	5	
NERLYNX TABS 40MG	5	PA
NINLARO CAPS 2.3MG	5	PA
NINLARO CAPS 3MG	5	PA
NINLARO CAPS 4MG	5	PA
ONCASPAR INJ 750UNIT/ML	5	
<i>paclitaxel inj 100mg/16.7ml</i>	1	
<i>paclitaxel inj 300mg/50ml</i>	1	
<i>paclitaxel inj 30mg/5ml</i>	1	
PHOTOFRIN INJ 75MG	3	
PIQRAY 200MG DAILY DOSE TBPk 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPk 0	5	PA
PIQRAY 300MG DAILY DOSE TBPk 150MG	5	PA
PROLEUKIN INJ 22000000UNIT	5	
ROMIDEPSIN INJ 10MG	5	
ROZLYTREK CAPS 100MG	5	PA
ROZLYTREK CAPS 200MG	5	PA
RYDAPT CAPS 25MG	5	PA
SYLATRON INJ 200MCG	5	
SYLATRON INJ 200MCG	5	
SYLATRON INJ 300MCG	5	
SYLATRON INJ 300MCG	5	
SYLATRON INJ 600MCG	5	
SYNRIBO INJ 3.5MG	5	
TALZENNA CAPS 0.25MG	5	PA
TALZENNA CAPS 1MG	5	PA
TENIPOSIDE INJ 10MG/ML	3	
THERACYS INJ 81MG/VIAL	5	
TICE BCG INJ 50MG	4	
TRISENOX INJ 10MG/10ML	3	
TRISENOX INJ 12MG/6ML	5	
<i>valrubicin inj 40mg/ml</i>	5	
VALSTAR INJ 40MG/ML	5	
VELCADE INJ 3.5MG	5	PA
VERZENIO TABS 100MG	5	PA
VERZENIO TABS 150MG	5	PA
VERZENIO TABS 200MG	5	PA
VERZENIO TABS 50MG	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D
<i>vincasar pfs inj 1mg/ml</i>	1	B/D
<i>vincristine sulfate inj 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate inj 10mg/ml</i>	1	
<i>vinorelbine tartrate inj 50mg/5ml</i>	1	
VITRAKVI CAPS 100MG	5	PA
VITRAKVI CAPS 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
ZALTRAP INJ 100MG/4ML	5	

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP INJ 200MG/8ML	5	
ZOLINZA CAPS 100MG	5	PA
ZYKADIA TABS 150MG	5	PA
Antineoplastics		
XPOVIO 100 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs 1mg</i>	1	
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	2	
Enzyme Inhibitors		
BALVERSA TABS 3MG	5	PA
BALVERSA TABS 4MG	5	PA
BALVERSA TABS 5MG	5	PA
ETOPOPHOS INJ 100MG	5	
<i>etoposide inj 100mg/5ml</i>	1	
<i>etoposide inj 1gm/50ml</i>	1	
<i>etoposide inj 500mg/25ml</i>	1	
<i>irinotecan hcl inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	1	
<i>irinotecan hydrochloride inj 40mg/2ml</i>	1	
<i>irinotecan inj 100mg/5ml</i>	1	
<i>irinotecan inj 40mg/2ml</i>	1	
KYPROLIS INJ 10MG	5	
KYPROLIS INJ 30MG	5	
KYPROLIS INJ 60MG	5	
<i>toposar inj 100mg/5ml</i>	1	
<i>toposar inj 1gm/50ml</i>	1	
<i>toposar inj 500mg/25ml</i>	1	
<i>topotecan hcl inj 4mg/4ml</i>	5	
<i>topotecan hydrochloride inj 4mg/4ml</i>	5	
ZYDELIG TABS 100MG	5	PA
ZYDELIG TABS 150MG	5	PA
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG	5	PA
AFINITOR DISPERZ TBSO 3MG	5	PA
AFINITOR DISPERZ TBSO 5MG	5	PA
AFINITOR TABS 10MG	5	PA
AFINITOR TABS 2.5MG	5	PA
AFINITOR TABS 5MG	5	PA
AFINITOR TABS 7.5MG	5	PA
ALECENSA CAPS 150MG	5	PA
ALIQOPA INJ 60MG	5	PA
ALUNBRIG TABS 180MG	5	PA
ALUNBRIG TABS 30MG	5	PA
ALUNBRIG TABS 90MG	5	PA
ALUNBRIG TBPK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 400MG	5	PA
BOSULIF TABS 500MG	5	PA
BRUKINSA CAPS 80MG	5	PA LA
CABOMETYX TABS 20MG	5	PA
CABOMETYX TABS 40MG	5	PA
CABOMETYX TABS 60MG	5	PA
CALQUENCE CAPS 100MG	5	PA
CAPRELSA TABS 100MG	5	PA
CAPRELSA TABS 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
<i>erlotinib hydrochloride tabs 100mg</i>	5	PA
<i>erlotinib hydrochloride tabs 150mg</i>	5	PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	PA
<i>everolimus tabs 2.5mg</i>	5	PA
<i>everolimus tabs 5mg</i>	5	PA
<i>everolimus tabs 7.5mg</i>	5	PA
GILOTRIF TABS 20MG	5	PA
GILOTRIF TABS 30MG	5	PA
GILOTRIF TABS 40MG	5	PA
ICLUSIG TABS 15MG	5	PA
ICLUSIG TABS 45MG	5	PA
IDHIFA TABS 100MG	5	PA
IDHIFA TABS 50MG	5	PA
<i>imatinib mesylate tabs 100mg</i>	5	PA
<i>imatinib mesylate tabs 400mg</i>	5	PA
IMBRUVICA CAPS 140MG	5	PA
IMBRUVICA CAPS 70MG	5	PA
IMBRUVICA TABS 140MG	5	PA
IMBRUVICA TABS 280MG	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 560MG	5	PA
INLYTA TABS 1MG	5	PA
INLYTA TABS 5MG	5	PA
IRESSA TABS 250MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 15MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 20MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 25MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 5MG	5	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
MEKINIST TABS 0.5MG	5	PA
MEKINIST TABS 2MG	5	PA
NEXAVAR TABS 200MG	5	PA
ODOMZO CAPS 200MG	5	PA
RUBRACA TABS 200MG	5	PA
RUBRACA TABS 250MG	5	PA
RUBRACA TABS 300MG	5	PA
SPRYCEL TABS 100MG	5	PA
SPRYCEL TABS 140MG	5	PA
SPRYCEL TABS 20MG	5	PA
SPRYCEL TABS 50MG	5	PA
SPRYCEL TABS 70MG	5	PA
SPRYCEL TABS 80MG	5	PA
STIVARGA TABS 40MG	5	PA
SUTENT CAPS 12.5MG	5	PA
SUTENT CAPS 25MG	5	PA
SUTENT CAPS 37.5MG	5	PA
SUTENT CAPS 50MG	5	PA
TAFINLAR CAPS 50MG	5	PA
TAFINLAR CAPS 75MG	5	PA
TAGRISSE TABS 40MG	5	PA
TAGRISSE TABS 80MG	5	PA
TARCEVA TABS 100MG	5	PA
TARCEVA TABS 150MG	5	PA
TARCEVA TABS 25MG	5	PA
TASIGNA CAPS 150MG	5	PA
TASIGNA CAPS 200MG	5	PA
TASIGNA CAPS 50MG	5	PA
<i>temsirolimus inj 25mg/ml</i>	5	
TIBSOVO TABS 250MG	5	PA
TORISEL INJ 25MG/ML	5	
TURALIO CAPS 200MG	5	PA
TYKERB TABS 250MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 100MG	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 50MG	3	PA
VIZIMPRO TABS 15MG	5	PA
VIZIMPRO TABS 30MG	5	PA
VIZIMPRO TABS 45MG	5	PA
VOTRIENT TABS 200MG	5	PA
XALKORI CAPS 200MG	5	PA
XALKORI CAPS 250MG	5	PA
XOSPATA TABS 40MG	5	PA
ZEJULA CAPS 100MG	5	PA
ZELBORAF TABS 240MG	5	PA
ZYKADIA CAPS 150MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS INJ 50MG	4	
ARZERRA INJ 1000MG/50ML	5	
ARZERRA INJ 100MG/5ML	5	
AVASTIN INJ 100MG/4ML	5	
AVASTIN INJ 400MG/16ML	5	
BAVENCIO INJ 200MG/10ML	5	PA
<i>besponsa inj 0.9mg</i>	5	PA
BLINCYTO INJ 35MCG	5	PA
CYRAMZA INJ 100MG/10ML	5	PA
CYRAMZA INJ 500MG/50ML	5	PA
DARZALEX INJ 100MG/5ML	5	PA
DARZALEX INJ 400MG/20ML	5	PA
EMPLICITI INJ 300MG	5	PA
EMPLICITI INJ 400MG	5	PA
ERBITUX INJ 100MG/50ML	5	PA
ERBITUX INJ 200MG/100ML	5	PA
GAZYVA INJ 1000MG/40ML	5	PA
HERCEPTIN HYLECTA INJ 10000UNIT/5ML; 600MG/5ML	5	PA
HERCEPTIN INJ 150MG	5	PA
HERCEPTIN INJ 440MG	5	PA
IMFINZI INJ 120MG/2.4ML	5	PA
IMFINZI INJ 500MG/10ML	5	PA
KADCYLA INJ 100MG	5	
KADCYLA INJ 160MG	5	
KANJINTI INJ 150MG	5	PA
KANJINTI INJ 420MG	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
KEYTRUDA INJ 50MG	5	PA
LARTRUVO INJ 190MG/19ML	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
LIBTAYO INJ 350MG/7ML	5	PA
LUMOXITI INJ 1MG	5	PA
MVASI INJ 100MG/4ML	5	PA
MVASI INJ 400MG/16ML	5	PA
MYLOTARG INJ 4.5MG	5	PA
OGIVRI INJ 1.1%; 420MG	5	PA
OGIVRI INJ 150MG	5	PA
OPDIVO INJ 100MG/10ML	5	PA
OPDIVO INJ 240MG/24ML	5	PA
OPDIVO INJ 40MG/4ML	5	PA
PERJETA INJ 420MG/14ML	5	PA
POLIVY INJ 140MG	5	PA
PORTRAZZA INJ 800MG/50ML	5	PA
RITUXAN HYCELA INJ 23400UNT/11.7ML; 1400MG/11.7ML	5	PA
RITUXAN HYCELA INJ 26800UNT/13.4ML; 1600MG/13.4ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA
TECENTRIQ INJ 840MG/14ML	5	PA
VECTIBIX INJ 100MG/5ML	5	PA
VECTIBIX INJ 400MG/20ML	5	PA
YERVOY INJ 200MG/40ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
Retinoids		
<i>bexarotene caps 75mg</i>	5	PA
PANRETIN GEL 0.1%	5	
TARGRETIN GEL 1%	5	
<i>tretinoin caps 10mg</i>	5	PA
Treatment Adjuncts		
<i>dexrazoxane inj 500mg</i>	5	
ELITEK INJ 1.5MG	5	PA
ELITEK INJ 7.5MG	5	PA
<i>mesna inj 100mg/ml</i>	1	
MESNEX TABS 400MG	5	
VORAXAZE INJ 1000UNIT	5	PA
Antiparasitics		
Anthelmintics		
<i>albendazole tabs 200mg</i>	5	
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs 600mg</i>	2	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	5	
ALINIA TABS 500MG	5	
<i>atovaquone/proguanil hcl tabs 250mg; 100mg</i>	2	
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	2	
<i>atovaquone susp 750mg/5ml</i>	5	
<i>chloroquine phosphate tabs 250mg</i>	1	
<i>chloroquine phosphate tabs 500mg</i>	1	
COARTEM TABS 20MG; 120MG	4	
DARAPRIM TABS 25MG	5	
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
KRINTAFEL TABS 150MG	3	
<i>mefloquine hcl tabs 250mg</i>	1	
NEBUPENT SOLR 300MG	3	B/D
PENTAM 300 INJ 300MG	3	
<i>pentamidine isethionate inj 300mg</i>	2	
<i>pentamidine isethionate solr 300mg</i>	2	B/D
PRIMAQUINE PHOSPHATE TABS 26.3MG	3	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs 250mg</i>	2	
<i>tinidazole tabs 500mg</i>	2	
Pediculicides/Scabicides		
<i>crotan lotn 10%</i>	2	
EURAX CREA 10%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>lindane lotn 1%</i>	1	
<i>lindane sham 1%</i>	2	
<i>malathion lotn 0.5%</i>	1	
<i>permethrin crea 5%</i>	2	
SKLICE LOTN 0.5%	4	
<i>spinosad susp 0.9%</i>	2	
ULESFIA LOTN 5%	4	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs 0.5mg</i>	1	
<i>benztropine mesylate tabs 1mg</i>	1	
<i>benztropine mesylate tabs 2mg</i>	1	
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	2	
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	2	
Antiparkinson Agents, Other		
<i>entacapone tabs 200mg</i>	2	
<i>tolcapone tabs 100mg</i>	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	PA
<i>bromocriptine mesylate caps 5mg</i>	2	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
NEUPRO PT24 1MG/24HR	3	
NEUPRO PT24 2MG/24HR	3	
NEUPRO PT24 3MG/24HR	3	
NEUPRO PT24 4MG/24HR	3	
NEUPRO PT24 6MG/24HR	3	
NEUPRO PT24 8MG/24HR	3	
<i>pramipexole dihydrochloride er tb24 0.375mg</i>	2	
<i>pramipexole dihydrochloride er tb24 0.75mg</i>	2	
<i>pramipexole dihydrochloride er tb24 1.5mg</i>	2	
<i>pramipexole dihydrochloride er tb24 2.25mg</i>	2	
<i>pramipexole dihydrochloride er tb24 3.75mg</i>	2	
<i>pramipexole dihydrochloride er tb24 3mg</i>	2	
<i>pramipexole dihydrochloride er tb24 4.5mg</i>	2	
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	
<i>pramipexole dihydrochloride tabs 1mg</i>	1	
<i>ropinirole hcl tabs 0.5mg</i>	1	
<i>ropinirole hcl tabs 1mg</i>	1	
<i>ropinirole hcl tabs 2mg</i>	1	
<i>ropinirole hcl tabs 4mg</i>	1	
<i>ropinirole hcl tabs 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg</i>	1	
<i>ropinirole hydrochloride tabs 3mg</i>	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa er tbc</i> 50mg; 200mg	1	
<i>carbidopa/levodopa odt tbdp</i> 10mg; 100mg	1	
<i>carbidopa/levodopa odt tbdp</i> 25mg; 100mg	1	
<i>carbidopa/levodopa odt tbdp</i> 25mg; 250mg	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 12.5MG; 200MG; 50MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 18.75MG; 200MG; 75MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 25MG; 200MG; 100MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 31.25MG; 200MG; 125MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 37.5MG; 200MG; 150MG	4	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS 50MG; 200MG; 200MG	4	
<i>carbidopa/levodopa tabs</i> 10mg; 100mg	1	
<i>carbidopa/levodopa tabs</i> 25mg; 100mg	1	
<i>carbidopa/levodopa tabs</i> 25mg; 250mg	1	
<i>carbidopa tabs</i> 25mg	2	
RYTARY CPR 23.75MG; 95MG	4	
RYTARY CPR 36.25MG; 145MG	4	
RYTARY CPR 48.75MG; 195MG	4	
RYTARY CPR 61.25MG; 245MG	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i> 0.5mg	2	
<i>rasagiline mesylate tabs</i> 1mg	2	
<i>selegiline hcl caps</i> 5mg	2	
<i>selegiline hcl tabs</i> 5mg	2	
ZELAPAR TBDP 1.25MG	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj</i> 25mg/ml	2	
<i>chlorpromazine hcl inj</i> 50mg/2ml	2	
<i>chlorpromazine hcl tabs</i> 100mg	2	
<i>chlorpromazine hcl tabs</i> 10mg	2	
<i>chlorpromazine hcl tabs</i> 200mg	2	
<i>chlorpromazine hcl tabs</i> 25mg	2	
<i>chlorpromazine hcl tabs</i> 50mg	2	
<i>fluphenazine decanoate inj</i> 25mg/ml	1	
<i>fluphenazine hcl conc</i> 5mg/ml	1	
<i>fluphenazine hcl inj</i> 2.5mg/ml	1	
<i>fluphenazine hcl tabs</i> 10mg	1	
<i>fluphenazine hcl tabs</i> 1mg	1	
<i>fluphenazine hcl tabs</i> 2.5mg	1	
<i>fluphenazine hcl tabs</i> 5mg	1	
<i>fluphenazine hydrochloride elix</i> 2.5mg/5ml	1	
<i>haloperidol decanoate inj</i> 100mg/ml	2	
<i>haloperidol decanoate inj</i> 100mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol tabs 0.5mg</i>	2	
<i>haloperidol tabs 10mg</i>	2	
<i>haloperidol tabs 1mg</i>	2	
<i>haloperidol tabs 20mg</i>	2	
<i>haloperidol tabs 2mg</i>	2	
<i>haloperidol tabs 5mg</i>	2	
<i>loxapine succinate caps 25mg</i>	1	
<i>loxapine succinate caps 50mg</i>	1	
<i>loxapine succinate caps 5mg</i>	1	
<i>loxapine caps 10mg</i>	1	
<i>loxapine caps 25mg</i>	1	
<i>loxapine caps 50mg</i>	1	
<i>loxapine caps 5mg</i>	1	
MOLINDONE HYDROCHLORIDE TABS 10MG	3	
MOLINDONE HYDROCHLORIDE TABS 25MG	3	
MOLINDONE HYDROCHLORIDE TABS 5MG	3	
<i>perphenazine tabs 16mg</i>	2	
<i>perphenazine tabs 2mg</i>	2	
<i>perphenazine tabs 4mg</i>	2	
<i>perphenazine tabs 8mg</i>	2	
<i>pimozide tabs 1mg</i>	2	
<i>pimozide tabs 2mg</i>	2	
<i>thioridazine hcl tabs 100mg</i>	2	
<i>thioridazine hcl tabs 10mg</i>	2	
<i>thioridazine hcl tabs 25mg</i>	2	
<i>thioridazine hcl tabs 50mg</i>	2	
<i>thiothixene caps 10mg</i>	1	
<i>thiothixene caps 1mg</i>	1	
<i>thiothixene caps 2mg</i>	1	
<i>thiothixene caps 5mg</i>	1	
<i>trifluoperazine hcl tabs 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg</i>	1	
<i>trifluoperazine hcl tabs 2mg</i>	1	
<i>trifluoperazine hcl tabs 5mg</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG	5	ST
ABILIFY MAINTENA INJ 300MG	5	ST
ABILIFY MAINTENA INJ 400MG	5	ST
ABILIFY MAINTENA INJ 400MG	5	ST
ABILIFY MYCITE TABS 10MG	5	QL (30 EA per 30 days)
ABILIFY MYCITE TABS 15MG	5	QL (30 EA per 30 days)
ABILIFY MYCITE TABS 20MG	5	QL (30 EA per 30 days)
ABILIFY MYCITE TABS 2MG	5	QL (30 EA per 30 days)
ABILIFY MYCITE TABS 30MG	5	QL (30 EA per 30 days)
ABILIFY MYCITE TABS 5MG	5	QL (30 EA per 30 days)
ARIPIRAZOLE ODT TBDP 10MG	5	

Drug Name	Drug Tier	Requirements/Limits
ARIPIRAZOLE ODT TBDP 15MG	5	
<i>aripiprazole soln 1mg/ml</i>	2	
<i>aripiprazole tabs 10mg</i>	2	
<i>aripiprazole tabs 15mg</i>	2	
<i>aripiprazole tabs 20mg</i>	2	
<i>aripiprazole tabs 2mg</i>	2	
<i>aripiprazole tabs 30mg</i>	2	
<i>aripiprazole tabs 5mg</i>	2	
ARISTADA INITIO INJ 675MG/2.4ML	5	ST
ARISTADA INJ 1064MG/3.9ML	5	ST
ARISTADA INJ 441MG/1.6ML	5	ST
ARISTADA INJ 662MG/2.4ML	5	ST
ARISTADA INJ 882MG/3.2ML	5	ST
FANAPT TITRATION PACK TABS 0	4	ST
FANAPT TABS 10MG	5	ST
FANAPT TABS 12MG	5	ST
FANAPT TABS 1MG	4	ST
FANAPT TABS 2MG	4	ST
FANAPT TABS 4MG	4	ST
FANAPT TABS 6MG	5	ST
FANAPT TABS 8MG	5	ST
GEODON INJ 20MG	4	
INVEGA SUSTENNA INJ 117MG/0.75ML	5	ST
INVEGA SUSTENNA INJ 156MG/ML	5	ST
INVEGA SUSTENNA INJ 234MG/1.5ML	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST
INVEGA SUSTENNA INJ 78MG/0.5ML	5	ST
INVEGA TRINZA INJ 273MG/0.875ML	5	ST
INVEGA TRINZA INJ 410MG/1.315ML	5	ST
INVEGA TRINZA INJ 546MG/1.75ML	5	ST
INVEGA TRINZA INJ 819MG/2.625ML	5	ST
LATUDA TABS 120MG	5	ST
LATUDA TABS 20MG	5	ST
LATUDA TABS 40MG	5	ST
LATUDA TABS 60MG	5	ST
LATUDA TABS 80MG	5	ST
NUPLAZID CAPS 34MG	5	QL (30 EA per 30 days) PA
NUPLAZID TABS 10MG	5	QL (90 EA per 30 days) PA
NUPLAZID TABS 17MG	5	QL (60 EA per 30 days) PA
<i>olanzapine odt tbdp 10mg</i>	2	
<i>olanzapine odt tbdp 15mg</i>	2	
<i>olanzapine odt tbdp 20mg</i>	2	
<i>olanzapine odt tbdp 5mg</i>	2	
OLANZAPINE INJ 10MG	3	ST
<i>olanzapine tabs 10mg</i>	2	
<i>olanzapine tabs 15mg</i>	2	
<i>olanzapine tabs 2.5mg</i>	2	
<i>olanzapine tabs 20mg</i>	2	
<i>olanzapine tabs 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tabs 7.5mg</i>	2	
PALIPERIDONE ER TB24 1.5MG	4	ST
PALIPERIDONE ER TB24 3MG	4	ST
PALIPERIDONE ER TB24 6MG	4	ST
<i>paliperidone er tb24 9mg</i>	5	ST
PERSERIS INJ 120MG	5	
PERSERIS INJ 90MG	5	
<i>quetiapine fumarate er tb24 150mg</i>	2	
<i>quetiapine fumarate er tb24 200mg</i>	2	
<i>quetiapine fumarate er tb24 300mg</i>	2	
<i>quetiapine fumarate er tb24 400mg</i>	2	
<i>quetiapine fumarate er tb24 50mg</i>	2	
<i>quetiapine fumarate tabs 100mg</i>	1	
<i>quetiapine fumarate tabs 200mg</i>	1	
<i>quetiapine fumarate tabs 25mg</i>	1	
<i>quetiapine fumarate tabs 300mg</i>	1	
<i>quetiapine fumarate tabs 400mg</i>	1	
<i>quetiapine fumarate tabs 50mg</i>	1	
REXULTI TABS 0.25MG	5	ST
REXULTI TABS 0.5MG	5	ST
REXULTI TABS 1MG	5	ST
REXULTI TABS 2MG	5	ST
REXULTI TABS 3MG	5	ST
REXULTI TABS 4MG	5	ST
RISPERDAL CONSTA INJ 12.5MG	4	ST
RISPERDAL CONSTA INJ 25MG	4	ST
RISPERDAL CONSTA INJ 37.5MG	5	ST
RISPERDAL CONSTA INJ 50MG	5	ST
<i>risperidone m-tab tbdp 0.5mg</i>	1	
<i>risperidone m-tab tbdp 1mg</i>	1	
<i>risperidone m-tab tbdp 2mg</i>	1	
<i>risperidone m-tab tbdp 3mg</i>	1	
<i>risperidone m-tab tbdp 4mg</i>	1	
<i>risperidone odt tbdp 0.25mg</i>	1	
<i>risperidone odt tbdp 0.5mg</i>	1	
<i>risperidone odt tbdp 1mg</i>	1	
<i>risperidone odt tbdp 2mg</i>	1	
<i>risperidone odt tbdp 3mg</i>	1	
<i>risperidone odt tbdp 4mg</i>	1	
<i>risperidone soln 1mg/ml</i>	1	
<i>risperidone tabs 0.25mg</i>	1	
<i>risperidone tabs 0.5mg</i>	1	
<i>risperidone tabs 1mg</i>	1	
<i>risperidone tabs 2mg</i>	1	
<i>risperidone tabs 3mg</i>	1	
<i>risperidone tabs 4mg</i>	1	
SAPHRIS SUBL 10MG	4	ST
SAPHRIS SUBL 2.5MG	4	ST
SAPHRIS SUBL 5MG	4	ST

Drug Name	Drug Tier	Requirements/Limits
SECUADO PT24 3.8MG/24HR	4	ST
SECUADO PT24 5.7MG/24HR	4	ST
SECUADO PT24 7.6MG/24HR	4	ST
VRAYLAR CAPS 1.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 3MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 4.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 6MG	5	QL (30 EA per 30 days) ST
VRAYLAR CPPK 0	4	QL (14 EA per 365 days) ST
ziprasidone hcl caps 20mg	2	ST
ziprasidone hcl caps 40mg	2	ST
ziprasidone hcl caps 60mg	2	ST
ziprasidone hcl caps 80mg	2	ST
ZYPREXA RELPREVV INJ 210MG	4	ST
ZYPREXA RELPREVV INJ 300MG	5	ST
ZYPREXA RELPREVV INJ 405MG	5	ST
Treatment-Resistant		
clozapine odt tbdp 100mg	4	
clozapine odt tbdp 12.5mg	4	
clozapine odt tbdp 150mg	4	
clozapine odt tbdp 200mg	4	
clozapine odt tbdp 25mg	4	
clozapine tabs 100mg	2	
clozapine tabs 200mg	2	
clozapine tabs 25mg	2	
clozapine tabs 50mg	2	
VERSACLOZ SUSP 50MG/ML	5	
Antispasticity Agents		
Antispasticity Agents		
baclofen inj 20000mcg/20ml	5	B/D
baclofen inj 40mg/20ml	5	B/D
baclofen inj 500mcg/ml	5	B/D
baclofen tabs 10mg	1	
baclofen tabs 20mg	1	
baclofen tabs 5mg	1	
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
dantrolene sodium caps 100mg	1	
dantrolene sodium caps 25mg	1	
dantrolene sodium caps 50mg	1	
DYSPORT INJ 300UNIT	4	PA
DYSPORT INJ 500UNIT	4	PA
GABLOFEN INJ 10000MCG/20ML	4	B/D
GABLOFEN INJ 10000MCG/20ML	4	B/D
GABLOFEN INJ 20000MCG/20ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
GABLOFEN INJ 50MCG/ML	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D

Drug Name	Drug Tier	Requirements/Limits
LIORESAL INTRATHECAL INJ 40MG/20ML	5	B/D
MYOBLOC INJ 10000UNIT/2ML	5	PA
MYOBLOC INJ 2500UNIT/0.5ML	5	PA
MYOBLOC INJ 5000UNIT/ML	4	PA
<i>tizanidine hcl caps 2mg</i>	2	
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl caps 6mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride caps 2mg</i>	2	
<i>tizanidine hydrochloride caps 4mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	2	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
XEOMIN INJ 100UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA
XEOMIN INJ 50UNIT	4	PA

Antivirals

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir inj 75mg/ml</i>	5	
FOSCAVIR INJ 6000MG/250ML	4	PA
FOSCAVIR INJ 6000MG/250ML	4	PA
<i>ganciclovir inj 500mg/10ml</i>	2	B/D
<i>ganciclovir inj 500mg</i>	1	B/D
PREVYMIS INJ 240MG/12ML	5	
PREVYMIS INJ 480MG/24ML	5	
PREVYMIS TABS 240MG	5	
PREVYMIS TABS 480MG	5	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	
<i>valganciclovir tabs 450mg</i>	5	
ZIRGAN GEL 0.15%	4	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil tabs 10mg</i>	5	
BARACLUDE SOLN 0.05MG/ML	5	
<i>entecavir tabs 0.5mg</i>	4	
<i>entecavir tabs 1mg</i>	4	
EPIVIR HBV SOLN 5MG/ML	4	
INTRON A W/DILUENT INJ 10MU	5	
INTRON A W/DILUENT INJ 18MU	5	
INTRON A W/DILUENT INJ 50MU	5	
INTRON A INJ 10MU/ML	5	
INTRON A INJ 10MU	5	
INTRON A INJ 18MU	5	
INTRON A INJ 50MU	5	
INTRON A INJ 6000000UNIT/ML	5	
INTRON-A INJ 3MU/0.2ML	5	
<i>lamivudine tabs 100mg</i>	2	
TYZEKA TABS 600MG	5	PA
VEMLIDY TABS 25MG	5	

Anti-hepatitis C (HCV) Agents, Direct Acting Agents

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TABS 400MG; 100MG	5	PA
HARVONI TABS 45MG; 200MG	5	PA
HARVONI TABS 90MG; 400MG	5	PA
LEDIPASVIR/SOFOSBUVIR TABS 90MG; 400MG	5	PA
MAVYRET TABS 100MG; 40MG	5	PA
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	4	PA
SOVALDI TABS 200MG	5	PA
SOVALDI TABS 400MG	5	PA
ZEPATIER TABS 50MG; 100MG	5	PA
Anti-hepatitis C (HCV) Agents, Other		
<i>moderiba tabs 200mg</i>	2	
<i>moderiba tbpk 0</i>	5	
PEG-INTRON REDIPEN PAK 4 INJ 120MCG/0.5ML	5	
PEG-INTRON REDIPEN PAK 4 INJ 150MCG/0.5ML	5	
PEG-INTRON REDIPEN PAK 4 INJ 80MCG/0.5ML	5	
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	5	
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	5	
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	5	
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	5	
PEG-INTRON INJ 120MCG/0.5ML	5	
PEG-INTRON INJ 150MCG/0.5ML	5	
PEG-INTRON INJ 80MCG/0.5ML	5	
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	
PEGASYS INJ 180MCG/0.5ML	5	
PEGASYS INJ 180MCG/ML	5	
PEGINTRON INJ 120MCG/0.5ML	5	
PEGINTRON INJ 150MCG/0.5ML	5	
PEGINTRON INJ 50MCG/0.5ML	5	
PEGINTRON INJ 80MCG/0.5ML	5	
REBETOL SOLN 40MG/ML	5	
RIBASPHERE RIBAPAK TBPK 0	4	
<i>ribasphere ribapak tbpk 0</i>	5	
RIBASPHERE RIBAPAK TBPK 400MG	4	
RIBASPHERE RIBAPAK TBPK 600MG	4	
<i>ribasphere caps 200mg</i>	2	
<i>ribasphere tabs 200mg</i>	2	
RIBASPHERE TABS 400MG	5	
RIBASPHERE TABS 600MG	5	
<i>ribavirin tabs 200mg</i>	2	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY TABS 50MG; 200MG; 25MG	5	
DELSTRIGO TABS 100MG; 300MG; 300MG	5	
DOVATO TABS 50MG; 300MG	5	
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	
ISENTRESS CHEW 100MG	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS PACK 100MG	5	
JULUCA TABS 50MG; 25MG	5	

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG	5	
TIVICAY TABS 50MG	5	
TRIUMEQ TABS 600MG; 50MG; 300MG	5	
VITEKTA TABS 150MG	5	
VITEKTA TABS 85MG	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
ATRIPLA TABS 600MG; 200MG; 300MG	5	
COMPLERA TABS 200MG; 25MG; 300MG	5	
EDURANT TABS 25MG	5	
efavirenz caps 200mg	5	
efavirenz caps 50mg	4	
efavirenz tabs 600mg	5	
INTELENCE TABS 100MG	5	
INTELENCE TABS 200MG	5	
INTELENCE TABS 25MG	4	
nevirapine er tb24 100mg	2	
nevirapine er tb24 400mg	2	
nevirapine susp 50mg/5ml	2	
nevirapine tabs 200mg	2	
ODEFSEY TABS 200MG; 25MG; 25MG	5	
PIFELTRO TABS 100MG	5	
RESCRIPTOR TABS 100MG	4	
RESCRIPTOR TABS 200MG	4	
SYMFI LO TABS 400MG; 300MG; 300MG	5	
SYMFI TABS 600MG; 300MG; 300MG	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg	5	
abacavir sulfate/lamivudine tabs 600mg; 300mg	4	
abacavir sulfate tabs 300mg	2	
abacavir soln 20mg/ml	2	
abacavir tabs 300mg	2	
CIMDUO TABS 300MG; 300MG	5	
DESCOVY TABS 200MG; 25MG	5	
didanosine cpdr 125mg	2	
didanosine cpdr 200mg	2	
didanosine cpdr 250mg	2	
didanosine cpdr 400mg	2	
EMTRIVA CAPS 200MG	4	
EMTRIVA SOLN 10MG/ML	4	
LAMIVUDINE/ZIDOVUDINE TABS 150MG; 300MG	4	
lamivudine soln 10mg/ml	2	
lamivudine tabs 150mg	2	
lamivudine tabs 300mg	2	
RETROVIR IV INFUSION INJ 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>stavudine caps 15mg</i>	1	
<i>stavudine caps 20mg</i>	1	
<i>stavudine caps 30mg</i>	1	
<i>stavudine caps 40mg</i>	1	
<i>stavudine solr 1mg/ml</i>	1	
<i>tenofovir disoproxil fumarate tabs 300mg</i>	4	
TRUVADA TABS 100MG; 150MG	5	
TRUVADA TABS 133MG; 200MG	5	
TRUVADA TABS 167MG; 250MG	5	
TRUVADA TABS 200MG; 300MG	5	
VIDEX EC CPDR 125MG	4	
VIDEX PEDIATRIC SOLR 2GM	4	
VIDEX PEDIATRIC SOLR 4GM	4	
VIREAD POWD 40MG/GM	5	
VIREAD TABS 150MG	5	
VIREAD TABS 200MG	5	
VIREAD TABS 250MG	5	
ZERIT SOLR 1MG/ML	3	
<i>zidovudine caps 100mg</i>	1	
<i>zidovudine syrp 50mg/5ml</i>	1	
<i>zidovudine tabs 300mg</i>	1	
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	
ISENTRESS HD TABS 600MG	5	
ISENTRESS TABS 400MG	5	
SELZENTRY SOLN 20MG/ML	5	
SELZENTRY TABS 150MG	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 300MG	5	
SELZENTRY TABS 75MG	5	
TROGARZO INJ 200MG/1.33ML	5	
TYBOST TABS 150MG	3	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS 250MG	5	
APTIVUS SOLN 100MG/ML	5	
<i>atazanavir sulfate caps 150mg</i>	5	
<i>atazanavir sulfate caps 200mg</i>	5	
<i>atazanavir sulfate caps 300mg</i>	5	
<i>atazanavir caps 150mg</i>	5	
<i>atazanavir caps 200mg</i>	5	
CRIXIVAN CAPS 200MG	4	
CRIXIVAN CAPS 400MG	4	
EVOTAZ TABS 300MG; 150MG	5	
<i>fosamprenavir calcium tabs 700mg</i>	5	
INVIRASE CAPS 200MG	5	
INVIRASE TABS 500MG	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP 50MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
LOPINAVIR/RITONAVIR SOLN 400MG/5ML; 100MG/5ML	5	
NORVIR CAPS 100MG	3	
NORVIR PACK 100MG	3	
NORVIR SOLN 80MG/ML	3	
PREZCOBIX TABS 150MG; 800MG	5	
PREZISTA SUSP 100MG/ML	5	
PREZISTA TABS 150MG	4	
PREZISTA TABS 600MG	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 800MG	5	
REYATAZ PACK 50MG	5	
ritonavir tabs 100mg	2	
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	
VIRACEPT TABS 250MG	5	
VIRACEPT TABS 625MG	5	
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl syrp 50mg/5ml	2	
amantadine hcl tabs 100mg	2	
oseltamivir phosphate caps 30mg	2	QL (168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL (84 EA per 365 days)
oseltamivir phosphate caps 75mg	2	QL (110 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	2	QL (1080 ML per 365 days)
RAPIVAB INJ 200MG/20ML	5	
RELENZA DISKHALER AEPB 5MG/BLISTER	3	
rimantadine hydrochloride tabs 100mg	1	
XOFLUZA TBPB 20MG	4	QL (4 EA per 365 days)
XOFLUZA TBPB 40MG	4	QL (4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	1	B/D
acyclovir caps 200mg	1	
acyclovir crea 5%	2	
ACYCLOVIR OINT 5%	3	
acyclovir susp 200mg/5ml	2	
acyclovir tabs 400mg	1	
acyclovir tabs 800mg	1	
famciclovir tabs 125mg	2	
famciclovir tabs 250mg	2	
famciclovir tabs 500mg	2	
trifluridine soln 1%	2	
valacyclovir hcl tabs 1gm	2	
valacyclovir hydrochloride tabs 500mg	2	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg	1	
buspirone hcl tabs 30mg	2	
buspirone hydrochloride tabs 10mg	1	
buspirone hydrochloride tabs 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>buspirone hydrochloride tabs 7.5mg</i>	1	
MEPROBAMATE TABS 200MG	4	PA
MEPROBAMATE TABS 400MG	4	PA
Benzodiazepines		
<i>alprazolam er tb24 0.5mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam er tb24 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam er tb24 2mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam er tb24 3mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam odt tbdp 0.25mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 0.5mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam odt tbdp 2mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam xr tb24 0.5mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam xr tb24 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam xr tb24 2mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam xr tb24 3mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam tabs 0.25mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 0.5mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 1mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>chlordiazepoxide hcl caps 10mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl caps 5mg</i>	2	QL (120 EA per 30 days)
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	QL (120 EA per 30 days)
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	2	QL (720 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	2	QL (360 EA per 30 days)
<i>diazepam conc 5mg/ml</i>	2	
<i>diazepam inj 5mg/ml</i>	2	
<i>diazepam soln 5mg/5ml</i>	2	
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (120 EA per 30 days)
<i>estazolam tabs 1mg</i>	2	QL (30 EA per 30 days)
<i>estazolam tabs 2mg</i>	2	QL (30 EA per 30 days)
<i>lorazepam inj 2mg/ml</i>	2	
<i>lorazepam inj 2mg/ml</i>	2	
<i>lorazepam inj 4mg/ml</i>	2	
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days)
<i>midazolam hcl inj 10mg/10ml</i>	2	
<i>midazolam hcl inj 10mg/2ml</i>	2	
<i>midazolam hcl inj 10mg/2ml</i>	2	
<i>midazolam hcl inj 10mg/2ml</i>	2	
<i>midazolam hcl inj 10mg/2ml</i>	2	
<i>midazolam hcl inj 25mg/5ml</i>	2	
<i>midazolam hcl inj 2mg/2ml</i>	2	
<i>midazolam hcl inj 5mg/5ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl syrp 2mg/ml</i>	2	
<i>midazolam hydrochloride inj 2mg/2ml</i>	2	
<i>midazolam hydrochloride inj 50mg/10ml</i>	2	
<i>midazolam hydrochloride inj 5mg/5ml</i>	2	
<i>oxazepam caps 10mg</i>	2	QL (120 EA per 30 days)
<i>oxazepam caps 15mg</i>	2	QL (120 EA per 30 days)
<i>oxazepam caps 30mg</i>	2	QL (120 EA per 30 days)
QUAZEPAM TABS 15MG	4	
<i>temazepam caps 15mg</i>	2	QL (30 EA per 30 days)
<i>temazepam caps 22.5mg</i>	2	QL (30 EA per 30 days)
<i>temazepam caps 30mg</i>	2	QL (30 EA per 30 days)
<i>temazepam caps 7.5mg</i>	2	QL (30 EA per 30 days)
<i>triazolam tabs 0.125mg</i>	2	QL (30 EA per 30 days)
<i>triazolam tabs 0.25mg</i>	2	QL (30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO CP12 100MG	4	
EQUETRO CP12 200MG	4	
EQUETRO CP12 300MG	4	
<i>lithium carbonate er tbc 300mg</i>	1	
<i>lithium carbonate er tbc 450mg</i>	1	
<i>lithium carbonate caps 150mg</i>	1	
<i>lithium carbonate caps 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	1	
<i>lithium carbonate tabs 300mg</i>	1	
<i>lithium soln 8meq/5ml</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs 100mg</i>	1	
<i>acarbose tabs 25mg</i>	1	
<i>acarbose tabs 50mg</i>	1	
AVANDIA TABS 2MG	4	
AVANDIA TABS 4MG	4	
AVANDIA TABS 8MG	4	
BYDUREON BCISE INJ 2MG/0.85ML	3	ST
BYDUREON PEN INJ 2MG	3	ST
BYDUREON INJ 2MG	3	ST
BYETTA INJ 10MCG/0.04ML	4	ST
BYETTA INJ 5MCG/0.02ML	4	ST
CYCLOSET TABS 0.8MG	3	
<i>glimepiride tabs 1mg</i>	1	
<i>glimepiride tabs 2mg</i>	1	
<i>glimepiride tabs 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er tb24 10mg</i>	1	
<i>glipizide er tb24 2.5mg</i>	1	
<i>glipizide er tb24 5mg</i>	1	
<i>glipizide xl tb24 10mg</i>	1	
<i>glipizide xl tb24 2.5mg</i>	1	
<i>glipizide xl tb24 5mg</i>	1	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	2	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	2	
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	2	
<i>glipizide tabs 10mg</i>	1	
<i>glipizide tabs 5mg</i>	1	
INVOKAMET XR TB24 150MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET XR TB24 150MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKAMET XR TB24 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET XR TB24 50MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 150MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 150MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 50MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKANA TABS 100MG	3	QL (30 EA per 30 days) ST
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 100MG	3	ST
JANUMET XR TB24 1000MG; 50MG	3	ST
JANUMET XR TB24 500MG; 50MG	3	ST
JANUMET TABS 1000MG; 50MG	3	ST
JANUMET TABS 500MG; 50MG	3	ST
JANUVIA TABS 100MG	3	ST
JANUVIA TABS 25MG	3	ST
JANUVIA TABS 50MG	3	ST
JARDIANCE TABS 10MG	3	ST
JARDIANCE TABS 25MG	3	ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) ST
JENTADUETO TABS 2.5MG; 1000MG	3	QL (60 EA per 30 days) ST
JENTADUETO TABS 2.5MG; 500MG	3	QL (60 EA per 30 days) ST
JENTADUETO TABS 2.5MG; 850MG	3	QL (60 EA per 30 days) ST
KAZANO TABS 12.5MG; 1000MG	4	QL (60 EA per 30 days) ST
KAZANO TABS 12.5MG; 500MG	4	QL (60 EA per 30 days) ST
<i>metformin hydrochloride er tb24 500mg</i>	1	
<i>metformin hydrochloride er tb24 750mg</i>	1	
<i>metformin hydrochloride tabs 1000mg</i>	1	
<i>metformin hydrochloride tabs 500mg</i>	1	
<i>metformin hydrochloride tabs 850mg</i>	1	
<i>miglitol tabs 100mg</i>	2	
<i>miglitol tabs 25mg</i>	2	
<i>miglitol tabs 50mg</i>	2	
<i>nateglinide tabs 120mg</i>	2	
<i>nateglinide tabs 60mg</i>	2	
NESINA TABS 12.5MG	4	QL (30 EA per 30 days) ST

Drug Name	Drug Tier	Requirements/Limits
NESINA TABS 25MG	4	QL (30 EA per 30 days) ST
NESINA TABS 6.25MG	4	QL (30 EA per 30 days) ST
OSENI TABS 12.5MG; 15MG	4	QL (30 EA per 30 days) ST
OSENI TABS 12.5MG; 30MG	4	QL (30 EA per 30 days) ST
OSENI TABS 12.5MG; 45MG	4	QL (30 EA per 30 days) ST
OSENI TABS 25MG; 15MG	4	QL (30 EA per 30 days) ST
OSENI TABS 25MG; 30MG	4	QL (30 EA per 30 days) ST
OSENI TABS 25MG; 45MG	4	QL (30 EA per 30 days) ST
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	2	
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	2	
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	2	
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg</i>	2	
<i>pioglitazone hydrochloride tabs 30mg</i>	2	
<i>repaglinide/metformin hydrochloride tabs 500mg; 1mg</i>	2	
<i>repaglinide/metformin hydrochloride tabs 500mg; 2mg</i>	2	
<i>repaglinide tabs 0.5mg</i>	2	
<i>repaglinide tabs 1mg</i>	2	
<i>repaglinide tabs 2mg</i>	2	
RIOMET SOLN 500MG/5ML	3	
SYMLINPEN 120 INJ 2700MCG/2.7ML	4	PA
SYMLINPEN 60 INJ 1500MCG/1.5ML	4	PA
<i>tolazamide tabs 250mg</i>	1	
<i>tolazamide tabs 500mg</i>	1	
<i>tolbutamide tabs 500mg</i>	1	
TRADJENTA TABS 5MG	3	QL (30 EA per 30 days) ST
TRULICITY INJ 0.75MG/0.5ML	3	ST
TRULICITY INJ 1.5MG/0.5ML	3	ST
VICTOZA INJ 18MG/3ML	3	ST
Glycemic Agents		
GLUCAGEN HYPOKIT INJ 1MG	3	
GLUCAGON EMERGENCY KIT INJ 1MG	3	
PROGLYCEM SUSP 50MG/ML	5	
Insulins		
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG KWIKPEN INJ 100UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG KWIKPEN INJ 200UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG INJ 100UNIT/ML	3	QL (60 ML per 30 days)
HUMALOG INJ 100UNIT/ML	3	QL (60 ML per 30 days)
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	QL (60 ML per 30 days)
<i>humulin 70/30 inj 30unit/ml; 70unit/ml</i>	1	QL (60 ML per 30 days)
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	QL (60 ML per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>humulin n inj 100unit/ml</i>	1	QL (60 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	QL (60 ML per 30 days)
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	QL (60 ML per 30 days)
<i>humulin r inj 100unit/ml</i>	1	QL (60 ML per 30 days)
LANTUS SOLOSTAR INJ 100UNIT/ML	3	QL (60 ML per 30 days)
LANTUS INJ 100UNIT/ML	3	QL (60 ML per 30 days)
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	QL (90 ML per 30 days)
LEVEMIR INJ 100UNIT/ML	3	QL (60 ML per 30 days)
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	QL (27 ML per 30 days)
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	QL (27 ML per 30 days)
TRESIBA FLEXTOUCH INJ 100UNIT/ML	4	QL (54 ML per 30 days)
TRESIBA FLEXTOUCH INJ 200UNIT/ML	4	QL (54 ML per 30 days)
TRESIBA INJ 100UNIT/ML	4	QL (54 ML per 30 days)
XULTOPHY 100/3.6 INJ 100UNIT/ML; 3.6MG/ML	4	ST

Blood Products/Modifiers/Volume Expanders

Anticoagulants

<i>argatroban/sodium chloride inj 50mg/50ml; 0.9%</i>	5	
BEVYXXA CAPS 40MG	4	
BEVYXXA CAPS 80MG	4	
COUMADIN TABS 10MG	3	
COUMADIN TABS 1MG	3	
COUMADIN TABS 2.5MG	3	
COUMADIN TABS 2MG	3	
COUMADIN TABS 3MG	3	
COUMADIN TABS 4MG	3	
COUMADIN TABS 5MG	3	
COUMADIN TABS 6MG	3	
COUMADIN TABS 7.5MG	3	
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
ENOXAPARIN SODIUM INJ 100MG/ML	4	QL (30 ML per 90 days)
ENOXAPARIN SODIUM INJ 120MG/0.8ML	4	QL (30 ML per 90 days)
<i>enoxaparin sodium inj 150mg/ml</i>	4	QL (30 ML per 90 days)
ENOXAPARIN SODIUM INJ 300MG/3ML	4	QL (30 ML per 90 days)
ENOXAPARIN SODIUM INJ 30MG/0.3ML	4	QL (30 ML per 90 days)
ENOXAPARIN SODIUM INJ 40MG/0.4ML	4	QL (30 ML per 90 days)
ENOXAPARIN SODIUM INJ 60MG/0.6ML	4	QL (30 ML per 90 days)
ENOXAPARIN SODIUM INJ 80MG/0.8ML	4	QL (30 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	
FONDAPARINUX SODIUM INJ 2.5MG/0.5ML	4	
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 10000UNIT/ML	5	
FRAGMIN INJ 12500UNIT/0.5ML	5	
FRAGMIN INJ 15000UNIT/0.6ML	5	
FRAGMIN INJ 18000UNT/0.72ML	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 5000UNIT/0.2ML	4	
FRAGMIN INJ 7500UNIT/0.3ML	5	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 95000UNIT/3.8ML	5	
<i>heparin sodium dcu inj 20000unit/ml</i>	2	
<i>heparin sodium/d5w inj 5%; 100unit/ml</i>	2	
<i>heparin sodium/d5w inj 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/nacl 0.45% inj 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium/nacl 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%</i>	1	
<i>heparin sodium/sodium chloride inj 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml</i>	2	
<i>heparin sodium inj 1000unit/ml</i>	2	
<i>heparin sodium inj 20000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven tabs 10mg</i>	1	
<i>jantoven tabs 1mg</i>	1	
<i>jantoven tabs 2.5mg</i>	1	
<i>jantoven tabs 2mg</i>	1	
<i>jantoven tabs 3mg</i>	1	
<i>jantoven tabs 4mg</i>	1	
<i>jantoven tabs 5mg</i>	1	
<i>jantoven tabs 6mg</i>	1	
<i>jantoven tabs 7.5mg</i>	1	
PRADAXA CAPS 110MG	4	
PRADAXA CAPS 150MG	4	
PRADAXA CAPS 75MG	4	
<i>warfarin sodium tabs 10mg</i>	1	
<i>warfarin sodium tabs 1mg</i>	1	
<i>warfarin sodium tabs 2.5mg</i>	1	
<i>warfarin sodium tabs 2mg</i>	1	
<i>warfarin sodium tabs 3mg</i>	1	
<i>warfarin sodium tabs 4mg</i>	1	
<i>warfarin sodium tabs 5mg</i>	1	
<i>warfarin sodium tabs 6mg</i>	1	
<i>warfarin sodium tabs 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	3	
XARELTO TABS 10MG	3	
XARELTO TABS 15MG	3	
XARELTO TABS 2.5MG	3	
XARELTO TABS 20MG	3	
Blood Formation Modifiers		
<i>anagrelide hydrochloride caps 0.5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hydrochloride caps 1mg</i>	2	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	5	PA
DOPTelet TABS 20MG	5	PA
DOPTelet TABS 20MG	5	PA
DOPTelet TABS 20MG	5	PA
EPOGEN INJ 10000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
EPOGEN INJ 2000UNIT/ML	4	PA
EPOGEN INJ 3000UNIT/ML	4	PA
EPOGEN INJ 4000UNIT/ML	4	PA
<i>granix inj 300mcg/0.5ml</i>	5	
GRANIX INJ 300MCG/ML	5	
<i>granix inj 480mcg/0.8ml</i>	5	
GRANIX INJ 480MCG/1.6ML	5	
LEUKINE INJ 250MCG	5	PA
MIRCERA INJ 100MCG/0.3ML	3	
MIRCERA INJ 200MCG/0.3ML	3	
MIRCERA INJ 50MCG/0.3ML	3	
MIRCERA INJ 75MCG/0.3ML	3	
MOZOBIL INJ 24MG/1.2ML	5	PA
MULPLETA TABS 3MG	5	PA
NEULASTA INJ 6MG/0.6ML	5	
NEUPOGEN INJ 300MCG/0.5ML	5	
NEUPOGEN INJ 300MCG/ML	5	
NEUPOGEN INJ 480MCG/0.8ML	5	
NEUPOGEN INJ 480MCG/1.6ML	5	
NIVESTYM INJ 300MCG/0.5ML	5	
NIVESTYM INJ 300MCG/ML	5	
NIVESTYM INJ 480MCG/0.8ML	5	
NIVESTYM INJ 480MCG/1.6ML	5	
NPLATE INJ 125MCG	5	PA LA
NPLATE INJ 250MCG	5	PA
NPLATE INJ 500MCG	5	PA
PROCRIT INJ 10000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML	5	PA

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 2000UNIT/ML	4	PA
PROCRIT INJ 3000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 4000UNIT/ML	4	PA
PROMACTA PACK 12.5MG	5	PA
PROMACTA TABS 12.5MG	5	PA
PROMACTA TABS 25MG	5	PA
PROMACTA TABS 50MG	5	PA
PROMACTA TABS 75MG	5	PA
UDENYCA INJ 6MG/0.6ML	5	
ZIEXTENZO INJ 6MG/0.6ML	5	
Blood Products/Modifiers/Volume Expanders		
SOLIRIS INJ 300MG/30ML	5	PA
Hemostasis Agents		
<i>aminocaproic acid inj 250mg/ml</i>	1	
<i>aminocaproic acid syrp 25%</i>	2	
<i>aminocaproic acid tabs 1000mg</i>	2	
<i>aminocaproic acid tabs 500mg</i>	2	
<i>tranexamic acid inj 1000mg/10ml</i>	2	
<i>tranexamic acid tabs 650mg</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	2	
BRILINTA TABS 60MG	3	
BRILINTA TABS 90MG	3	
<i>cilostazol tabs 100mg</i>	1	
<i>cilostazol tabs 50mg</i>	1	
<i>clopidogrel tabs 300mg</i>	1	
<i>clopidogrel tabs 75mg</i>	1	
<i>prasugrel tabs 10mg</i>	2	
<i>prasugrel tabs 5mg</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk 0.1mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.2mg/24hr</i>	2	
<i>clonidine hcl ptwk 0.3mg/24hr</i>	2	
<i>clonidine hcl tabs 0.1mg</i>	1	
<i>clonidine hcl tabs 0.3mg</i>	1	
<i>clonidine hydrochloride tabs 0.2mg</i>	1	
<i>clorpres tabs 15mg; 0.1mg</i>	2	
<i>clorpres tabs 15mg; 0.2mg</i>	2	
<i>clorpres tabs 15mg; 0.3mg</i>	2	
<i>midodrine hcl tabs 10mg</i>	2	
<i>midodrine hcl tabs 2.5mg</i>	2	
<i>midodrine hcl tabs 5mg</i>	2	
<i>phentolamine mesylate inj 5mg/ml</i>	1	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride caps 10mg</i>	5	
<i>phentolamine mesylate inj 5mg</i>	1	
<i>prazosin hcl caps 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl caps 5mg</i>	1	
<i>prazosin hydrochloride caps 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	2	
<i>candesartan cilexetil tabs 16mg</i>	2	
<i>candesartan cilexetil tabs 32mg</i>	2	
<i>candesartan cilexetil tabs 4mg</i>	2	
<i>candesartan cilexetil tabs 8mg</i>	2	
<i>eprosartan mesylate tabs 600mg</i>	2	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	
<i>irbesartan tabs 150mg</i>	1	
<i>irbesartan tabs 300mg</i>	1	
<i>irbesartan tabs 75mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>losartan potassium tabs 100mg</i>	1	
<i>losartan potassium tabs 25mg</i>	1	
<i>losartan potassium tabs 50mg</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	2	
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	2	
<i>olmesartan medoxomil tabs 20mg</i>	2	
<i>olmesartan medoxomil tabs 40mg</i>	2	
<i>olmesartan medoxomil tabs 5mg</i>	2	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	2	
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	2	
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	2	
<i>telmisartan tabs 20mg</i>	2	
<i>telmisartan tabs 40mg</i>	2	
<i>telmisartan tabs 80mg</i>	2	
TEVETEN HCT TABS 600MG; 25MG	4	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	
<i>valsartan tabs 160mg</i>	2	
<i>valsartan tabs 320mg</i>	2	
<i>valsartan tabs 40mg</i>	2	
<i>valsartan tabs 80mg</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>benazepril hcl tabs 10mg</i>	1	
<i>benazepril hcl tabs 40mg</i>	1	
<i>benazepril hcl tabs 5mg</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	
<i>captopril tabs 100mg</i>	2	
<i>captopril tabs 12.5mg</i>	2	
<i>captopril tabs 25mg</i>	2	
<i>captopril tabs 50mg</i>	2	
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	
<i>enalapril maleate tabs 10mg</i>	1	
<i>enalapril maleate tabs 2.5mg</i>	1	
<i>enalapril maleate tabs 20mg</i>	1	
<i>enalapril maleate tabs 5mg</i>	1	
<i>enalaprilat inj 1.25mg/ml</i>	1	
<i>EPANED SOLN 1MG/ML</i>	4	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	2	
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	2	
<i>fosinopril sodium tabs 10mg</i>	1	
<i>fosinopril sodium tabs 20mg</i>	1	
<i>fosinopril sodium tabs 40mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>lisinopril tabs 10mg</i>	1	
<i>lisinopril tabs 2.5mg</i>	1	
<i>lisinopril tabs 20mg</i>	1	
<i>lisinopril tabs 30mg</i>	1	
<i>lisinopril tabs 40mg</i>	1	
<i>lisinopril tabs 5mg</i>	1	
<i>moexipril hcl tabs 15mg</i>	1	
<i>moexipril hcl tabs 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	
<i>perindopril erbumine tabs 2mg</i>	1	
<i>perindopril erbumine tabs 4mg</i>	1	
<i>perindopril erbumine tabs 8mg</i>	1	
<i>quinapril hcl tabs 20mg</i>	1	
<i>quinapril hcl tabs 40mg</i>	1	
<i>quinapril hcl tabs 5mg</i>	1	
<i>quinapril hydrochloride tabs 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	
<i>ramipril caps 1.25mg</i>	1	
<i>ramipril caps 10mg</i>	1	
<i>ramipril caps 2.5mg</i>	1	
<i>ramipril caps 5mg</i>	1	
<i>trandolapril/verapamil hcl er tbc 1mg; 240mg</i>	2	
<i>trandolapril/verapamil hcl er tbc 2mg; 180mg</i>	2	
<i>trandolapril/verapamil hcl er tbc 2mg; 240mg</i>	2	
<i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i>	2	
<i>trandolapril tabs 1mg</i>	1	
<i>trandolapril tabs 2mg</i>	1	
<i>trandolapril tabs 4mg</i>	1	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 50mg/ml</i>	1	
<i>amiodarone hcl inj 900mg/18ml</i>	1	
<i>amiodarone hcl tabs 200mg</i>	2	
<i>amiodarone hcl tabs 400mg</i>	2	
<i>amiodarone hydrochloride inj 150mg/3ml</i>	1	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	1	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tabs 100mg</i>	2	
<i>dofetilide caps 125mcg</i>	2	
<i>dofetilide caps 250mcg</i>	2	
<i>dofetilide caps 500mcg</i>	2	
<i>flecainide acetate tabs 100mg</i>	2	
<i>flecainide acetate tabs 150mg</i>	2	
<i>flecainide acetate tabs 50mg</i>	2	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	2	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml</i>	1	
<i>lidocaine hcl inj 50mg/5ml</i>	1	
<i>mexiletine hcl caps 150mg</i>	2	
<i>mexiletine hcl caps 200mg</i>	2	
<i>mexiletine hcl caps 250mg</i>	2	
MULTAQ TABS 400MG	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
<i>pacerone tabs 100mg</i>	2	
<i>pacerone tabs 200mg</i>	2	
<i>pacerone tabs 400mg</i>	2	
<i>procainamide hcl inj 100mg/ml</i>	1	
<i>procainamide hcl inj 500mg/ml</i>	1	
<i>procainamide hydrochloride inj 100mg/ml</i>	1	
<i>procainamide hydrochloride inj 500mg/ml</i>	1	
<i>propafenone hcl tabs 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tabs 225mg</i>	1	
<i>propafenone hcl tabs 300mg</i>	1	
<i>propafenone hydrochloride er cp12 225mg</i>	2	
<i>propafenone hydrochloride er cp12 325mg</i>	2	
<i>propafenone hydrochloride er cp12 425mg</i>	2	
<i>quinidine gluconate cr tbc 324mg</i>	2	
<i>quinidine gluconate er tbc 324mg</i>	2	
<i>quinidine gluconate inj 80mg/ml</i>	2	
<i>quinidine sulfate tabs 200mg</i>	1	
<i>quinidine sulfate tabs 300mg</i>	1	
<i>sorine tabs 120mg</i>	1	
<i>sorine tabs 160mg</i>	1	
<i>sorine tabs 240mg</i>	1	
<i>sorine tabs 80mg</i>	1	
<i>sotalol hcl (af) tabs 120mg</i>	1	
<i>sotalol hcl (af) tabs 80mg</i>	1	
<i>sotalol hcl af tabs 160mg</i>	1	
<i>sotalol hcl tabs 120mg</i>	1	
<i>sotalol hcl tabs 160mg</i>	1	
<i>sotalol hcl tabs 240mg</i>	1	
<i>sotalol hcl tabs 80mg</i>	1	
<i>sotalol hydrochloride (af) tabs 120mg</i>	1	
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	
<i>sotalol hydrochloride af tabs 160mg</i>	1	
SOTALOL HYDROCHLORIDE INJ 150MG/10ML	5	
<i>sotalol hydrochloride tabs 120mg</i>	1	
<i>sotalol hydrochloride tabs 160mg</i>	1	
<i>sotalol hydrochloride tabs 160mg</i>	1	
<i>sotalol hydrochloride tabs 80mg</i>	1	
<i>sotalol hydrochloride tabs 80mg</i>	1	
SOTYLIZE SOLN 5MG/ML	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl caps 200mg</i>	1	
<i>acebutolol hcl caps 400mg</i>	1	
<i>acebutolol hydrochloride caps 400mg</i>	1	
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	1	
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	1	
<i>atenolol tabs 100mg</i>	1	
<i>atenolol tabs 25mg</i>	1	
<i>atenolol tabs 50mg</i>	1	
<i>betaxolol hcl tabs 10mg</i>	1	
<i>betaxolol hcl tabs 20mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<i>bisoprolol fumarate tabs 10mg</i>	1	
<i>bisoprolol fumarate tabs 5mg</i>	1	
BYSTOLIC TABS 10MG	3	
BYSTOLIC TABS 2.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TABS 20MG	3	
BYSTOLIC TABS 5MG	3	
<i>carvedilol phosphate cp24 10mg</i>	2	
<i>carvedilol phosphate cp24 20mg</i>	2	
<i>carvedilol phosphate cp24 40mg</i>	2	
<i>carvedilol phosphate cp24 80mg</i>	2	
<i>carvedilol tabs 12.5mg</i>	1	
<i>carvedilol tabs 25mg</i>	1	
<i>carvedilol tabs 3.125mg</i>	1	
<i>carvedilol tabs 6.25mg</i>	1	
<i>esmolol hcl inj 100mg/10ml</i>	1	
ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH INJ 2000MG/100ML	4	
ESMOLOL HYDROCHLORIDE IN WATER INJ 2500MG/250ML	4	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2500mg/250ml; 5.9mg/ml</i>	2	
HEMANGEOL SOLN 4.28MG/ML	4	
KAPSPARGO SPRINKLE CS24 100MG	4	
KAPSPARGO SPRINKLE CS24 200MG	4	
KAPSPARGO SPRINKLE CS24 25MG	4	
KAPSPARGO SPRINKLE CS24 50MG	4	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride inj 5mg/ml</i>	1	
<i>labetalol hydrochloride tabs 100mg</i>	1	
<i>labetalol hydrochloride tabs 200mg</i>	1	
<i>labetalol hydrochloride tabs 300mg</i>	1	
<i>metoprolol succinate er tb24 100mg</i>	1	
<i>metoprolol succinate er tb24 200mg</i>	1	
<i>metoprolol succinate er tb24 25mg</i>	1	
<i>metoprolol succinate er tb24 50mg</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate inj 5mg/5ml</i>	1	
<i>metoprolol tartrate tabs 100mg</i>	1	
<i>metoprolol tartrate tabs 25mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg</i>	1	
<i>metoprolol tartrate tabs 50mg</i>	1	
<i>metoprolol tartrate tabs 75mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	1	
<i>nadolol/bendroflumethiazide tabs 5mg; 40mg</i>	2	
<i>nadolol/bendroflumethiazide tabs 5mg; 80mg</i>	2	
<i>nadolol tabs 20mg</i>	2	
<i>nadolol tabs 40mg</i>	2	
<i>nadolol tabs 80mg</i>	2	
<i>pindolol tabs 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pindolol tabs 5mg</i>	1	
<i>propranolol hcl er cp24 120mg</i>	1	
<i>propranolol hcl er cp24 160mg</i>	1	
<i>propranolol hcl inj 1mg/ml</i>	1	
<i>propranolol hcl soln 20mg/5ml</i>	1	
<i>propranolol hcl soln 40mg/5ml</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hcl tabs 80mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg</i>	1	
<i>propranolol hydrochloride er cp24 80mg</i>	1	
<i>propranolol hydrochloride tabs 10mg</i>	1	
<i>propranolol hydrochloride tabs 20mg</i>	1	
<i>propranolol hydrochloride tabs 60mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	1	
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	1	
<i>timolol maleate tabs 10mg</i>	1	
<i>timolol maleate tabs 20mg</i>	1	
<i>timolol maleate tabs 5mg</i>	1	
Calcium Channel Blocking Agents		
<i>afeditab cr tb24 30mg</i>	1	
<i>afeditab cr tb24 60mg</i>	1	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	1	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	2	
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	2	
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	2	
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	2	
<i>amlodipine besylate tabs 10mg</i>	1	
<i>amlodipine besylate tabs 2.5mg</i>	1	
<i>amlodipine besylate tabs 5mg</i>	1	
<i>CARDENE IV INJ 4.8%; 20MG/200ML</i>	3	
<i>CARDENE IV INJ 5%; 40MG/200ML</i>	3	
<i>CARDENE SR CP12 45MG</i>	4	
<i>cartia xt cp24 120mg</i>	1	
<i>cartia xt cp24 180mg</i>	1	
<i>cartia xt cp24 240mg</i>	1	
<i>cartia xt cp24 300mg</i>	1	
<i>dilt-xr cp24 120mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dilt-xr cp24 180mg</i>	1	
<i>dilt-xr cp24 240mg</i>	1	
<i>diltiazem cd cp24 120mg</i>	1	
<i>diltiazem cd cp24 180mg</i>	1	
<i>diltiazem cd cp24 240mg</i>	1	
<i>diltiazem cd cp24 300mg</i>	1	
<i>diltiazem hcl cd cp24 360mg</i>	1	
<i>diltiazem hcl er cp12 120mg</i>	1	
<i>diltiazem hcl er cp12 60mg</i>	1	
<i>diltiazem hcl er cp12 90mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 120mg</i>	1	
<i>diltiazem hcl er cp24 180mg</i>	1	
<i>diltiazem hcl er cp24 240mg</i>	1	
<i>diltiazem hcl er cp24 300mg</i>	1	
<i>diltiazem hcl er cp24 420mg</i>	1	
<i>diltiazem hcl er tb24 180mg</i>	1	
<i>diltiazem hcl er tb24 240mg</i>	1	
<i>diltiazem hcl er tb24 300mg</i>	1	
<i>diltiazem hcl er tb24 360mg</i>	1	
<i>diltiazem hcl er tb24 420mg</i>	1	
<i>diltiazem hcl inj 100mg</i>	1	
<i>diltiazem hcl inj 125mg/25ml</i>	1	
<i>diltiazem hcl inj 50mg/10ml</i>	1	
<i>diltiazem hcl tabs 120mg</i>	1	
<i>diltiazem hcl tabs 30mg</i>	1	
<i>diltiazem hcl tabs 60mg</i>	1	
<i>diltiazem hcl tabs 90mg</i>	1	
<i>diltiazem hydrochloride er cp24 120mg</i>	1	
<i>diltiazem hydrochloride er cp24 180mg</i>	1	
<i>diltiazem hydrochloride er cp24 180mg</i>	1	
<i>diltiazem hydrochloride er cp24 240mg</i>	1	
<i>diltiazem hydrochloride er cp24 240mg</i>	1	
<i>diltiazem hydrochloride er cp24 300mg</i>	1	
<i>diltiazem hydrochloride er cp24 360mg</i>	1	
<i>diltiazem hydrochloride er cp24 360mg</i>	1	
<i>diltiazem hydrochloride er cp24 360mg</i>	1	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	
<i>diltzac cp24 120mg</i>	1	
<i>diltzac cp24 180mg</i>	1	
<i>diltzac cp24 240mg</i>	1	
<i>diltzac cp24 300mg</i>	1	
<i>diltzac cp24 360mg</i>	1	
<i>felodipine er tb24 10mg</i>	2	
<i>felodipine er tb24 2.5mg</i>	2	
<i>felodipine er tb24 5mg</i>	2	
<i>isradipine caps 2.5mg</i>	2	
<i>isradipine caps 5mg</i>	2	
<i>matzim la tb24 180mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tb24 240mg</i>	1	
<i>matzim la tb24 300mg</i>	1	
<i>matzim la tb24 360mg</i>	1	
<i>matzim la tb24 420mg</i>	1	
<i>nicardipine hcl caps 20mg</i>	1	
<i>nicardipine hcl caps 30mg</i>	1	
<i>nicardipine hcl inj 2.5mg/ml</i>	1	
<i>nifediac cc tb24 30mg</i>	1	
<i>nifediac cc tb24 60mg</i>	1	
<i>nifedical xl tb24 30mg</i>	1	
<i>nifedical xl tb24 60mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 30mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 60mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nifedipine er tb24 90mg</i>	1	
<i>nimodipine caps 30mg</i>	5	
NYMALIZE SOLN 60MG/20ML	5	
<i>taztia xt cp24 120mg</i>	1	
<i>taztia xt cp24 180mg</i>	1	
<i>taztia xt cp24 240mg</i>	1	
<i>taztia xt cp24 300mg</i>	1	
<i>taztia xt cp24 360mg</i>	1	
<i>tiadylt er cp24 360mg</i>	1	
<i>verapamil hcl er cp24 100mg</i>	1	
<i>verapamil hcl er cp24 120mg</i>	1	
<i>verapamil hcl er cp24 180mg</i>	1	
<i>verapamil hcl er cp24 240mg</i>	1	
<i>verapamil hcl er cp24 300mg</i>	1	
<i>verapamil hcl er tbcrl 120mg</i>	1	
<i>verapamil hcl er tbcrl 180mg</i>	1	
<i>verapamil hcl er tbcrl 240mg</i>	1	
<i>verapamil hcl sr cp24 120mg</i>	1	
<i>verapamil hcl sr cp24 180mg</i>	1	
<i>verapamil hcl sr cp24 240mg</i>	1	
<i>verapamil hcl sr cp24 360mg</i>	1	
<i>verapamil hcl tabs 40mg</i>	1	
<i>verapamil hcl tabs 80mg</i>	1	
<i>verapamil hydrochloride er cp24 200mg</i>	1	
<i>verapamil hydrochloride inj 2.5mg/ml</i>	1	
<i>verapamil hydrochloride inj 2.5mg/ml</i>	1	
<i>verapamil hydrochloride tabs 120mg</i>	1	
Cardiovascular Agents, Other		
<i>aliskiren tabs 150mg</i>	4	
<i>aliskiren tabs 300mg</i>	4	
<i>atropine sulfate inj 0.25mg/5ml</i>	1	
CORLANOR SOLN 5MG/5ML	4	
CORLANOR TABS 5MG	4	

Drug Name	Drug Tier	Requirements/Limits
CORLANOR TABS 7.5MG	4	
DEMSEER CAPS 250MG	5	
<i>digitek tabs 0.125mg</i>	2	
DIGOXIN SOLN 0.05MG/ML	3	
<i>digoxin tabs 125mcg</i>	2	
<i>digoxin tabs 250mcg</i>	2	
<i>digox tabs 125mcg</i>	2	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose inj 5%; 2mg/ml</i>	1	B/D
<i>dobutamine hydrochloride/dextrose inj 5%; 4mg/ml</i>	1	B/D
<i>dobutamine/dextrose 5% inj 5%; 2mg/ml</i>	1	B/D
<i>dobutamine/dextrose 5% inj 5%; 4mg/ml</i>	1	B/D
<i>dopamine hcl inj 160mg/ml</i>	1	B/D
<i>dopamine hcl inj 80mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	1	B/D
<i>dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml</i>	1	B/D
<i>dopamine hydrochloride inj 40mg/ml</i>	1	B/D
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D
ENTRESTO TABS 24MG; 26MG	3	
ENTRESTO TABS 49MG; 51MG	3	
ENTRESTO TABS 97MG; 103MG	3	
LANOXIN PEDIATRIC INJ 0.1MG/ML	3	
LANOXIN TABS 125MCG	3	
<i>milrinone in dextrose inj 5%; 20mg/100ml</i>	1	B/D
<i>milrinone in dextrose inj 5%; 40mg/200ml</i>	1	B/D
<i>norepinephrine bitartrate inj 1mg/ml</i>	2	
NORTHERA CAPS 100MG	5	
NORTHERA CAPS 200MG	5	
NORTHERA CAPS 300MG	5	
<i>pentoxifylline er tbc 400mg</i>	1	
PRALUENT INJ 150MG/ML	4	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	4	QL (2 ML per 28 days) PA
<i>ranolazine er tb12 1000mg</i>	2	
<i>ranolazine er tb12 500mg</i>	2	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	4	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	4	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	4	QL (3 ML per 28 days) PA
TAKHZYRO INJ 300MG/2ML	5	PA
VYNDAMAX CAPS 61MG	5	PA
VYNDAQEL CAPS 20MG	5	PA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide sodium inj 500mg</i>	5	
Diuretics, Loop		
<i>bumetanide inj 0.25mg/ml</i>	1	
<i>bumetanide tabs 0.5mg</i>	1	
<i>bumetanide tabs 1mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tabs 2mg</i>	1	
<i>ethacrynate sodium inj 50mg</i>	5	
<i>ethacrynic acid tabs 25mg</i>	5	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide inj 10mg/ml</i>	1	
<i>furosemide soln 10mg/ml</i>	1	
<i>furosemide soln 8mg/ml</i>	1	
<i>furosemide tabs 20mg</i>	1	
<i>furosemide tabs 40mg</i>	1	
<i>furosemide tabs 80mg</i>	1	
<i>torseamide inj 20mg/2ml</i>	1	
<i>torseamide tabs 100mg</i>	1	
<i>torseamide tabs 10mg</i>	1	
<i>torseamide tabs 20mg</i>	1	
<i>torseamide tabs 5mg</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs 5mg</i>	1	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	1	
DYRENIUM CAPS 100MG	3	
DYRENIUM CAPS 50MG	3	
<i>eplerenone tabs 25mg</i>	2	
<i>eplerenone tabs 50mg</i>	2	
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	1	
<i>spironolactone tabs 100mg</i>	1	
<i>spironolactone tabs 25mg</i>	1	
<i>spironolactone tabs 50mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	
<i>triamterene caps 100mg</i>	2	
<i>triamterene caps 50mg</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide sodium inj 500mg</i>	1	
<i>chlorothiazide tabs 250mg</i>	1	
<i>chlorothiazide tabs 500mg</i>	1	
<i>chlorthalidone tabs 25mg</i>	1	
<i>chlorthalidone tabs 50mg</i>	1	
DIURIL SUSP 250MG/5ML	4	
<i>hydrochlorothiazide caps 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 12.5mg</i>	1	
<i>hydrochlorothiazide tabs 25mg</i>	1	
<i>hydrochlorothiazide tabs 50mg</i>	1	
<i>indapamide tabs 1.25mg</i>	1	
<i>indapamide tabs 2.5mg</i>	1	
<i>methyclothiazide tabs 5mg</i>	1	
<i>metolazone tabs 10mg</i>	1	
<i>metolazone tabs 2.5mg</i>	1	
<i>metolazone tabs 5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>Dyslipidemics, Fibrin Acid Derivatives</i>		
<i>fenofibrate micronized caps 134mg</i>	1	
<i>fenofibrate micronized caps 200mg</i>	1	
<i>fenofibrate micronized caps 67mg</i>	1	
<i>fenofibrate caps 134mg</i>	1	
<i>fenofibrate caps 150mg</i>	2	
<i>fenofibrate caps 200mg</i>	1	
<i>fenofibrate caps 43mg</i>	2	
<i>fenofibrate caps 50mg</i>	2	
<i>fenofibrate caps 67mg</i>	1	
<i>fenofibrate tabs 120mg</i>	2	
<i>fenofibrate tabs 145mg</i>	2	
<i>fenofibrate tabs 160mg</i>	2	
<i>fenofibrate tabs 40mg</i>	2	
<i>fenofibrate tabs 48mg</i>	2	
<i>fenofibrate tabs 54mg</i>	2	
<i>fenofibric acid dr cpdr 135mg</i>	2	
<i>fenofibric acid dr cpdr 45mg</i>	2	
<i>fenofibric acid tabs 105mg</i>	1	
<i>fenofibric acid tabs 35mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
<i>Dyslipidemics, HMG CoA Reductase Inhibitors</i>		
<i>atorvastatin calcium tabs 10mg</i>	1	
<i>atorvastatin calcium tabs 20mg</i>	1	
<i>atorvastatin calcium tabs 40mg</i>	1	
<i>atorvastatin calcium tabs 80mg</i>	1	
<i>fluvastatin sodium er tb24 80mg</i>	2	
<i>lovastatin tabs 10mg</i>	1	
<i>lovastatin tabs 20mg</i>	1	
<i>lovastatin tabs 40mg</i>	1	
<i>pravastatin sodium tabs 10mg</i>	1	
<i>pravastatin sodium tabs 20mg</i>	1	
<i>pravastatin sodium tabs 40mg</i>	1	
<i>pravastatin sodium tabs 80mg</i>	1	
<i>rosuvastatin calcium tabs 10mg</i>	2	
<i>rosuvastatin calcium tabs 20mg</i>	2	
<i>rosuvastatin calcium tabs 40mg</i>	2	
<i>rosuvastatin calcium tabs 5mg</i>	2	
<i>simvastatin tabs 10mg</i>	1	
<i>simvastatin tabs 20mg</i>	1	
<i>simvastatin tabs 40mg</i>	1	
<i>simvastatin tabs 5mg</i>	1	
<i>simvastatin tabs 80mg</i>	1	
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light pack 4gm</i>	2	
<i>cholestyramine light powd 4gm/dose</i>	2	
<i>cholestyramine pack 4gm</i>	2	
<i>cholestyramine powd 4gm/dose</i>	2	
<i>colesevelam hydrochloride pack 3.75gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl gran 5gm</i>	1	
<i>colestipol hcl pack 5gm</i>	1	
<i>colestipol hcl tabs 1gm</i>	1	
<i>ezetimibe tabs 10mg</i>	2	
JUXTAPID CAPS 10MG	5	PA
JUXTAPID CAPS 20MG	5	PA
JUXTAPID CAPS 30MG	5	PA
JUXTAPID CAPS 40MG	5	PA
JUXTAPID CAPS 5MG	5	PA
JUXTAPID CAPS 60MG	5	PA
KYNAMRO INJ 200MG/ML	5	PA
<i>niacin er tbc 1000mg</i>	2	
<i>niacin er tbc 500mg</i>	2	
<i>niacin er tbc 750mg</i>	2	
<i>niacin tabs 500mg</i>	1	
<i>niacor tabs 500mg</i>	1	
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	2	
<i>prevalite pack 4gm</i>	2	
<i>prevalite powd 4gm/dose</i>	2	
<i>triklo caps 375mg; 465mg; 1gm</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL TABS 37.5MG; 20MG	4	
<i>isochron tbc 40mg</i>	1	
ISORDIL TITRADOSE TABS 40MG	5	
<i>isosorbide dinitrate er tbc 40mg</i>	1	
<i>isosorbide dinitrate sa tbc 40mg</i>	1	
<i>isosorbide dinitrate tabs 10mg</i>	1	
<i>isosorbide dinitrate tabs 20mg</i>	1	
<i>isosorbide dinitrate tabs 30mg</i>	1	
<i>isosorbide dinitrate tabs 5mg</i>	1	
<i>isosorbide mononitrate er tb24 120mg</i>	1	
<i>isosorbide mononitrate er tb24 30mg</i>	1	
<i>isosorbide mononitrate er tb24 60mg</i>	1	
<i>isosorbide mononitrate tabs 10mg</i>	1	
<i>isosorbide mononitrate tabs 20mg</i>	1	
<i>minitran pt24 0.1mg/hr</i>	1	
<i>minitran pt24 0.2mg/hr</i>	1	
<i>minitran pt24 0.4mg/hr</i>	1	
<i>minitran pt24 0.6mg/hr</i>	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 0.3MG/HR	4	
NITRO-DUR PT24 0.8MG/HR	4	
<i>nitroglycerin in 5% dextrose inj 5%; 200mcg/ml</i>	2	
<i>nitroglycerin in 5% dextrose inj 5%; 400mcg/ml</i>	2	
<i>nitroglycerin in 5% dextrose inj 5%; 400mcg/ml</i>	2	
<i>nitroglycerin in dextrose 5% inj 5%; 100mcg/ml</i>	2	
<i>nitroglycerin in dextrose 5% inj 5%; 200mcg/ml</i>	2	
<i>nitroglycerin in dextrose 5% inj 5%; 400mcg/ml</i>	2	
<i>nitroglycerin lingual soln 0.4mg/spray</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	1	
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	1	
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg</i>	2	
<i>nitroglycerin subl 0.4mg</i>	2	
<i>nitroglycerin subl 0.6mg</i>	2	
NITROSTAT SUBL 0.3MG	3	
NITROSTAT SUBL 0.4MG	3	
NITROSTAT SUBL 0.6MG	3	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj 20mg/ml</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg</i>	1	
<i>hydralazine hydrochloride tabs 25mg</i>	1	
<i>hydralazine hydrochloride tabs 50mg</i>	1	
<i>minoxidil tabs 10mg</i>	1	
<i>minoxidil tabs 2.5mg</i>	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (120 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	QL (60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (60 EA per 30 days)
<i>dexedrine tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dexedrine tabs 5mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er cp24 15mg</i>	2	QL (180 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate er cp24 5mg</i>	2	QL (180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN 5MG/5ML	3	
<i>dextroamphetamine sulfate tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	2	QL (180 EA per 30 days)
<i>zenzedi tabs 10mg</i>	2	QL (180 EA per 30 days)
<i>zenzedi tabs 5mg</i>	2	QL (180 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 100mg</i>	2	
<i>atomoxetine hydrochloride caps 10mg</i>	2	
<i>atomoxetine hydrochloride caps 18mg</i>	2	
<i>atomoxetine hydrochloride caps 25mg</i>	2	
<i>atomoxetine hydrochloride caps 40mg</i>	2	
<i>atomoxetine hydrochloride caps 60mg</i>	2	
<i>atomoxetine hydrochloride caps 80mg</i>	2	
<i>atomoxetine caps 100mg</i>	2	
<i>atomoxetine caps 10mg</i>	2	
<i>atomoxetine caps 18mg</i>	2	
<i>atomoxetine caps 25mg</i>	2	
<i>atomoxetine caps 40mg</i>	2	
<i>atomoxetine caps 60mg</i>	2	
<i>atomoxetine caps 80mg</i>	2	
<i>clonidine hcl er tb12 0.1mg</i>	2	
<i>clonidine hydrochloride er tb12 0.1mg</i>	2	
<i>clonidine hydrochloride tb12 0.1mg</i>	2	
<i>dexmethylphenidate hcl er cp24 10mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 15mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 20mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 25mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 30mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 35mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 40mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl er cp24 5mg</i>	2	QL (30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl tabs 5mg</i>	2	QL (60 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24 25mg</i>	2	QL (30 EA per 30 days)
<i>metadate er tbc 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl sr tbc 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride cd cpr 10mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd cpr 20mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd cpr 50mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd cpr 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 20mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 30mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpr 10mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpr 20mg</i>	2	QL (30 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er cpcr 30mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 40mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 50mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 60mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 18mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 27mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 36mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 10mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 18mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 27mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 36mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 54mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcx 72mg</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride chew 5mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hydrochloride tabs 10mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tabs 20mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hydrochloride tabs 5mg</i>	2	QL (90 EA per 30 days)
<i>relexxii tbcx 72mg</i>	2	QL (30 EA per 30 days)
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg</i>	2	
<i>caffeine citrate inj 60mg/3ml</i>	2	
<i>caffeine citrate soln 20mg/ml</i>	2	
GRALISE STARTER MISC 0	4	ST
GRALISE TABS 300MG	4	ST
GRALISE TABS 600MG	4	ST
HORIZANT TBCR 300MG	4	
HORIZANT TBCR 600MG	4	
INGREZZA CAPS 40MG	5	PA
INGREZZA CAPS 80MG	5	PA
INGREZZA CPPK 0	5	PA
NUEDEXTA CAPS 20MG; 10MG	3	PA
RILUZOLE TABS 50MG	4	
<i>tetrabenazine tabs 12.5mg</i>	5	PA
<i>tetrabenazine tabs 25mg</i>	5	PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	
SAVELLA TABS 100MG	3	
SAVELLA TABS 12.5MG	3	
SAVELLA TABS 25MG	3	
SAVELLA TABS 50MG	3	
Multiple Sclerosis Agents		
AUBAGIO TABS 14MG	5	

Drug Name	Drug Tier	Requirements/Limits
AUBAGIO TABS 7MG	5	
AVONEX PEN INJ 30MCG/0.5ML	5	
AVONEX INJ 30MCG/0.5ML	5	
AVONEX INJ 30MCG/VIAL	5	
BETASERON INJ 0.3MG	5	
<i>dalfampridine er tb12 10mg</i>	5	PA
EXTAVIA INJ 0.3MG	5	
GILENYA CAPS 0.25MG	5	
GILENYA CAPS 0.5MG	5	
<i>glatiramer acetate inj 20mg/ml</i>	5	
<i>glatiramer acetate inj 40mg/ml</i>	5	
<i>glatopa inj 20mg/ml</i>	5	
<i>glatopa inj 40mg/ml</i>	5	
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAVENCLAD TBPK 10MG	5	PA
MAYZENT STARTER PACK TBPK 0.25MG	5	
MAYZENT TABS 0.25MG	5	
MAYZENT TABS 2MG	5	
PLEGRIDY STARTER PACK INJ 0	5	
PLEGRIDY STARTER PACK INJ 0	5	
PLEGRIDY INJ 125MCG/0.5ML	5	
PLEGRIDY INJ 125MCG/0.5ML	5	
REBIF REBIDOSE TITRATION PACK INJ 0	5	
REBIF REBIDOSE INJ 22MCG/0.5ML	5	
REBIF REBIDOSE INJ 44MCG/0.5ML	5	
REBIF TITRATION PACK INJ 0	5	
REBIF INJ 22MCG/0.5ML	5	
REBIF INJ 44MCG/0.5ML	5	
TECFIDERA STARTER PACK MISC 0	5	
TECFIDERA CPDR 120MG	5	QL (60 EA per 30 days)
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days)
TYSABRI INJ 300MG/15ML	5	PA

Dental and Oral Agents

Dental and Oral Agents

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

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hydrochloride tabs 5mg</i>	2	
<i>pilocarpine hydrochloride tabs 7.5mg</i>	2	
<i>triamcinolone acetonide dental paste pste 0.1%</i>	2	
Dermatological Agents		
<i>Dermatological Agents</i>		
8-MOP CAPS 10MG	3	
<i>acitretin caps 10mg</i>	4	
ACITRETIN CAPS 17.5MG	4	
<i>acitretin caps 25mg</i>	4	
<i>adapalene pump gel 0.3%</i>	2	
<i>adapalene crea 0.1%</i>	2	
<i>adapalene gel 0.1%</i>	2	
<i>adapalene gel 0.3%</i>	2	
<i>ammonium lactate lotn 12%</i>	1	
<i>amnestem caps 10mg</i>	4	PA
<i>amnestem caps 20mg</i>	4	PA
<i>amnestem caps 40mg</i>	4	PA
<i>avita crea 0.025%</i>	2	PA
<i>avita gel 0.025%</i>	2	PA
<i>azelaic acid gel 15%</i>	2	
AZELEX CREA 20%	4	PA
CALCIPOTRIENE CREA 0.005%	4	
CALCIPOTRIENE OINT 0.005%	4	
<i>calcipotriene soln 0.005%</i>	2	
CALCITRENE OINT 0.005%	4	
<i>calcitriol oint 3mcg/gm</i>	2	
<i>claravis caps 10mg</i>	4	PA
<i>claravis caps 20mg</i>	4	PA
<i>claravis caps 30mg</i>	4	PA
<i>claravis caps 40mg</i>	4	PA
<i>clindacin etz kit 0; 1%; 0</i>	2	
<i>clindacin pac kit 0; 1%</i>	2	
<i>doxepin hydrochloride crea 5%</i>	3	QL (90 GM per 30 days)
FINACEA PLUS KIT 15%	4	
FINACEA FOAM 15%	4	
<i>hypercare soln 20%</i>	2	
IMIQUIMOD PUMP CREA 3.75%	5	
<i>imiquimod crea 5%</i>	2	
<i>isotretinoin caps 10mg</i>	4	PA
<i>isotretinoin caps 20mg</i>	4	PA
<i>isotretinoin caps 30mg</i>	4	PA
<i>isotretinoin caps 40mg</i>	4	PA
IVERMECTIN CREA 1%	4	
<i>methoxsalen caps 10mg</i>	5	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>myorisan caps 10mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>myorisan caps 20mg</i>	4	PA
<i>myorisan caps 30mg</i>	4	PA
<i>myorisan caps 40mg</i>	4	PA
<i>pimecrolimus crea 1%</i>	2	
<i>podofilox soln 0.5%</i>	1	
PRUDOXIN CREA 5%	3	QL (90 GM per 30 days)
PYROGALLIC ACID OINT 2%; 25%	4	
RECTIV OINT 0.4%	4	
REGRANEX GEL 0.01%	5	PA
<i>rosadan crea 0.75%</i>	2	
<i>rosadan gel 0.75%</i>	2	
SANTYL OINT 250UNIT/GM	4	
<i>selenium sulfide shampoo sham 2.25%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
<i>selenium sulfide sham 2.25%</i>	1	
SOOLANTRA CREA 1%	4	
STELARA INJ 45MG/0.5ML	5	PA
STELARA INJ 45MG/0.5ML	5	PA
STELARA INJ 90MG/ML	5	PA
<i>tacrolimus oint 0.03%</i>	2	
<i>tacrolimus oint 0.1%</i>	2	
<i>tazarotene crea 0.1%</i>	4	PA
TAZORAC CREA 0.05%	4	PA
TAZORAC GEL 0.05%	4	PA
TAZORAC GEL 0.1%	4	PA
<i>tretinoin microsphere pump gel 0.04%</i>	4	PA
<i>tretinoin microsphere pump gel 0.1%</i>	4	PA
<i>tretinoin microsphere gel 0.04%</i>	4	PA
<i>tretinoin microsphere gel 0.1%</i>	4	PA
<i>tretinoin crea 0.025%</i>	2	PA
<i>tretinoin crea 0.05%</i>	2	PA
<i>tretinoin crea 0.1%</i>	2	PA
<i>tretinoin gel 0.01%</i>	2	PA
<i>tretinoin gel 0.025%</i>	2	PA
<i>tretinoin gel 0.05%</i>	1	PA
UVADEX INJ 20MCG/ML	3	
VEREGEN OINT 15%	5	
<i>zenatane caps 10mg</i>	4	PA
<i>zenatane caps 20mg</i>	4	PA
<i>zenatane caps 30mg</i>	4	PA
<i>zenatane caps 40mg</i>	4	PA
ZONALON CREA 5%	3	QL (90 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN 7%/ELECTROLYTES INJ 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	3	B/D
AMINOSYN 8.5%/ELECTROLYTES INJ 142MEQ/L; 1100MG/100ML; 850MG/100ML; 98MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 10MEQ/L; 340MG/100ML; 380MG/100ML; 30MEQ/L; 65MEQ/L; 750MG/100ML; 370MG/100ML; 65MEQ/L; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
AMINOSYN II 8.5%/ELECTROLYTES INJ 61MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 86MEQ/L; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 10MEQ/L; 146MG/100ML; 253MG/100ML; 30MMOLE/L; 66MEQ/L; 614MG/100ML; 450MG/100ML; 80MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	3	B/D
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	3	B/D
<i>ammonium chloride inj 5meq/ml</i>	2	
CARBAGLU TABS 200MG	5	PA
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/DEXTROSE 10% INJ 570MG/100ML; 317MG/100ML; 33MG/100ML; 10GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 25% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX E 5%/DEXTROSE 25% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	3	B/D
CLINIMIX N14G30E INJ 17.6GM/2000ML; 9.78GM/2000ML; 15%; 8.76GM/2000ML; 4.08GM/2000ML; 5.1GM/2000ML; 6.2GM/2000ML; 4.93GM/2000ML; 1.02GM/2000ML; 3.4GM/2000ML; 4.76GM/2000ML; 5.22GM/2000ML; 5.78GM/2000ML; 4.25GM/2000ML; 1.54GM/2000ML; 3.57GM/2000ML; 1.53GM/2000ML; 0.34GM/2000ML; 4.93GM/2000ML	3	B/D
CLINIMIX N9G15E INJ 5MMOL/100ML; 570MG/100ML; 317MG/100ML; 0.23MMOL/100ML; 4MMOL/100ML; 7.5GM/100ML; 284MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 200MG/100ML; 0.25MMOL/100ML; 110MG/100ML; 460MG/100ML; 154MG/100ML; 1.5MMOL/100ML; 3MMOL/100ML; 187MG/100ML; 138MG/100ML; 3.5MMOL/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CLINIMIX N9G20E INJ 570MG/100ML; 317MG/100ML; 33MG/100ML; 10GM/100ML; 284MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	3	B/D
CRYSVITA INJ 10MG/ML	5	PA
CRYSVITA INJ 20MG/ML	5	PA
CRYSVITA INJ 30MG/ML	5	PA
dextrose 10%/nacl 0.45% inj 10%; 0.45%	1	
dextrose 5% /electrolyte #48 viaflex inj 24meq/l; 5%; 23meq/l; 3meq/l; 3meq/l; 20meq/l; 25meq/l	1	
dextrose 10%/nacl 0.2% inj 10%; 0.2%	1	
dextrose 10%/nacl 0.225% inj 10%; 0.225%	1	
dextrose 10%/sodium chloride 0.9% inj 10%; 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 10% inj 10%</i>	1	
<i>dextrose 2.5%/nacl 0.45% inj 2.5%; 0.45%</i>	1	
<i>dextrose 20% inj 20%</i>	1	
<i>dextrose 25% inj 250mg/ml</i>	1	
<i>dextrose 40% inj 40%</i>	1	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	1	
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	1	
<i>dextrose 5%/nacl 0.3% inj 5%; 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	1	
<i>dextrose 5%/ringers inj 4.5meq/l; 156meq/l; 5%; 4meq/l; 147meq/l</i>	1	
<i>dextrose 5% inj 5%</i>	1	
<i>dextrose 50% inj 50%</i>	1	
<i>effe-k tbef 25meq</i>	1	
<i>effervescent potassium tbef 2gm; 2.5gm</i>	1	
<i>glucose 5% inj 5%</i>	1	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	3	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-H/DEXTROSE 5% INJ 17MEQ/L; 39MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 42MEQ/L	3	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-S/DEXTROSE 5% INJ 30MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 142MEQ/L	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 3MEQ/L; 140MEQ/L	3	
<i>k-effervescent tbef 25meq</i>	1	
K-PHOS NO 2 TABS 305MG; 700MG	3	
<i>k-prime tbef 25meq</i>	1	
<i>k-sol soln 10%</i>	1	
<i>k-sol soln 20%</i>	1	
<i>k-vescent tbef 25meq</i>	1	
<i>kcl 0.075%/d5w/nacl 0.2% inj 5%; 10meq/l; 0.2%</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	
<i>kcl 0.224%/d5w/nacl 0.2% inj 5%; 30meq/l; 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.2% inj 5%; 40meq/l; 0.2%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	
<i>klor-con 10 tber 10meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con 8 tbc 8meq</i>	1	
<i>klor-con m10 tbc 10meq</i>	1	
<i>klor-con m15 tbc 15meq</i>	2	
<i>klor-con m20 tbc 20meq</i>	1	
<i>klor-con sprinkle cpcr 10meq</i>	1	
<i>klor-con sprinkle cpcr 8meq</i>	1	
<i>klor-con/ef tbc 25meq</i>	1	
<i>magnesium sulfate in d5w inj 5%; 10gm/500ml</i>	1	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	
<i>magnesium sulfate/dextrose inj 5%; 20gm/l</i>	1	
<i>magnesium sulfate inj 20gm/500ml</i>	1	
<i>magnesium sulfate inj 2gm/50ml</i>	1	
<i>magnesium sulfate inj 40gm/1000ml</i>	1	
<i>magnesium sulfate inj 4gm/100ml</i>	1	
<i>magnesium sulfate inj 4gm/50ml</i>	1	
NORMOSOL-M IN D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	3	
<i>normosol-r in d5w inj 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l</i>	1	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	3	
PLASMA-LYTE-M/D5W INJ 12MEQ/L; 5MEQ/L; 40MEQ/L; 5%; 12MEQ/L; 3MEQ/L; 16MEQ/L; 40MEQ/L	3	
<i>potassium chloride 0.075%/d5w/nacl 0.225% inj 5%; 10meq/l; 0.2%</i>	1	
<i>potassium chloride 0.224%/d5w inj 5%; 30meq/l</i>	1	
<i>potassium chloride cr tbc 10meq</i>	1	
<i>potassium chloride cr tbc 10meq</i>	1	
<i>potassium chloride cr tbc 20meq</i>	1	
<i>potassium chloride cr tbc 8meq</i>	1	
<i>potassium chloride er cpcr 10meq</i>	1	
<i>potassium chloride er cpcr 8meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	
<i>potassium chloride er tbc 10meq</i>	1	
<i>potassium chloride er tbc 20meq</i>	1	
<i>potassium chloride er tbc 20meq</i>	1	
<i>potassium chloride er tbc 8meq</i>	1	
<i>potassium chloride proamp inj 2meq/ml</i>	1	
<i>potassium chloride sr tbc 8meq</i>	1	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 1 0.33%</i>		
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 1 0.45%</i>		
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/dextrose inj 5%; 40meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	1	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	1	
<i>potassium chloride inj 10meq/100ml</i>	1	
<i>potassium chloride inj 10meq/50ml</i>	1	
<i>potassium chloride inj 20meq/100ml</i>	1	
<i>potassium chloride inj 20meq/50ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride inj 2meq/ml</i>	1	
<i>potassium chloride pack 20meq</i>	1	
<i>potassium chloride soln 10%</i>	1	
<i>potassium chloride soln 20%</i>	1	
<i>potassium citrate er tbc 1080mg</i>	1	
<i>potassium citrate er tbc 15meq</i>	1	
<i>potassium citrate er tbc 540mg</i>	1	
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 3GM/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24.5MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	3	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.45% inj 0.45%</i>	2	
<i>sodium chloride inj 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
<i>sodium chloride inj 3%</i>	2	
<i>sodium chloride inj 5%</i>	2	
<i>sodium fluoride tabs 1mg</i>	1	
<i>sodium lactate inj 5meq/ml</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET CAPS 100MG	5	
<i>deferasirox tbso 125mg</i>	5	PA
<i>deferasirox tbso 250mg</i>	5	PA
<i>deferasirox tbso 500mg</i>	5	PA
DEPEN TITRATABS TABS 250MG	5	
FERRIPROX SOLN 100MG/ML	5	
FERRIPROX TABS 500MG	5	
JYNARQUE TABS 15MG	5	PA
JYNARQUE TABS 30MG	5	PA
JYNARQUE TBPK 0	5	PA
JYNARQUE TBPK 0	5	PA
JYNARQUE TBPK 0	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>kionex susp 15gm/60ml</i>	1	
<i>penicillamine caps 250mg</i>	5	
SAMSCA TABS 15MG	5	PA
SAMSCA TABS 30MG	5	PA
<i>sodium polystyrene sulfonate powd 0</i>	1	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	1	
<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	2	
<i>sps susp 15gm/60ml</i>	1	
<i>trientine hydrochloride caps 250mg</i>	5	
VELTASSA PACK 16.8GM	4	
VELTASSA PACK 25.2GM	4	
VELTASSA PACK 8.4GM	4	
Phosphate Binders		
<i>calcium acetate caps 667mg</i>	2	
<i>calcium acetate tabs 667mg</i>	1	
<i>eliphos tabs 667mg</i>	1	
FOSRENOL PACK 1000MG	5	
FOSRENOL PACK 750MG	5	
<i>lanthanum carbonate chew 1000mg</i>	5	
<i>lanthanum carbonate chew 500mg</i>	5	
<i>lanthanum carbonate chew 750mg</i>	5	
PHOSLYRA SOLN 667MG/5ML	4	
RENAGEL TABS 400MG	4	
RENAGEL TABS 800MG	4	
REVELA PACK 0.8GM	4	
REVELA PACK 2.4GM	4	
REVELA TABS 800MG	4	
<i>sevelamer carbonate pack 0.8gm</i>	2	
<i>sevelamer carbonate pack 2.4gm</i>	2	
<i>sevelamer carbonate tabs 800mg</i>	2	
<i>sevelamer hydrochloride tabs 400mg</i>	2	
<i>sevelamer hydrochloride tabs 800mg</i>	2	
Vitamins		
<i>complete natal dha misc 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 200mg; 0; 1mg; 29mg; 0; 25mg; 20mg; 250mg; 25mg; 4mg; 1.8mg; 30mg; 3000unit; 25mg</i>	1	
<i>completenate chew 120mg; 1000unit; 400unit; 12mcg; 29mg; 1mg; 20mg; 10mg; 3mg; 2mg; 11unit</i>	1	
<i>elite-ob tabs 120mg; 2100unit; 315unit; 1mg; 15mcg; 20unit; 1.25mg; 50mg; 15mg; 10mg; 10mg; 3.4mg; 2mg; 10mg</i>	1	
<i>inal advance tabs 120mg; 2700unit; 200mg; 400unit; 2mg; 12mcg; 50mg; 1mg; 90mg; 30mg; 20mg; 20mg; 3.4mg; 3mg; 30unit; 25mg</i>	1	
<i>inal advance tabs 120mg; 2700unit; 200mg; 400unit; 2mg; 12mcg; 50mg; 1mg; 90mg; 30mg; 20mg; 20mg; 3.4mg; 3mg; 30unit; 25mg</i>	1	
<i>inal ultra tabs 120mg; 0; 200mg; 2mg; 12mcg; 50mg; 1mg; 90mg; 20mg; 150mcg; 20mg; 3.4mg; 3mg; 2700unit; 400unit; 30unit; 25mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>inatal ultra tabs</i> 120mg; 0; 200mg; 2mg; 12mcg; 50mg; 1mg; 1 90mg; 20mg; 150mcg; 20mg; 3.4mg; 3mg; 2700unit; 400unit; 30unit; 25mg		
<i>pr natal 400 ec misc</i> 120mg; 3000unit; 200mg; 400unit; 2mg; 1 12mcg; 275mg; 0; 1mg; 29mg; 25mg; 20mg; 400mg; 25mg; 4mg; 1.8mg; 3mg; 25mg		
<i>pr natal 400 misc</i> 120mg; 3000unit; 200mg; 400unit; 2mg; 1 12mcg; 275mg; 0; 0; 1mg; 29mg; 0; 25mg; 20mg; 400mg; 25mg; 4mg; 1.8mg; 30mg; 25mg	1	
<i>pr natal 430 ec misc</i> 120mg; 3000unit; 200mg; 400unit; 2mg; 1 12mcg; 295mg; 0; 0; 1mg; 29mg; 0; 25mg; 20mg; 430mg; 25mg; 4mg; 1.8mg; 3mg; 25mg		
<i>pr natal 430 misc</i> 120mg; 3000unit; 200mg; 400unit; 2mg; 1 12mcg; 295mg; 0; 0; 1mg; 29mg; 0; 25mg; 20mg; 430mg; 25mg; 4mg; 1.8mg; 30mg; 25mg	1	
<i>prenaisance plus caps</i> 100mg; 400unit; 250mg; 50mg; 1mg; 1 28mg; 25mg; 30unit		
<i>se-natal 19 chew</i> 1000unit; 100mg; 200mg; 7mg; 400unit; 1 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg		
<i>taron-prex caps</i> 25mg; 160mg; 170unit; 265mg; 55mg; 30mg; 1 1.2mg; 25mg; 30unit		
<i>tricare tabs</i> 100mg; 200mg; 2mg; 12mcg; 27mg; 1mg; 20mg; 1 3.1mg; 1.6mg; 1.6mg; 10mcg; 30unit; 10mg		
<i>trinatal rx 1 tabs</i> 80mg; 400unit; 30mcg; 200mg; 400unit; 1 3mg; 2.5mcg; 60mg; 1mg; 100mg; 17mg; 7mg; 4mg; 1.6mg; 1.5mg; 15unit; 3600unit; 25mg		
<i>ultimatecare one caps</i> 25mg; 150mg; 0; 0; 170unit; 260mg; 1 40mg; 7mg; 1mg; 20mg; 30mg; 30mg; 330mg; 25mg; 30unit		
<i>vitafol-ob tabs</i> 70mg; 2700unit; 100mg; 400unit; 2mg; 1 12mcg; 65mg; 1mg; 25mg; 18mg; 2.5mg; 1.8mg; 1.6mg; 30unit; 25mg		
<i>vp-pnv-dha caps</i> 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 2 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2.2mg; 6mg; 30unit; 2500unit; 20mg		

Gastrointestinal Agents

Antispasmodics, Gastrointestinal

CANTIL TABS 25MG	4
CUVPOSA SOLN 1MG/5ML	4
dicyclomine hcl soln 10mg/5ml	2
dicyclomine hydrochloride caps 10mg	2
dicyclomine hydrochloride tabs 20mg	2
GLYCATE TABS 1.5MG	4
glycopyrrolate inj 0.2mg/ml	1
glycopyrrolate inj 0.2mg/ml	2
glycopyrrolate inj 0.4mg/2ml	1
glycopyrrolate inj 0.4mg/2ml	2
glycopyrrolate inj 1mg/5ml	1
glycopyrrolate inj 4mg/20ml	1
GLYCOPYRROLATE TABS 1.5MG	4

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs 1mg</i>	1	
<i>glycopyrrolate tabs 2mg</i>	1	
<i>methscopolamine bromide tabs 2.5mg</i>	2	
<i>methscopolamine bromide tabs 5mg</i>	2	
<i>propantheline bromide tabs 15mg</i>	2	
Gastrointestinal Agents, Other		
CHENODAL TABS 250MG	5	PA
CHOLBAM CAPS 250MG	5	PA
CHOLBAM CAPS 50MG	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	1	
<i>diphenatol tabs 0.025mg; 2.5mg</i>	1	
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	1	
<i>diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml</i>	1	
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	1	
GATTEX INJ 5MG	5	PA
<i>loperamide hcl caps 2mg</i>	1	
<i>metoclopramide hcl inj 5mg/ml</i>	1	
<i>metoclopramide hcl soln 5mg/5ml</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt tbdp 10mg</i>	2	
<i>metoclopramide odt tbdp 5mg</i>	2	
MOVANTIK TABS 12.5MG	4	QL (30 EA per 30 days)
MOVANTIK TABS 25MG	4	QL (30 EA per 30 days)
OCALIVA TABS 10MG	5	QL (30 EA per 30 days) PA
OCALIVA TABS 5MG	5	QL (30 EA per 30 days) PA
<i>paregoric tinc 2mg/5ml</i>	2	
PYLERA CAPS 140MG; 125MG; 125MG	4	
RELISTOR INJ 12MG/0.6ML	5	PA
RELISTOR INJ 12MG/0.6ML	5	PA
RELISTOR INJ 8MG/0.4ML	5	PA
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) PA
SYMPROIC TABS 0.2MG	4	QL (30 EA per 30 days)
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs 250mg</i>	2	
<i>ursodiol tabs 500mg</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl/nacl inj 6mg/ml; 0.9%</i>	1	
<i>cimetidine hcl soln 300mg/5ml</i>	1	
<i>cimetidine tabs 200mg</i>	1	
<i>cimetidine tabs 300mg</i>	1	
<i>cimetidine tabs 400mg</i>	1	
<i>cimetidine tabs 800mg</i>	1	
<i>famotidine premixed inj 0.4mg/ml; 0.9%</i>	1	
<i>famotidine inj 200mg/20ml</i>	1	
<i>famotidine inj 20mg/2ml</i>	1	
<i>famotidine inj 40mg/4ml</i>	1	
<i>famotidine susr 40mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tabs 20mg</i>	1	
<i>famotidine tabs 40mg</i>	1	
<i>nizatidine caps 150mg</i>	1	
<i>nizatidine caps 300mg</i>	1	
<i>nizatidine soln 15mg/ml</i>	1	
<i>ranitidine hcl inj 150mg/6ml</i>	1	
<i>ranitidine hcl inj 50mg/2ml</i>	1	
<i>ranitidine hcl syrp 75mg/5ml</i>	1	
<i>ranitidine hcl tabs 300mg</i>	1	
<i>ranitidine hydrochloride caps 150mg</i>	1	
<i>ranitidine hydrochloride caps 300mg</i>	1	
<i>ranitidine hydrochloride inj 1000mg/40ml</i>	1	
<i>ranitidine hydrochloride inj 150mg/6ml</i>	1	
<i>ranitidine hydrochloride inj 50mg/2ml</i>	1	
<i>ranitidine hydrochloride tabs 150mg</i>	1	
<i>Irritable Bowel Syndrome Agents</i>		
<i>alosetron hydrochloride tabs 0.5mg</i>	5	
<i>alosetron hydrochloride tabs 1mg</i>	5	
AMITIZA CAPS 24MCG	3	QL (60 EA per 30 days)
AMITIZA CAPS 8MCG	3	QL (60 EA per 30 days)
LINZESS CAPS 145MCG	3	
LINZESS CAPS 290MCG	3	
LINZESS CAPS 72MCG	3	
<i>Laxatives</i>		
<i>constulose soln 10gm/15ml</i>	2	
<i>enulose soln 10gm/15ml</i>	2	
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>gavilyte-n/ flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>generlac soln 10gm/15ml</i>	2	
GOLYTELY SOLR 227.1GM; 2.82GM; 6.36GM; 5.53GM; 21.5GM	4	
KRISTALOSE PACK 10GM	3	
KRISTALOSE PACK 20GM	3	
<i>lactulose soln 10gm/15ml</i>	2	
<i>lactulose soln 10gm/15ml</i>	2	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	4	
OSMOPREP TABS 0.398GM; 1.102GM	4	
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>pegylax powd 0</i>	1	
<i>polyethylene glycol 3350 powd 0</i>	1	
PREPOPIK PACK 12GM; 3.5GM; 10MG	4	

Drug Name	Drug Tier	Requirements/Limits
SUCLEAR KIT 1.6GM/180ML; 210GM; 0.74GM; 3.13GM/180ML; 2.86GM; 5.6GM; 17.5GM/180ML	4	
SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML	4	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
Protectants		
CARAFATE SUSP 1GM/10ML	4	
<i>misoprostol tabs 100mcg</i>	1	
<i>misoprostol tabs 200mcg</i>	1	
<i>sucralfate susp 1gm/10ml</i>	1	
<i>sucralfate tabs 1gm</i>	1	
Proton Pump Inhibitors		
<i>lansoprazole cpdr 15mg</i>	1	
<i>lansoprazole cpdr 30mg</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole dr cpdr 40mg</i>	1	
<i>omeprazole cpdr 10mg</i>	1	
<i>omeprazole cpdr 20mg</i>	1	
<i>omeprazole cpdr 40mg</i>	1	
<i>pantoprazole sodium inj 40mg</i>	1	
<i>pantoprazole sodium tbec 20mg</i>	1	
<i>pantoprazole sodium tbec 40mg</i>	1	
<i>rabeprazole sodium tbec 20mg</i>	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INJ 250UNIT/ML	5	PA
ALDURAZYME INJ 2.9MG/5ML	5	PA
CERDELGA CAPS 84MG	5	PA
CEREZYME INJ 400UNIT	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTADANE POWD 0	5	
CYSTAGON CAPS 150MG	4	PA
CYSTAGON CAPS 50MG	4	PA
ELAPRASE INJ 6MG/3ML	5	PA
ELELYSO INJ 200UNIT	5	PA
EXONDYS 51 INJ 100MG/2ML	5	PA
EXONDYS 51 INJ 500MG/10ML	5	PA
FABRAZYME INJ 35MG	5	PA
FABRAZYME INJ 5MG	5	PA
GALAFOLD CAPS 123MG	5	PA
KANUMA INJ 20MG/10ML	5	PA
KUVAN PACK 100MG	5	PA
KUVAN PACK 500MG	5	PA
KUVAN TBSO 100MG	5	PA
LUMIZYME INJ 50MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>miglustat caps 100mg</i>	5	PA
MYOZYME INJ 50MG	5	PA
NAGLAZYME INJ 1MG/ML	5	PA
ORFADIN CAPS 10MG	5	PA
ORFADIN CAPS 20MG	5	PA
ORFADIN CAPS 2MG	5	PA
ORFADIN CAPS 5MG	5	PA
ORFADIN SUSP 4MG/ML	5	PA
PANCREAZE CPEP 10850UNIT; 2600UNIT; 6200UNIT	3	
<i>pancrelipase cpep 27000unit; 5000unit; 17000unit</i>	2	
PROCYSBI CPDR 25MG	5	PA
PROCYSBI CPDR 75MG	5	PA
RAVICTI LIQD 1.1GM/ML	5	PA
<i>sodium phenylbutyrate tabs 500mg</i>	5	
STRENSIQ INJ 18MG/0.45ML	5	PA
STRENSIQ INJ 28MG/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80MG/0.8ML	5	PA
SUCRAID SOLN 8500UNIT/ML	5	PA
VIMIZIM INJ 5MG/5ML	5	PA
VPRIV INJ 400UNIT	5	PA
XIAFLEX INJ 0.9MG	5	PA
XURIDEN PACK 2GM	5	QL (120 EA per 30 days) PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>darifenacin hydrobromide er tb24 15mg</i>	3	
<i>darifenacin hydrobromide er tb24 7.5mg</i>	3	
<i>flavoxate hcl tabs 100mg</i>	1	
MYRBETRIQ TB24 25MG	3	
MYRBETRIQ TB24 50MG	3	
<i>oxybutynin chloride er tb24 10mg</i>	1	
<i>oxybutynin chloride er tb24 15mg</i>	1	
<i>oxybutynin chloride er tb24 5mg</i>	1	
<i>oxybutynin chloride syrp 5mg/5ml</i>	1	
<i>oxybutynin chloride tabs 5mg</i>	1	
<i>solifenacin succinate tabs 10mg</i>	2	
<i>solifenacin succinate tabs 5mg</i>	2	
<i>tolterodine tartrate er cp24 2mg</i>	2	
<i>tolterodine tartrate er cp24 4mg</i>	2	
<i>tolterodine tartrate tabs 1mg</i>	2	
<i>tolterodine tartrate tabs 2mg</i>	2	
TOVIAZ TB24 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ TB24 8MG	3	
<i>trospium chloride er cp24 60mg</i>	2	
<i>trospium chloride tabs 20mg</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er tb24 10mg</i>	1	
<i>doxazosin mesylate tabs 1mg</i>	1	
<i>doxazosin mesylate tabs 2mg</i>	1	
<i>doxazosin mesylate tabs 4mg</i>	1	
<i>doxazosin mesylate tabs 8mg</i>	1	
<i>doxazosin tabs 2mg</i>	1	
<i>doxazosin tabs 8mg</i>	1	
<i>dutasteride caps 0.5mg</i>	2	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg</i>	2	
<i>silodosin caps 8mg</i>	2	
<i>tadalafil tabs 5mg</i>	2	PA
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	
<i>terazosin hcl caps 10mg</i>	1	
<i>terazosin hcl caps 1mg</i>	1	
<i>terazosin hcl caps 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Genitourinary Agents, Other		
<i>acetic acid 0.25% soln 0.25%</i>	2	
<i>bethanechol chloride tabs 10mg</i>	1	
<i>bethanechol chloride tabs 25mg</i>	1	
<i>bethanechol chloride tabs 50mg</i>	1	
<i>bethanechol chloride tabs 5mg</i>	1	
ELMIRON CAPS 100MG	4	
LITHOSTAT TABS 250MG	4	
RENACIDIN SOLN 6.602GM/100ML; 0.198GM/100ML; 3.177GM/100ML	4	
RIMSO-50 INJ 50%	4	
THIOLA EC TBEC 100MG	4	
THIOLA EC TBEC 300MG	4	
THIOLA TABS 100MG	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
<i>alphatrex gel 0.05%</i>	2	
<i>amcinonide oint 0.1%</i>	1	
<i>augmented betamethasone dipropionate crea 0.05%</i>	2	
<i>augmented betamethasone dipropionate gel 0.05%</i>	2	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	2	
<i>augmented betamethasone dipropionate oint 0.05%</i>	2	
<i>baycadron elix 0.5mg/5ml</i>	1	
<i>betamethasone dipropionate/augmented gel 0.05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate crea 0.05%</i>	2	
<i>betamethasone dipropionate gel 0.05%</i>	2	
<i>betamethasone dipropionate lotn 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml</i>	1	
<i>betamethasone valerate crea 0.1%</i>	1	
<i>betamethasone valerate lotn 0.1%</i>	1	
<i>betamethasone valerate oint 0.1%</i>	1	
CLOBETASOL PROPIONATE EMOLLIENT FOAM 0.05%	4	
<i>clobetasol propionate crea 0.05%</i>	2	
CLOBETASOL PROPIONATE FOAM 0.05%	4	
CLOBETASOL PROPIONATE FOAM 0.05%	4	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
CORDRAN TAPE TAPE 4MCG/SQCM	4	
CORDRAN TAPE 4MCG/SQCM	4	
<i>cormax scalp application soln 0.05%</i>	2	
CORTIFOAM FOAM 10%	3	
<i>cortisone acetate tabs 25mg</i>	1	
<i>deltasone tabs 20mg</i>	1	
<i>desonide crea 0.05%</i>	2	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone crea 0.25%</i>	2	
DEXAMETHASONE INTENSOL CONC 1MG/ML	3	
<i>dexamethasone sodium phosphate inj 100mg/10ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	1	
<i>dexamethasone elix 0.5mg/5ml</i>	1	
<i>dexamethasone soln 0.5mg/5ml</i>	1	
<i>dexamethasone tabs 0.5mg</i>	1	
<i>dexamethasone tabs 0.75mg</i>	1	
<i>dexamethasone tabs 1.5mg</i>	1	
<i>dexamethasone tabs 1mg</i>	1	
<i>dexamethasone tabs 2mg</i>	1	
<i>dexamethasone tabs 4mg</i>	1	
<i>dexamethasone tabs 6mg</i>	1	
<i>fludrocortisone acetate tabs 0.1mg</i>	1	
<i>fluocinolone acetonide body oil 0.01%</i>	2	
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide crea 0.05%</i>	4	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>flurandrenolide crea 0.05%</i>	2	
<i>flurandrenolide lotn 0.05%</i>	4	
<i>flurandrenolide oint 0.05%</i>	2	
<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate crea 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
<i>hydrocortisone 1% in absorbase oint 1%</i>	1	
<i>hydrocortisone butyrate (lipid) crea 0.1%</i>	1	
<i>hydrocortisone butyrate (lipophilic) crea 0.1%</i>	1	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate crea 0.1%</i>	1	
<i>hydrocortisone butyrate lotn 0.1%</i>	2	
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone in absorbase oint 1%</i>	1	
<i>hydrocortisone in absorbase oint 1%</i>	1	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone tabs 10mg</i>	1	
<i>hydrocortisone tabs 20mg</i>	1	
<i>hydrocortisone tabs 5mg</i>	1	
<i>lokara lotn 0.05%</i>	2	
<i>methylprednisolone acetate inj 40mg/ml</i>	2	
<i>methylprednisolone acetate inj 50mg/ml</i>	2	
<i>methylprednisolone acetate inj 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone sodium succinate inj 1000mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 1000mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg</i>	2	
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	
<i>methylprednisolone tabs 16mg</i>	2	
<i>methylprednisolone tabs 32mg</i>	2	
<i>methylprednisolone tabs 4mg</i>	2	
<i>methylprednisolone tabs 8mg</i>	2	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>nolix crea 0.05%</i>	2	
<i>NOLIX LOTN 0.05%</i>	4	
<i>prednicarbate crea 0.1%</i>	2	
<i>prednicarbate oint 0.1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate odt tbdp 10mg</i>	2	
<i>prednisolone sodium phosphate odt tbdp 15mg</i>	2	
<i>prednisolone sodium phosphate odt tbdp 30mg</i>	2	
<i>prednisolone sodium phosphate soln 10mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 20mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	2	
<i>prednisolone soln 15mg/5ml</i>	2	
PREDNISONE INTENSOL CONC 5MG/ML	3	
<i>prednisone soln 5mg/5ml</i>	1	
<i>prednisone tabs 10mg</i>	1	
<i>prednisone tabs 1mg</i>	1	
<i>prednisone tabs 2.5mg</i>	1	
<i>prednisone tabs 20mg</i>	1	
<i>prednisone tabs 50mg</i>	1	
<i>prednisone tabs 5mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
TOVET FOAM 0.05%	4	
<i>triamcinolone acetonide crea 0.025%</i>	1	
<i>triamcinolone acetonide crea 0.1%</i>	1	
<i>triamcinolone acetonide crea 0.5%</i>	1	
<i>triamcinolone acetonide lotn 0.025%</i>	1	
<i>triamcinolone acetonide lotn 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triderm crea 0.1%</i>	1	
<i>triderm crea 0.5%</i>	1	
UCERIS FOAM 2MG/ACT	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
CHORIONIC GONADOTROPIN INJ 10000UNIT	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	1	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate soln 0.01%</i>	2	
<i>desmopressin acetate tabs 0.1mg</i>	1	
<i>desmopressin acetate tabs 0.2mg</i>	1	
INCRELEX INJ 40MG/4ML	5	PA
NORDITROPIN FLEXPPO INJ 10MG/1.5ML	5	PA
NORDITROPIN FLEXPPO INJ 15MG/1.5ML	5	PA
NORDITROPIN FLEXPPO INJ 30MG/3ML	5	PA
NORDITROPIN FLEXPPO INJ 5MG/1.5ML	5	PA
NOVAREL INJ 10000UNIT	4	PA
NOVAREL INJ 5000UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 10MG/1.5ML	5	PA
OMNITROPE INJ 5.8MG	5	PA
OMNITROPE INJ 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJ 10000UNIT	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
STIMATE SOLN 1.5MG/ML	5	
<i>vasostrict inj 20unit/ml</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABS 300MG	5	PA
MIFEPREX TABS 200MG	4	
<i>mifepristone tabs 200mg</i>	2	
PROSTIN E2 SUPP 20MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
ANADROL-50 TABS 50MG	4	PA
OXANDROLONE TABS 10MG	5	QL (60 EA per 30 days) PA
OXANDROLONE TABS 2.5MG	3	QL (240 EA per 30 days) PA
<i>Androgens</i>		
<i>androxy tabs 10mg</i>	2	PA
<i>danazol caps 100mg</i>	2	PA
<i>danazol caps 200mg</i>	2	PA
<i>danazol caps 50mg</i>	2	PA
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	1	
<i>testosterone enanthate inj 200mg/ml</i>	1	
<i>testosterone pump gel 1%</i>	2	PA
<i>testosterone pump gel 1.62%</i>	2	PA
<i>testosterone gel 1.62%</i>	2	PA
<i>testosterone gel 10mg/act</i>	2	PA
<i>testosterone gel 20.25mg/1.25gm</i>	2	PA
<i>testosterone gel 25mg/2.5gm</i>	2	PA
<i>testosterone gel 40.5mg/2.5gm</i>	2	PA
<i>testosterone gel 50mg/5gm</i>	2	PA
<i>Estrogens</i>		
<i>amabelz tabs 1mg; 0.5mg</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>dotti pttw 0.025mg/24hr</i>	2	
<i>dotti pttw 0.0375mg/24hr</i>	2	
<i>dotti pttw 0.05mg/24hr</i>	2	
<i>dotti pttw 0.075mg/24hr</i>	2	
<i>dotti pttw 0.1mg/24hr</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>estarylla tabs 35mcg; 0.25mg</i>	2	
<i>estradiol valerate inj 10mg/ml</i>	1	
<i>estradiol valerate inj 20mg/ml</i>	1	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	
<i>estradiol crea 0.1mg/gm</i>	2	
<i>estradiol pttw 0.025mg/24hr</i>	2	
<i>estradiol pttw 0.0375mg/24hr</i>	2	
<i>estradiol pttw 0.05mg/24hr</i>	2	
<i>estradiol pttw 0.075mg/24hr</i>	2	
<i>estradiol pttw 0.1mg/24hr</i>	2	
<i>estradiol ptwk 0.025mg/24hr</i>	2	
<i>estradiol ptwk 0.05mg/24hr</i>	2	
<i>estradiol ptwk 0.06mg/24hr</i>	2	
<i>estradiol ptwk 0.075mg/24hr</i>	2	
<i>estradiol ptwk 0.1mg/24hr</i>	2	
<i>estradiol ptwk 37.5mcg/24hr</i>	2	
<i>estradiol tabs 0.5mg</i>	2	
<i>estradiol tabs 1mg</i>	2	
<i>estradiol tabs 2mg</i>	2	
<i>estradiol tabs 10mcg</i>	3	
ESTRING RING 2MG	3	
FEMRING RING 0.05MG/24HR	4	
FEMRING RING 0.1MG/24HR	4	
<i>femynor tabs 35mcg; 0.25mg</i>	2	
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	2	
<i>fyavolv tabs 5mcg; 1mg</i>	2	
IMVEXXY MAINTENANCE PACK INST 10MCG	4	
IMVEXXY MAINTENANCE PACK INST 4MCG	4	
IMVEXXY STARTER PACK INST 10MCG	4	
IMVEXXY STARTER PACK INST 4MCG	4	
<i>jevantique lo tabs 2.5mcg; 0.5mg</i>	2	
<i>jevantique tabs 5mcg; 1mg</i>	2	
<i>jinteli tabs 5mcg; 1mg</i>	2	
<i>lopreeza tabs 1mg; 0.5mg</i>	2	
<i>mili tabs 35mcg; 0.25mg</i>	2	
<i>mimvey tabs 1mg; 0.5mg</i>	2	
<i>mono-linyah tabs 35mcg; 0.25mg</i>	2	
<i>mononessa tabs 35mcg; 0.25mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	2	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	2	
PREMARIN CREA 0.625MG/GM	3	
PREMARIN INJ 25MG	4	
PREMPRO TABS 0.3MG; 1.5MG	4	
PREMPRO TABS 0.45MG; 1.5MG	4	
PREMPRO TABS 0.625MG; 2.5MG	4	
PREMPRO TABS 0.625MG; 5MG	4	
<i>previfem tabs 35mcg; 0.25mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	2	
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	2	
<i>vylibra tabs 35mcg; 0.25mg</i>	2	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	2	
<i>yuvafem tabs 10mcg</i>	3	
Progesterone Agonists/Antagonists		
ELLA TABS 30MG	3	
Progestins		
<i>camila tabs 0.35mg</i>	2	
CRINONE GEL 4%	4	PA
CRINONE GEL 8%	4	PA
<i>deblitane tabs 0.35mg</i>	2	
DEPO-PROVERA INJ 400MG/ML	4	
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	
<i>errin tabs 0.35mg</i>	2	
<i>heather tabs 0.35mg</i>	2	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	
<i>incassia tabs 0.35mg</i>	2	
<i>jencycla tabs 0.35mg</i>	2	
<i>jolivette tabs 0.35mg</i>	2	
<i>levonorgestrel tabs 0.75mg</i>	2	
<i>levonorgestrel tabs 1.5mg</i>	2	
<i>lyza tabs 0.35mg</i>	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	1	
<i>medroxyprogesterone acetate tabs 10mg</i>	1	
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	
<i>medroxyprogesterone acetate tabs 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	2	PA
<i>megestrol acetate susp 625mg/5ml</i>	2	PA
<i>megestrol acetate tabs 20mg</i>	1	PA
<i>megestrol acetate tabs 40mg</i>	1	PA
<i>my way tabs 1.5mg</i>	2	
<i>nora-be tabs 0.35mg</i>	2	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>norethindrone tabs 0.35mg</i>	2	
<i>norlyda tabs 0.35mg</i>	2	
<i>norlyroc tabs 0.35mg</i>	2	
<i>progesterone caps 100mg</i>	1	
<i>progesterone caps 200mg</i>	1	
<i>progesterone inj 50mg/ml</i>	1	
<i>sharobel tabs 0.35mg</i>	2	
<i>tulana tabs 0.35mg</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA TABS 60MG	4	QL (30 EA per 30 days) PA
<i>raloxifene hydrochloride tabs 60mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID TABS 120MG	4	

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS 15MG	4	
ARMOUR THYROID TABS 180MG	4	
ARMOUR THYROID TABS 240MG	4	
ARMOUR THYROID TABS 300MG	4	
ARMOUR THYROID TABS 30MG	4	
ARMOUR THYROID TABS 60MG	4	
ARMOUR THYROID TABS 90MG	4	
<i>euthyrox tabs 100mcg</i>	1	
<i>euthyrox tabs 112mcg</i>	1	
<i>euthyrox tabs 125mcg</i>	1	
<i>euthyrox tabs 137mcg</i>	1	
<i>euthyrox tabs 150mcg</i>	1	
<i>euthyrox tabs 175mcg</i>	1	
<i>euthyrox tabs 200mcg</i>	1	
<i>euthyrox tabs 25mcg</i>	1	
<i>euthyrox tabs 50mcg</i>	1	
<i>euthyrox tabs 75mcg</i>	1	
<i>euthyrox tabs 88mcg</i>	1	
<i>levo-t tabs 100mcg</i>	1	
<i>levo-t tabs 112mcg</i>	1	
<i>levo-t tabs 125mcg</i>	1	
<i>levo-t tabs 137mcg</i>	1	
<i>levo-t tabs 150mcg</i>	1	
<i>levo-t tabs 175mcg</i>	1	
<i>levo-t tabs 200mcg</i>	1	
<i>levo-t tabs 25mcg</i>	1	
<i>levo-t tabs 300mcg</i>	1	
<i>levo-t tabs 50mcg</i>	1	
<i>levo-t tabs 75mcg</i>	1	
<i>levo-t tabs 88mcg</i>	1	
LEVOTHYROXINE SODIUM INJ 100MCG/5ML	5	
LEVOTHYROXINE SODIUM INJ 200MCG/5ML	5	
<i>levothyroxine sodium inj 200mcg</i>	5	
LEVOTHYROXINE SODIUM INJ 500MCG/5ML	5	
<i>levothyroxine sodium inj 500mcg</i>	5	
<i>levothyroxine sodium tabs 100mcg</i>	1	
<i>levothyroxine sodium tabs 112mcg</i>	1	
<i>levothyroxine sodium tabs 125mcg</i>	1	
<i>levothyroxine sodium tabs 137mcg</i>	1	
<i>levothyroxine sodium tabs 150mcg</i>	1	
<i>levothyroxine sodium tabs 175mcg</i>	1	
<i>levothyroxine sodium tabs 200mcg</i>	1	
<i>levothyroxine sodium tabs 25mcg</i>	1	
<i>levothyroxine sodium tabs 300mcg</i>	1	
<i>levothyroxine sodium tabs 50mcg</i>	1	
<i>levothyroxine sodium tabs 75mcg</i>	1	
<i>levothyroxine sodium tabs 88mcg</i>	1	
<i>levoxyl tabs 100mcg</i>	2	
<i>levoxyl tabs 112mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl tabs 125mcg</i>	2	
<i>levoxyl tabs 137mcg</i>	2	
<i>levoxyl tabs 150mcg</i>	2	
<i>levoxyl tabs 175mcg</i>	2	
<i>levoxyl tabs 200mcg</i>	2	
<i>levoxyl tabs 25mcg</i>	2	
<i>levoxyl tabs 50mcg</i>	2	
<i>levoxyl tabs 75mcg</i>	2	
<i>levoxyl tabs 88mcg</i>	2	
<i>liothyronine sodium inj 10mcg/ml</i>	1	
<i>liothyronine sodium tabs 25mcg</i>	1	
<i>liothyronine sodium tabs 50mcg</i>	1	
<i>liothyronine sodium tabs 5mcg</i>	1	
<i>np thyroid 120 tabs 120mg</i>	2	
<i>np thyroid 15 tabs 15mg</i>	2	
<i>np thyroid 30 tabs 30mg</i>	2	
<i>np thyroid 60 tabs 60mg</i>	2	
<i>np thyroid 90 tabs 90mg</i>	2	
SYNTHROID TABS 100MCG	3	
SYNTHROID TABS 112MCG	3	
SYNTHROID TABS 125MCG	3	
SYNTHROID TABS 137MCG	3	
SYNTHROID TABS 150MCG	3	
SYNTHROID TABS 175MCG	3	
SYNTHROID TABS 200MCG	3	
SYNTHROID TABS 25MCG	3	
SYNTHROID TABS 300MCG	3	
SYNTHROID TABS 50MCG	3	
SYNTHROID TABS 75MCG	3	
SYNTHROID TABS 88MCG	3	
THYROLAR-1/2 TABS 30MG	3	
THYROLAR-1/4 TABS 15MG	3	
THYROLAR-1 TABS 60MG	3	
THYROLAR-2 TABS 120MG	3	
THYROLAR-3 TABS 0; 180MG	3	
TIROSINT CAPS 100MCG	4	
TIROSINT CAPS 112MCG	4	
TIROSINT CAPS 125MCG	4	
TIROSINT CAPS 137MCG	4	
TIROSINT CAPS 13MCG	4	
TIROSINT CAPS 150MCG	4	
TIROSINT CAPS 25MCG	4	
TIROSINT CAPS 50MCG	4	
TIROSINT CAPS 75MCG	4	
TIROSINT CAPS 88MCG	4	
<i>unithroid direct tabs 100mcg</i>	1	
<i>unithroid direct tabs 112mcg</i>	1	
<i>unithroid direct tabs 125mcg</i>	1	
<i>unithroid direct tabs 150mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid direct tabs 175mcg</i>	1	
<i>unithroid direct tabs 200mcg</i>	1	
<i>unithroid direct tabs 25mcg</i>	1	
<i>unithroid direct tabs 300mcg</i>	1	
<i>unithroid direct tabs 50mcg</i>	1	
<i>unithroid direct tabs 75mcg</i>	1	
<i>unithroid direct tabs 88mcg</i>	1	
<i>unithroid tabs 100mcg</i>	2	
<i>unithroid tabs 112mcg</i>	2	
<i>unithroid tabs 125mcg</i>	2	
<i>unithroid tabs 137mcg</i>	2	
<i>unithroid tabs 150mcg</i>	2	
<i>unithroid tabs 175mcg</i>	2	
<i>unithroid tabs 200mcg</i>	2	
<i>unithroid tabs 25mcg</i>	2	
<i>unithroid tabs 300mcg</i>	2	
<i>unithroid tabs 50mcg</i>	2	
<i>unithroid tabs 75mcg</i>	2	
<i>unithroid tabs 88mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN TABS 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline tabs 0.5mg</i>	2	
ELIGARD INJ 22.5MG	4	PA
ELIGARD INJ 30MG	4	PA
ELIGARD INJ 45MG	4	PA
ELIGARD INJ 7.5MG	4	PA
FIRMAGON INJ 120MG	5	
FIRMAGON INJ 80MG	4	
LEUPROLIDE ACETATE INJ 1MG/0.2ML	5	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	PA
<i>octreotide acetate inj 1000mcg/ml</i>	5	PA
OCTREOTIDE ACETATE INJ 100MCG/ML	3	PA
OCTREOTIDE ACETATE INJ 200MCG/ML	4	PA
<i>octreotide acetate inj 500mcg/ml</i>	5	PA
OCTREOTIDE ACETATE INJ 50MCG/ML	4	PA
SANDOSTATIN LAR DEPOT INJ 10MG	5	PA
SANDOSTATIN LAR DEPOT INJ 20MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INJ 30MG	5	PA
SIGNIFOR LAR INJ 10MG	5	PA
SIGNIFOR LAR INJ 20MG	5	PA
SIGNIFOR LAR INJ 30MG	5	PA
SIGNIFOR LAR INJ 40MG	5	PA
SIGNIFOR LAR INJ 60MG	5	PA
SIGNIFOR INJ 0.3MG/ML	5	PA
SIGNIFOR INJ 0.6MG/ML	5	PA
SIGNIFOR INJ 0.9MG/ML	5	PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA
SOMAVERT INJ 10MG	5	PA
SOMAVERT INJ 15MG	5	PA
SOMAVERT INJ 20MG	5	PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
SYNAREL SOLN 2MG/ML	5	
TRELSTAR MIXJECT INJ 11.25MG	5	PA
TRELSTAR MIXJECT INJ 22.5MG	5	PA
TRELSTAR MIXJECT INJ 3.75MG	5	PA
TRELSTAR INJ 11.25MG	5	PA
TRELSTAR INJ 3.75MG	5	PA
ZOLADEX INJ 10.8MG	5	PA
ZOLADEX INJ 3.6MG	4	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
methimazole tabs 10mg	1	
methimazole tabs 5mg	1	
propylthiouracil tabs 50mg	1	
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT INJ 500UNIT	5	PA
FIRAZYR INJ 30MG/3ML	5	PA
icatibant acetate inj 30mg/3ml	5	PA
RUCONEST INJ 2100UNIT	5	PA
<i>Immune Suppressants</i>		
ASTAGRAF XL CP24 0.5MG	4	B/D
ASTAGRAF XL CP24 1MG	4	B/D
ASTAGRAF XL CP24 5MG	5	B/D
AZASAN TABS 100MG	3	B/D
AZASAN TABS 75MG	3	B/D
AZATHIOPRINE INJ 100MG	4	B/D
azathioprine tabs 50mg	1	B/D
BENLYSTA INJ 120MG	5	
BENLYSTA INJ 400MG	5	
CIMZIA STARTER KIT INJ 200MG/ML	5	PA
CIMZIA INJ 200MG/ML	5	PA
CIMZIA INJ 200MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified caps 100mg</i>	2	B/D
<i>cyclosporine modified caps 25mg</i>	2	B/D
<i>cyclosporine modified caps 50mg</i>	2	B/D
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D
<i>cyclosporine caps 100mg</i>	2	B/D
<i>cyclosporine caps 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL MINI INJ 50MG/ML	5	PA
ENBREL SURECLICK INJ 50MG/ML	5	PA
ENBREL INJ 25MG/0.5ML	5	PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 50MG/ML	5	PA
<i>engraft caps 100mg</i>	2	B/D
<i>engraft caps 25mg</i>	2	B/D
<i>engraft caps 50mg</i>	2	B/D
<i>engraft soln 100mg/ml</i>	2	B/D
<i>hecoria caps 0.5mg</i>	2	B/D
<i>hecoria caps 1mg</i>	2	B/D
<i>hecoria caps 5mg</i>	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML	5	PA
HUMIRA PEN INJ 40MG/0.8ML	5	PA
HUMIRA INJ 10MG/0.1ML	5	PA
HUMIRA INJ 10MG/0.2ML	5	PA
HUMIRA INJ 20MG/0.2ML	5	PA
HUMIRA INJ 20MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.8ML	5	PA
INFLECTRA INJ 100MG	5	PA
KINERET INJ 100MG/0.67ML	5	PA
<i>methotrexate sodium inj 100mg/4ml</i>	1	
<i>methotrexate sodium inj 1gm/40ml</i>	1	
<i>methotrexate sodium inj 1gm</i>	1	
<i>methotrexate sodium inj 200mg/8ml</i>	1	
<i>methotrexate sodium inj 250mg/10ml</i>	1	
<i>methotrexate sodium inj 50mg/2ml</i>	1	
<i>methotrexate inj 50mg/2ml</i>	1	
<i>methotrexate tabs 2.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil caps 250mg</i>	2	B/D
<i>mycophenolate mofetil inj 500mg</i>	3	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	2	B/D
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D
<i>mycophenolic acid dr tbec 180mg</i>	2	B/D
<i>mycophenolic acid dr tbec 360mg</i>	2	B/D
NULOJIX INJ 250MG	5	
ORENCIA CLICKJECT INJ 125MG/ML	5	PA
ORENCIA INJ 125MG/ML	5	PA
ORENCIA INJ 250MG	5	PA
ORENCIA INJ 50MG/0.4ML	5	PA
ORENCIA INJ 87.5MG/0.7ML	5	PA
PROGRAF PACK 0.2MG	5	B/D
PROGRAF PACK 1MG	5	B/D
REMICADE INJ 100MG	5	PA
<i>sirolimus soln 1mg/ml</i>	5	B/D
<i>sirolimus tabs 0.5mg</i>	2	B/D
<i>sirolimus tabs 1mg</i>	2	B/D
<i>sirolimus tabs 2mg</i>	2	B/D
<i>tacrolimus caps 0.5mg</i>	2	B/D
<i>tacrolimus caps 1mg</i>	2	B/D
<i>tacrolimus caps 5mg</i>	2	B/D
XATMEP SOLN 2.5MG/ML	4	
ZORTRESS TABS 0.25MG	5	B/D
ZORTRESS TABS 0.5MG	5	B/D
ZORTRESS TABS 0.75MG	5	B/D
ZORTRESS TABS 1MG	5	B/D
<i>Immunizing Agents, Passive</i>		
ASCENIV INJ 5GM/50ML	5	LA
ATGAM INJ 50MG/ML	5	
BIVIGAM INJ 10GM/100ML	5	B/D
BIVIGAM INJ 5GM/50ML	5	B/D
CUVITRU INJ 1GM/5ML	5	PA
CUVITRU INJ 2GM/10ML	5	PA
CUVITRU INJ 4GM/20ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF INJ 0.5GM/10ML	5	B/D
FLEBOGAMMA DIF INJ 10%	5	B/D
FLEBOGAMMA DIF INJ 10%	5	B/D
FLEBOGAMMA DIF INJ 10%	5	B/D
FLEBOGAMMA DIF INJ 10%	5	B/D
FLEBOGAMMA DIF INJ 10GM/200ML	5	B/D
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	B/D
FLEBOGAMMA DIF INJ 20GM/400ML	5	B/D
FLEBOGAMMA DIF INJ 5GM/100ML	5	B/D
GAMASTAN S/D INJ 0	4	
GAMASTAN S/D INJ 0	4	
GAMASTAN INJ 0	4	

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

Drug Name	Drug Tier	Requirements/Limits
KEDRAB INJ 1500UNIT/10ML	3	B/D
KEDRAB INJ 300UNIT/2ML	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	4	
NABI-HB INJ 0	5	B/D
OCTAGAM INJ 10GM/100ML	5	B/D
OCTAGAM INJ 10GM/200ML	5	B/D
OCTAGAM INJ 1GM/20ML	5	B/D
OCTAGAM INJ 2.5GM/50ML	5	B/D
OCTAGAM INJ 20GM/200ML	5	B/D
OCTAGAM INJ 25GM/500ML	5	B/D
OCTAGAM INJ 2GM/20ML	5	B/D
OCTAGAM INJ 5GM/100ML	5	B/D
OCTAGAM INJ 5GM/50ML	5	B/D
PANZYGA INJ 10GM/100ML	5	B/D
PANZYGA INJ 1GM/10ML	5	B/D
PANZYGA INJ 2.5GM/25ML	5	B/D
PANZYGA INJ 20GM/200ML	5	B/D
PANZYGA INJ 30GM/300ML	5	B/D
PANZYGA INJ 5GM/50ML	5	B/D
PRIVIGEN INJ 10GM/100ML	5	B/D
PRIVIGEN INJ 20GM/200ML	5	B/D
PRIVIGEN INJ 40GM/400ML	5	B/D
PRIVIGEN INJ 5GM/50ML	5	B/D
RHOGAM ULTRA-FILTERED PLUS INJ 1500UNIT	4	
RHOPHYLAC INJ 1500UNIT/2ML	4	
SYNAGIS INJ 100MG/ML	5	PA
SYNAGIS INJ 50MG/0.5ML	5	PA
THYMOGLOBULIN INJ 25MG	5	
WINRHO SDF INJ 15000UNIT/13ML	4	
WINRHO SDF INJ 1500UNIT/1.3ML	4	
WINRHO SDF INJ 2500UNIT/2.2ML	4	
WINRHO SDF INJ 5000UNIT/4.4ML	4	
XEMBIFY INJ 10GM/50ML	5	B/D
XEMBIFY INJ 1GM/5ML	5	B/D
XEMBIFY INJ 2GM/10ML	5	B/D
XEMBIFY INJ 4GM/20ML	5	B/D
Immunomodulators		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA
ACTEMRA INJ 162MG/0.9ML	5	PA
ACTEMRA INJ 200MG/10ML	5	PA
ACTEMRA INJ 400MG/20ML	5	PA
ACTEMRA INJ 80MG/4ML	5	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	5	
ALFERON N INJ 5MU/ML	4	PA
ARCALYST INJ 220MG	5	PA
ILARIS INJ 150MG/ML	5	PA
ILARIS INJ 150MG	5	PA
leflunomide tabs 10mg	2	
leflunomide tabs 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
LEMTRADA INJ 12MG/1.2ML	5	PA
OTEZLA TABS 30MG	5	PA
OTEZLA TBPK 0	5	PA
RIDAURA CAPS 3MG	5	
SIMULECT INJ 10MG	5	
SIMULECT INJ 20MG	5	
SYLVANT INJ 100MG	5	PA
SYLVANT INJ 400MG	5	PA
XELJANZ XR TB24 11MG	5	PA
XELJANZ TABS 10MG	5	PA
XELJANZ TABS 5MG	5	PA
Vaccines		
ACTHIB INJ 0	4	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	3	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	3	
BCG VACCINE INJ 0	4	
BEXSERO INJ 0	4	
BIOTHRAX INJ 0	4	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	
CERVARIX INJ 0	4	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	4	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED	4	
PEDIATRIC INJ 25LFU/0.5ML; 5LFU/0.5ML		
ENGRIX-B INJ 10MCG/0.5ML	4	B/D
ENGRIX-B INJ 20MCG/ML	4	B/D
GARDASIL 9 INJ 0	4	
GARDASIL 9 INJ 0	4	
GARDASIL INJ 0	4	
GARDASIL INJ 0	4	
HAVRIX INJ 1440ELU/ML	4	
HAVRIX INJ 1440ELU/ML	4	
HAVRIX INJ 720ELU/0.5ML	4	
HAVRIX INJ 720ELU/0.5ML	4	
HEPLISAV-B INJ 20MCG/0.5ML	4	B/D
HEPLISAV-B INJ 20MCG/0.5ML	4	B/D
HIBERIX INJ 10MCG	4	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	4	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	4	
IXIARO INJ 0	4	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	4	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	4	

Drug Name	Drug Tier	Requirements/Limits
M-M-R II INJ 0; 0; 0	4	
MENACTRA INJ 0	4	
MENHIBRIX INJ 2.5MCG; 5MCG; 5MCG	3	
MENOMUNE-A/C/Y/W-135 INJ 0	4	
MENVEO INJ 0	4	
PEDIARIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	4	
PENTACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 0; 5LFU/0.5ML	4	
PROQUAD INJ 0; 0; 0; 0	4	
QUADRACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 5LFU/0.5ML	4	
RABAVERT INJ 0	4	B/D
RECOMBIVAX HB INJ 10MCG/ML	4	B/D
RECOMBIVAX HB INJ 10MCG/ML	4	B/D
RECOMBIVAX HB INJ 40MCG/ML	4	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	4	B/D
ROTARIX SUSR 0	4	
ROTATEQ SOLN 0	4	
SHINGRIX INJ 50MCG/0.5ML	3	
STAMARIL INJ 0	4	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	4	
TENIVAC INJ 2LFU; 5LFU	3	
TRUMENBA INJ 0	4	
TWINRIX INJ 720ELU/ML; 20MCG/ML	4	
TYPHIM VI INJ 25MCG/0.5ML	4	
TYPHIM VI INJ 25MCG/0.5ML	4	
VAQTA INJ 25UNIT/0.5ML	4	
VAQTA INJ 25UNIT/0.5ML	4	
VAQTA INJ 50UNIT/ML	4	
VAQTA INJ 50UNIT/ML	4	
VARIVAX INJ 1350PFU/0.5ML	4	
VARIZIG INJ 125UNIT/1.2ML	5	
VAXCHORA SUSR 0	4	
VIVOTIF CPDR 0	4	
YF-VAX INJ 0	4	
ZOSTAVAX INJ 19400UNT/0.65ML	4	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
APRISO CP24 0.375GM	3	
balsalazide disodium caps 750mg	2	
DIPENTUM CAPS 250MG	5	
mesalamine dr cpdr 400mg	4	
mesalamine dr tbec 1.2gm	2	
mesalamine dr tbec 800mg	4	
MESALAMINE ENEM 4GM	4	
MESALAMINE KIT 4GM	4	
<i>Glucocorticoids</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide er tb24 9mg</i>	5	
BUDESONIDE CPEP 3MG	4	
<i>colocort enem 100mg/60ml</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
Sulfonamides		
<i>sulfasalazine tabs 500mg</i>	1	
<i>sulfasalazine tbec 500mg</i>	1	
<i>sulfazine tabs 500mg</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln 70mg/75ml</i>	1	
<i>alendronate sodium tabs 10mg</i>	1	
<i>alendronate sodium tabs 35mg</i>	1	
<i>alendronate sodium tabs 40mg</i>	1	
<i>alendronate sodium tabs 5mg</i>	1	
<i>alendronate sodium tabs 70mg</i>	1	
<i>calcitonin salmon soln 200unit/act</i>	2	
<i>calcitonin-salmon soln 200unit/act</i>	2	
<i>calcitriol caps 0.25mcg</i>	1	
<i>calcitriol caps 0.5mcg</i>	1	
<i>calcitriol inj 1mcg/ml</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>cinacalcet hydrochloride tabs 30mg</i>	5	
<i>cinacalcet hydrochloride tabs 60mg</i>	5	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	
<i>doxercalciferol caps 0.5mcg</i>	2	PA
DOXERCALCIFEROL CAPS 1MCG	4	PA
DOXERCALCIFEROL CAPS 2.5MCG	4	PA
<i>doxercalciferol inj 4mcg/2ml</i>	2	PA
<i>etidronate disodium tabs 200mg</i>	1	
<i>etidronate disodium tabs 400mg</i>	1	
FORTEO INJ 600MCG/2.4ML	5	PA
FORTICAL SOLN 200UNIT/ACT	4	
HECTOROL INJ 2MCG/ML	4	PA
<i>ibandronate sodium tabs 150mg</i>	2	
MIACALCIN INJ 200UNIT/ML	5	
NATPARA INJ 100MCG	5	PA
NATPARA INJ 25MCG	5	PA
NATPARA INJ 50MCG	5	PA
NATPARA INJ 75MCG	5	PA
<i>pamidronate disodium inj 30mg/10ml</i>	1	
<i>pamidronate disodium inj 6mg/ml</i>	1	
<i>pamidronate disodium inj 90mg/10ml</i>	1	
PARICALCITOL CAPS 1MCG	3	
PARICALCITOL CAPS 2MCG	3	
PARICALCITOL CAPS 4MCG	3	
PARICALCITOL INJ 2MCG/ML	4	
PARICALCITOL INJ 5MCG/ML	4	
PROLIA INJ 60MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium dr tbec 35mg</i>	2	
<i>risedronate sodium tabs 150mg</i>	2	
<i>risedronate sodium tabs 30mg</i>	2	
<i>risedronate sodium tabs 35mg</i>	2	
<i>risedronate sodium tabs 35mg</i>	2	
<i>risedronate sodium tabs 35mg</i>	2	
<i>risedronate sodium tabs 5mg</i>	2	
XGEVA INJ 120MG/1.7ML	5	
ZOLEDRONIC ACID INJ 4MG/100ML	4	
ZOLEDRONIC ACID INJ 4MG/5ML	4	
ZOLEDRONIC ACID INJ 5MG/100ML	4	
ZOMETA INJ 4MG/100ML	5	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine inj 200mg/ml</i>	1	
ALCOHOL PREP PADS PADS 70%	3	
AMINO ACID INJ 50MG/ML; 50MG/ML	3	B/D
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 405MG/100ML; 750MG/100ML	3	B/D
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	3	B/D
AMINOSYN II INJ 61.1MEQ/L; 844MG/100ML; 865MG/100ML; 595MG/100ML; 627MG/100ML; 425MG/100ML; 255MG/100ML; 561MG/100ML; 850MG/100ML; 893MG/100ML; 146MG/100ML; 253MG/100ML; 614MG/100ML; 450MG/100ML; 33.3MEQ/L; 340MG/100ML; 170MG/100ML; 230MG/100ML; 425MG/100ML	3	B/D
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	3	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
AMINOSYN-RF INJ 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	3	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	3	B/D
AMINOSYN INJ 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	3	B/D
<i>argyle sterile saline 100ml soln 0.9%</i>	2	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	3	
CINRYZE INJ 500UNIT	5	PA

Drug Name	Drug Tier	Requirements/Limits
CLINISOL SF 15% INJ 151MEQ/L; 2170MG/100ML; 1470MG/100ML; 434MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 749MG/100ML; 1040MG/100ML; 1180MG/100ML; 749MG/100ML; 1040MG/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML	3	B/D
CURITY ALL PURPOSE SPONGES 2"X2" PADS	3	
CURITY GAUZE PADS 2"X2" PADS	3	
<i>curity sterile saline soln 0.9%</i>	2	
<i>deferoxamine mesylate inj 2gm</i>	1	PA
<i>deferoxamine mesylate inj 500mg</i>	1	PA
DROPLET PEN NEEDLES 29GX10MM MISC	3	
DUODOTE INJ 2.1MG/0.7ML; 600MG/2ML	4	PA
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	
MISC		
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
MISC		
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	3	
<i>fomepizole inj 1gm/ml</i>	5	
FREAMINE HBC 6.9% INJ 57MEQ/L; 40MG/100ML; 58MG/100ML; 3MEQ/L; 20MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 80MG/100ML	3	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	B/D
GLOBAL ALCOHOL PREP EASE PADS PADS 70%	3	
GRASSTEK SUBL 2800BAU	4	
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	B/D
INTRALIPID INJ 20GM/100ML	3	B/D
INTRALIPID INJ 30GM/100ML	3	B/D
KALBITOR INJ 10MG/ML	5	PA
KEVEYIS TABS 50MG	5	PA
LACTATED RINGERS IRRIGATION SOLN 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	3	

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine inj 200mg/ml</i>	1	
<i>levocarnitine soln 1gm/10ml</i>	1	
<i>levocarnitine tabs 330mg</i>	1	
LIPOSYN III INJ 2.5%; 30%	3	B/D
<i>methergine tabs 0.2mg</i>	2	
<i>methylergonovine maleate inj 0.2mg/ml</i>	1	
<i>methylergonovine maleate tabs 0.2mg</i>	1	
MYALEPT INJ 11.3MG	5	PA
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML;	3	B/D
250MG/100ML; 560MG/100ML; 880MG/100ML;		
640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L;		
400MG/100ML; 200MG/100ML; 640MG/100ML		
NITHIODET INJ 300MG/10ML; 12.5GM/50ML	4	
NUTRESTORE PACK 5GM	4	
NUTRILIPID INJ 20GM/100ML	3	B/D
ORALAIR ADULT SAMPLE KIT SUBL 0; 0; 0; 0; 0	4	
ORALAIR ADULT STARTER PACK SUBL 0; 0; 0; 0; 0	4	
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	4	
SUBL 0; 0; 0; 0; 0		
ORALAIR SUBL 0; 0; 0; 0; 0	4	
PENTETATE CALCIUM TRISODIUM SOLN 200MG/ML	4	
PENTETATE ZINC TRISODIUM SOLN 200MG/ML	4	
PLENAMINE INJ 151MEQ/L; 2170MG/100ML;	3	B/D
1470MG/100ML; 434MG/100ML; 749MG/100ML;		
1040MG/100ML; 894MG/100ML; 749MG/100ML;		
1040MG/100ML; 1180MG/100ML; 749MG/100ML;		
1040MG/100ML; 894MG/100ML; 592MG/100ML;		
749MG/100ML; 250MG/100ML; 39MG/100ML;		
960MG/100ML		
PRALIDOXIME CHLORIDE INJ 600MG/2ML	4	
PREMASOL INJ 52MEQ/L; 1760MG/100ML;	3	B/D
880MG/100ML; 34MEQ/L; 1760MG/100ML;		
372MG/100ML; 406MG/100ML; 526MG/100ML;		
492MG/100ML; 492MG/100ML; 526MG/100ML;		
356MG/100ML; 356MG/100ML; 390MG/100ML;		
34MG/100ML; 152MG/100ML		
PREMASOL INJ 56MEQ/L; 320MG/100ML;	3	B/D
730MG/100ML; 190MG/100ML; 3MEQ/L; 20MG/100ML;		
300MG/100ML; 220MG/100ML; 290MG/100ML;		
490MG/100ML; 840MG/100ML; 490MG/100ML;		
200MG/100ML; 290MG/100ML; 410MG/100ML;		
230MG/100ML; 5MEQ/L; 15MG/100ML; 250MG/100ML;		
120MG/100ML; 140MG/100ML; 470MG/100ML		

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
PROTOPAM CHLORIDE INJ 1GM	4	
RAGWITEK SUBL 12AMB A 1-U	4	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>sodium chloride soln 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate inj 10%; 10%</i>	5	
<i>sodium thiosulfate inj 10%</i>	1	
<i>sodium thiosulfate inj 25%</i>	1	
<i>sterile water for irrigation soln 0</i>	1	
<i>sterile water irrigation plastic bottle soln 0</i>	1	
<i>sterile water irrigation w/hanger soln 0</i>	1	
<i>sterile water irrigation soln 0</i>	1	
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	3	
SYNTHAMIN 17 INJ 82MMOL/L; 2.07GM/100ML; 1.15GM/100ML; 40MMOL/L; 1.03GM/100ML; 480MG/100ML; 600MG/100ML; 730MG/100ML; 580MG/100ML; 400MG/100ML; 560MG/100ML; 680MG/100ML; 500MG/100ML; 420MG/100ML; 180MG/100ML; 40MG/100ML; 580MG/100ML	3	B/D
<i>tis-u-sol viaflex soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	3	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
VISTOGARD PACK 10GM	5	
Ophthalmic Agents		
<i>Ophthalmic Prostaglandin and Prostanamide Analogs</i>		
COMBIGAN SOLN 0.2%; 0.5%	3	

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost soln 0.005%</i>	1	
TRAVATAN Z SOLN 0.004%	3	
<i>travoprost soln 0.004%</i>	2	
XELPROS EMUL 0.005%	4	
Ophthalmic Agents, Other		
<i>ak-poly-bac oint 500unit/gm; 10000unit/gm</i>	2	
<i>atropine sulfate soln 1%</i>	1	
<i>bacitracin/neomycin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	2	
<i>cyclopentolate hcl soln 1%</i>	1	
<i>cyclopentolate hcl soln 2%</i>	1	
<i>cyclopentolate hydrochloride soln 1%</i>	1	
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days) PA
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin zinc oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	1	
<i>parcaine soln 0.5%</i>	1	
<i>polycin b oint 500unit/gm; 10000unit/gm</i>	2	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>proparacaine hcl soln 0.5%</i>	1	
RESTASIS MULTIDOSE EMUL 0.05%	4	
RESTASIS EMUL 0.05%	4	
RHOPRESSA SOLN 0.02%	4	
<i>trimethoprim sulfate/polymyxin b sulfate soln 10000unit/ml; 0.1%</i>	1	
<i>triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	2	
XIIDRA SOLN 5%	4	
Ophthalmic Anti-allergy Agents		
ALOCRI SOLN 2%	4	
<i>altafrin soln 10%</i>	1	
<i>azelastine hcl soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	1	
<i>naphazoline hcl soln 0.1%</i>	1	
<i>neofrin soln 10%</i>	1	
<i>olopatadine hcl soln 0.1%</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
PAZEO SOLN 0.7%	4	
<i>phenylephrine hcl soln 10%</i>	1	
Ophthalmic Anti-inflammatories		
<i>bromfenac soln 0.09%</i>	2	
<i>bromfenac soln 0.09%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
BROMSITE SOLN 0.075%	4	
<i>dexamethasone sodium phosphate soln 0.1%</i>	1	
<i>diclofenac sodium soln 0.1%</i>	2	
DUREZOL EMUL 0.05%	4	
<i>fluorometholone susp 0.1%</i>	2	
<i>flurbiprofen sodium soln 0.03%</i>	1	
ILEVRO SUSP 0.3%	4	
<i>ketorolac tromethamine soln 0.4%</i>	1	
<i>ketorolac tromethamine soln 0.5%</i>	1	
<i>loteprednol etabonate susp 0.5%</i>	2	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	1	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>poly-dex oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	1	
<i>prednisolone acetate susp 1%</i>	1	
<i>prednisolone sodium phosphate soln 1%</i>	1	
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	1	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	2	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide er cp12 500mg</i>	2	
<i>acetazolamide tabs 125mg</i>	2	
<i>acetazolamide tabs 250mg</i>	2	
<i>apraclonidine soln 0.5%</i>	1	
AZOPT SUSP 1%	4	
<i>betaxolol hcl soln 0.5%</i>	1	
<i>brimonidine tartrate soln 0.15%</i>	2	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>carteolol hcl soln 1%</i>	1	
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
<i>methazolamide tabs 25mg</i>	2	
<i>methazolamide tabs 50mg</i>	2	
<i>metipranolol soln 0.3%</i>	1	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
<i>pilocarpine hcl soln 1%</i>	2	
<i>pilocarpine hcl soln 2%</i>	2	
<i>pilocarpine hcl soln 4%</i>	2	
SIMBRINZA SUSP 0.2%; 1%	3	
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	2	
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate soln 0.25%</i>	1	
<i>timolol maleate soln 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	2	Once Daily
Otic Agents		
<i>Otic Agents</i>		
<i>acetasol hc soln 2%; 1%</i>	2	
<i>acetic acid soln 2%</i>	2	
<i>antibiotic ear soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>flac oil 0.01%</i>	2	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
AEROSPAN AERS 80MCG/ACT	4	
ASMANEX HFA AERO 100MCG/ACT	3	
ASMANEX HFA AERO 200MCG/ACT	3	
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	3	
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	3	
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	3	
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	3	
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	3	
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	3	
<i>budesonide susp 0.25mg/2ml</i>	2	B/D
<i>budesonide susp 0.5mg/2ml</i>	2	B/D
<i>budesonide susp 1mg/2ml</i>	2	B/D
<i>flunisolide soln 0.025%</i>	1	
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT	2	
FLUTICASONE PROPIONATE/SALMETEROL AEPB 232MCG/ACT; 14MCG/ACT	2	
FLUTICASONE PROPIONATE/SALMETEROL AEPB 55MCG/ACT; 14MCG/ACT	2	
<i>fluticasone propionate susp 50mcg/act</i>	1	
NUCALA INJ 100MG	5	PA
PULMICORT FLEXHALER AEPB 180MCG/ACT	3	
PULMICORT FLEXHALER AEPB 90MCG/ACT	3	
QVAR REDHALER AERB 40MCG/ACT	3	

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AERB 80MCG/ACT	3	
QVAR AERS 40MCG/ACT	3	
QVAR AERS 80MCG/ACT	3	
<i>triamcinolone acetonide aero 55mcg/act</i>	2	
Antihistamines		
<i>azelastine hcl soln 0.15%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	
<i>cetirizine hydrochloride soln 1mg/ml</i>	2	
<i>cyproheptadine hcl syrp 2mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tabs 4mg</i>	2	
<i>desloratadine tabs 5mg</i>	2	
<i>diphen elix 12.5mg/5ml</i>	2	PA
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 25mg</i>	4	PA
<i>hydroxyzine pamoate caps 100mg</i>	4	PA
<i>hydroxyzine pamoate caps 25mg</i>	4	PA
<i>hydroxyzine pamoate caps 50mg</i>	4	PA
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
Antileukotrienes		
<i>montelukast sodium chew 4mg</i>	1	
<i>montelukast sodium chew 5mg</i>	1	
<i>montelukast sodium pack 4mg</i>	1	
<i>montelukast sodium tabs 10mg</i>	1	
<i>zafirlukast tabs 10mg</i>	1	
<i>zafirlukast tabs 20mg</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	3	
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	1	B/D
<i>ipratropium bromide soln 0.02%</i>	1	B/D
<i>ipratropium bromide soln 0.03%</i>	1	
<i>ipratropium bromide soln 0.06%</i>	1	
LONHALA MAGNAIR REFILL KIT SOLN 25MCG/ML	4	
LONHALA MAGNAIR STARTER KIT SOLN 25MCG/ML	4	
SEEBRI NEOHALER CAPS 15.6MCG	4	
SPIRIVA HANDIHALER CAPS 18MCG	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
TUDORZA PRESSAIR AEPB 400MCG/ACT	3	
TUDORZA PRESSAIR AEPB 400MCG/ACT	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er tb12 8mg</i>	2	
<i>albuterol sulfate nebu 0.083%</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu 0.63mg/3ml</i>	2	B/D
<i>albuterol sulfate nebu 1.25mg/3ml</i>	2	B/D
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	B/D
<i>albuterol sulfate syrp 2mg/5ml</i>	1	
<i>albuterol sulfate tabs 2mg</i>	2	
<i>albuterol tabs 4mg</i>	2	
ARCAPTA NEOHALER CAPS 75MCG	4	
BEVESPI AEROSPHERE AERO 4.8MCG/ACT; 9MCG/ACT	4	
BROVANA NEBU 15MCG/2ML	4	B/D
<i>epinephrine inj 0.15mg/0.15ml</i>	2	
<i>epinephrine inj 0.15mg/0.3ml</i>	2	
<i>epinephrine inj 0.3mg/0.3ml</i>	2	
<i>epinephrine inj 0.3mg/0.3ml</i>	2	
FORADIL AEROLIZER CAPS 12MCG	3	
<i>isoproterenol hydrochloride inj 0.2mg/ml</i>	2	
ISUPREL INJ 0.2MG/ML	3	
LEVALBUTEROL HCL NEBU 0.31MG/3ML	4	B/D
LEVALBUTEROL HCL NEBU 0.63MG/3ML	4	B/D
LEVALBUTEROL HCL NEBU 1.25MG/3ML	4	B/D
LEVALBUTEROL HYDROCHLORIDE NEBU 0.31MG/3ML	4	B/D
LEVALBUTEROL HYDROCHLORIDE NEBU 0.63MG/3ML	4	B/D
LEVALBUTEROL HYDROCHLORIDE NEBU 1.25MG/3ML	4	B/D
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	2	
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
<i>metaproterenol sulfate tabs 10mg</i>	1	
<i>metaproterenol sulfate tabs 20mg</i>	1	
PROAIR HFA AERS 108MCG/ACT	2	
PROAIR RESPICLICK AEPB 108MCG/ACT	3	
SEREVENT DISKUS AEPB 50MCG/DOSE	3	
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	3	
<i>terbutaline sulfate inj 1mg/ml</i>	5	
<i>terbutaline sulfate tabs 2.5mg</i>	1	
<i>terbutaline sulfate tabs 5mg</i>	1	
UTIBRON NEOHALER CAPS 15.6MCG; 27.5MCG	4	
VENTOLIN HFA AERS 108MCG/ACT	2	
<i>Cystic Fibrosis Agents</i>		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 25MG	5	PA
KALYDECO PACK 50MG	5	PA
KALYDECO PACK 75MG	5	PA
KALYDECO TABS 150MG	5	PA
ORKAMBI PACK 125MG; 100MG	5	PA
ORKAMBI PACK 188MG; 150MG	5	PA
ORKAMBI TABS 125MG; 100MG	5	PA
ORKAMBI TABS 125MG; 200MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN 1MG/ML	5	PA
SYMDEKO TBPK 150MG; 100MG	5	PA
SYMDEKO TBPK 75MG; 50MG	5	PA
TOBI PODHALER CAPS 28MG	5	PA
<i>tobramycin inhalation solution pak nebu 300mg/5ml</i>	5	PA
<i>tobramycin nebu 300mg/5ml</i>	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	1	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj 25mg/ml</i>	1	
DALIRESP TABS 250MCG	4	ST
DALIRESP TABS 500MCG	4	ST
<i>elixophyllin elix 80mg/15ml</i>	1	
LUFYLLIN TABS 200MG	4	
LUFYLLIN TABS 400MG	4	
THEO-24 CP24 100MG	3	
THEO-24 CP24 200MG	3	
THEO-24 CP24 300MG	3	
THEO-24 CP24 400MG	3	
<i>theochron tb12 100mg</i>	1	
<i>theochron tb12 200mg</i>	1	
<i>theochron tb12 300mg</i>	1	
<i>theophylline cr tb12 100mg</i>	1	
<i>theophylline cr tb12 200mg</i>	1	
<i>theophylline er tb12 100mg</i>	1	
<i>theophylline er tb12 200mg</i>	1	
<i>theophylline er tb12 300mg</i>	1	
<i>theophylline er tb12 450mg</i>	1	
<i>theophylline er tb24 400mg</i>	1	
<i>theophylline er tb24 600mg</i>	1	
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	1	
<i>theophylline/d5w inj 5%; 2mg/ml</i>	1	
<i>theophylline/d5w inj 5%; 3.2mg/ml</i>	1	
<i>theophylline/d5w inj 5%; 4mg/ml</i>	1	
<i>theophylline soln 80mg/15ml</i>	1	
Pulmonary Antihypertensives		
ADEMPAS TABS 0.5MG	5	PA
ADEMPAS TABS 1.5MG	5	PA
ADEMPAS TABS 1MG	5	PA
ADEMPAS TABS 2.5MG	5	PA
ADEMPAS TABS 2MG	5	PA
<i>alyq tabs 20mg</i>	5	PA
<i>ambrisentan tabs 10mg</i>	5	PA
<i>ambrisentan tabs 5mg</i>	5	PA
<i>epoprostenol sodium inj 0.5mg</i>	5	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT TABS 10MG	5	PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG	5	PA

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TBCR 1MG	5	PA
ORENITRAM TBCR 2.5MG	5	PA
ORENITRAM TBCR 5MG	5	PA
REMODULIN INJ 100MG/20ML	5	PA
REMODULIN INJ 200MG/20ML	5	PA
REMODULIN INJ 20MG/20ML	5	PA
REMODULIN INJ 50MG/20ML	5	PA
REVATIO SUSR 10MG/ML	5	PA
<i>sildenafil citrate susr 10mg/ml</i>	5	PA
<i>sildenafil citrate tabs 20mg</i>	3	PA
<i>sildenafil inj 10mg/12.5ml</i>	5	PA
<i>tadalafil tabs 20mg</i>	5	PA
<i>treprostinil inj 100mg/20ml</i>	5	PA
<i>treprostinil inj 200mg/20ml</i>	5	PA
<i>treprostinil inj 20mg/20ml</i>	5	PA
<i>treprostinil inj 50mg/20ml</i>	5	PA
TYVASO REFILL SOLN 0.6MG/ML	5	PA
TYVASO STARTER SOLN 0.6MG/ML	5	PA
TYVASO SOLN 0.6MG/ML	5	PA
UPTRAVI TABS 1000MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1200MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1400MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1600MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 200MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 400MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 600MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 800MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TBPK 0	5	QL (400 EA per 365 days) PA
VENTAVIS SOLN 10MCG/ML	5	PA
VENTAVIS SOLN 20MCG/ML	5	PA
Pulmonary Fibrosis Agents		
ESBRIET TABS 267MG	5	PA
ESBRIET TABS 801MG	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine soln 10%</i>	1	B/D
<i>acetylcysteine soln 20%</i>	1	B/D
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 500MG	5	PA
ARALAST NP INJ 800MG	5	PA
DULERA AERO 5MCG/ACT; 100MCG/ACT	3	
DULERA AERO 5MCG/ACT; 200MCG/ACT	3	
ESBRIET CAPS 267MG	5	PA
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/dose;</i>	2	
<i>50mcg/dose</i>		
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/dose;</i>	2	
<i>50mcg/dose</i>		
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/dose;</i>	2	
<i>50mcg/dose</i>		

Drug Name	Drug Tier	Requirements/Limits
GLASSIA INJ 1000MG/50ML	5	PA
nebusal nebu 3%	2	B/D
NEBUSAL NEBU 6%	3	B/D
NUCALA INJ 100MG/ML	5	PA
NUCALA INJ 100MG/ML	5	PA
OFEV CAPS 100MG	5	QL (60 EA per 30 days) PA
OFEV CAPS 150MG	5	QL (60 EA per 30 days) PA
PROLASTIN-C INJ 1000MG/20ML	5	PA
PROLASTIN-C INJ 1000MG	5	PA
pulmosal nebu 7%	2	B/D
ribavirin solr 6gm	5	PA
sodium chloride nebu 0.9%	2	B/D
sodium chloride nebu 10%	2	B/D
sodium chloride nebu 3%	2	B/D
sodium chloride nebu 7%	2	B/D
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	3	
TYZINE SOLN 0.1%	3	
wixela inhub aepb 100mcg/dose; 50mcg/dose	2	
wixela inhub aepb 250mcg/dose; 50mcg/dose	2	
wixela inhub aepb 500mcg/dose; 50mcg/dose	2	
XOLAIR INJ 150MG/ML	5	PA
XOLAIR INJ 150MG	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
ZEMAIRA INJ 1000MG	5	PA
Skeletal Muscle Relaxants		
<i>Skeletal Muscle Relaxants</i>		
cyclobenzaprine hydrochloride tabs 10mg	2	PA
cyclobenzaprine hydrochloride tabs 5mg	2	PA
cyclobenzaprine hydrochloride tabs 7.5mg	2	PA
methocarbamol tabs 500mg	2	
methocarbamol tabs 750mg	2	
Sleep Disorder Agents		
<i>GABA Receptor Modulators</i>		
flurazepam hcl caps 15mg	2	QL (30 EA per 30 days)
flurazepam hcl caps 30mg	2	QL (30 EA per 30 days)
zolpidem tartrate tabs 10mg	2	
zolpidem tartrate tabs 5mg	2	
<i>Sleep Disorders, Other</i>		
armodafinil tabs 150mg	2	PA
armodafinil tabs 200mg	2	PA
armodafinil tabs 250mg	2	PA
armodafinil tabs 50mg	2	PA
BELSOMRA TABS 10MG	3	
BELSOMRA TABS 15MG	3	

Drug Name	Drug Tier	Requirements/Limits
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BELSOMRA TABS 5MG	3	
HETLIOZ CAPS 20MG	5	PA
<i>modafinil tabs 100mg</i>	3	PA
<i>modafinil tabs 200mg</i>	3	PA
NEMBUTAL SODIUM INJ 50MG/ML	4	
NEMBUTAL INJ 50MG/ML	4	
<i>pentobarbital sodium inj 50mg/ml</i>	4	
RAMELTEON TABS 8MG	4	QL (30 EA per 30 days)
ROZEREM TABS 8MG	4	QL (30 EA per 30 days)
SILENOR TABS 3MG	3	
SILENOR TABS 6MG	3	
SUNOSI TABS 150MG	4	QL (30 EA per 30 days) PA
SUNOSI TABS 75MG	4	QL (30 EA per 30 days) PA
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XIFAXAN	11
XIIDRA	116
XOFLUZA	53
XOLAIR	123
XOSPATA	40
XPOVIO 100 MG ONCE WEEKLY	38
XPOVIO 60 MG ONCE WEEKLY	38
XPOVIO 80 MG ONCE WEEKLY	38
XPOVIO 80 MG TWICE WEEKLY	38
XTANDI	33
<i>xulane</i>	99
XULTOPHY 100/3.6	58
XURIDEN	92
<i>xylon</i>	6
XYREM	124
YERVOY	42

Drug Name	Page #
YF-VAX	109
YONDELIS	32
YONSA	33
<i>yuvafem</i>	99
<i>zafirlukast</i>	119
ZALTRAP	37
<i>zamicet</i>	6
ZANOSAR	32
<i>zazole</i>	30
<i>zebutal</i>	1
ZEJULA	40
ZELAPAR	44
ZELBORAF	40
ZEMAIRA	123
ZEMDRI	9
<i>zenatane</i>	79
ZENPEP	92
<i>zenzedi</i>	75
ZEPATIER	50
ZERBAXA	13
ZERIT	52
<i>zidovudine</i>	52
ZIEXTENZO	61
ZINACEF	13
<i>ziprasidone hcl</i>	48
ZIRGAN	49
ZMAX	16
ZOLADEx	103
ZOLEDRONIC ACID	111
ZOLINZA	38
<i>zolmitriptan</i>	31
<i>zolmitriptan odt</i>	31
<i>zolpidem tartrate</i>	123
ZOMETA	111
ZONALON	79
<i>zonisamide</i>	19
ZORTRESS	105
ZOSTAVAX	109
ZYDELIG	38
ZYKADIA	38
ZYKADIA	40
ZYPREXA RELPREVV	48
ZYTIGA	33

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- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
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 - Qualified interpreters
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If you need these services, contact customer service.

If you believe that Health Alliance has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 3310 Fields South Drive, Champaign, IL 61822 or 411 N. Chelan Avenue, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-965-4022; telephone for members in Washington:

1-877-750-3350 TTY: 711, fax: 217-902-9705, MemberServices@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

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

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-965-4022, WA: 呼叫 1-877-750-3350 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-965-4022, WA: Zadzwoń 1-877-750-3350 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-965-4022, WA: Gọi 1-877-750-3350 (TTY: 711).

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 IA, IL, IN, OH: 전화 WA: 1-877-750-3350 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-965-4022, WA: Вызов 1-877-750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-965-4022, WA: Tumawag 1-877-750-3350 (TTY: 711).

انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أوهايو: اتصل بالرقم 1-800-965-4022، ولاية واشنطن: اتصل بالرقم: 1-877-750-3350 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-965-4022, WA: Anruf 1-877-750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-965-4022, WA: Appelez 1-877-750-3350 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-965-4022, WA: કોલ 1-877-750-3350 (TTY: 711).

注意: あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。

1-800-965-4022 IA, IL, IN, OH: コール 1-877-750-3350 WA: コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-965-4022, WA: Bel 1-877-750-3350 (TTY: 711).

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ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. IA, IL, IN, OH: Chiamare 1-800-965-4022, WA: Chiamare 1-877-750-3350 (TTY: 711).

This formulary was updated on February 1, 2020. For more recent information or other questions, please contact Health Alliance Medicare Member Services at 1-800-965-4022 or, for TTY users, 711, Monday through Friday, 8 a.m. to 8 p.m., or visit HealthAlliance.org/Group-Medicare.



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