



P.O. Box 266380  
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## **Farm Bureau Health Plans**

### **2020 Formulary**

### **(List of Covered Drugs)**

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

Formulary ID 20273, Version Number 20

This formulary was updated on 11/01/2020. For more recent information or other questions, please contact Farm Bureau Health Plans at 866-643-6924 or TTY users, 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at [www.fbhealthplans.com/part-d](http://www.fbhealthplans.com/part-d).

**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 Farm Bureau Health Plans. When it refers to “plan” or “our plan,” it means 2020 Farm Bureau Essential Rx or Farm Bureau Select Rx.

This document includes list of the drugs (formulary) for our plan which is current as of formulary revision date. 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.

## **What is the Farm Bureau Health Plans Formulary?**

A formulary is a list of covered drugs selected by Farm Bureau Health Plans 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. Farm Bureau Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Farm Bureau Health Plans 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 Farm Bureau Health Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Farm Bureau Health Plans’ 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.
  - 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 Farm Bureau Health Plans' 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 12/01/2020. To get updated information about the drugs covered by Farm Bureau Health Plans, please contact us. Our contact information appears on the front and back cover pages.

If we have a mid-year, non-maintenance formulary change (i.e. remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will update our formulary and post it on our website. You will also be notified in your Explanation of Benefits if you are affected by the change. The updated formulary may be obtained from our website at [www.fbhealthplans.com/part-d](http://www.fbhealthplans.com/part-d) or by calling Member Services. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. We will notify members in writing prior to making this type of change.

## **How do I use the Formulary?**

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

## **Medical Condition**

The formulary begins on page 9. 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 below. 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 137. 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?**

Farm Bureau Health Plans 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:** Farm Bureau Health Plans requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Farm Bureau Health Plans before you fill your prescriptions. If you don’t get approval, Farm Bureau Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides 60 capsules per prescription for LYRICA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Farm Bureau Health Plans 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 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Farm Bureau Health Plans 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 Farm Bureau Health Plans’ formulary?” on page 5 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 Farm Bureau Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Farm Bureau Health Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Farm Bureau Health Plans.
- You can ask Farm Bureau Health Plans 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 Farm Bureau Health Plan Formulary?**

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

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

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

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

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

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

If you are a current enrollee with a level of care change and you need a drug that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary, 30-day transition supply (unless you have a prescription written for fewer days), while you seek to obtain a formulary exception from Farm Bureau Health Plans. If you are in the process of seeking an exception, we will consider allowing continued coverage until a decision is made.

### **For more information**

For more detailed information about your Farm Bureau Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials

If you have questions about Farm Bureau Health Plans, 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>.

## **Farm Bureau Health Plans' Formulary**

The formulary below provides coverage information about the drugs covered by Farm Bureau Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 137.

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

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

**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.

**EA:** Each.

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

**FF:** Free First Fill. This prescription drug will be provided at zero/reduced cost-sharing the first time you fill it.

**HI:** Home Infusion. This prescription may be covered under our medical benefit. For more information, call Member Services at 866-643-6924. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. TTY 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 (866) 643-6924. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. TTY users should call 711.

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

**NDS:** Non-Extended Day Supply. This prescription drug is available as a 30 day supply or less.

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

**QL:** Quantity Limit. For certain drugs, Farm Bureau Health Plans limits the amount of the drug that Farm Bureau Health Plans will cover. For example, Farm Bureau Health Plans provides 60 per prescription for LYRICA. This may be in addition to a standard one month or three month supply.

**ST:** Step Therapy. In some cases, Farm Bureau Health Plans 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, Farm Bureau Health Plans may not cover drug B unless you try Drug A first.



Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
<i>diclofenac potassium tabs 50mg</i>	4	MO
<i>diclofenac sodium dr tbec 25mg</i>	4	MO
<i>diclofenac sodium dr tbec 50mg</i>	4	MO
<i>diclofenac sodium dr tbec 75mg</i>	4	MO
<i>diclofenac sodium er tb24 100mg</i>	4	MO
<i>diclofenac sodium xr tb24 100mg</i>	4	
<i>diclofenac sodium gel 1%</i>	4	QL (1000 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	
<i>diflunisal tabs 500mg</i>	4	MO
<i>ec-naproxen tbec 375mg</i>	2	MO
<i>ec-naproxen tbec 500mg</i>	2	MO
<i>etodolac caps 200mg</i>	4	MO
<i>etodolac caps 300mg</i>	4	MO
<i>etodolac tabs 400mg</i>	2	MO
<i>etodolac tabs 500mg</i>	2	MO
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>flurbiprofen tabs 50mg</i>	2	MO
<i>ibuprofen susp 100mg/5ml</i>	2	
<i>ibuprofen tabs 400mg</i>	1	MO
<i>ibuprofen tabs 600mg</i>	1	MO
<i>ibuprofen tabs 800mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 600mg</i>	1	MO
<i>ibu tabs 800mg</i>	1	MO
<i>indomethacin caps 25mg</i>	4	MO
<i>indomethacin caps 50mg</i>	4	MO
<i>ketoprofen caps 50mg</i>	2	
<i>ketoprofen caps 75mg</i>	2	MO
<i>ketorolac tromethamine inj 15mg/ml</i>	4	
<i>ketorolac tromethamine inj 30mg/ml</i>	4	
<i>ketorolac tromethamine inj 30mg/ml</i>	4	
<i>ketorolac tromethamine inj 30mg/ml</i>	4	
<i>ketorolac tromethamine soln 15.75mg/spray</i>	5	QL (5 EA per 30 days)
<i>ketorolac tromethamine tabs 10mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam tabs 15mg</i>	1	MO
<i>meloxicam tabs 7.5mg</i>	1	MO
<i>nabumetone tabs 500mg</i>	2	MO
<i>nabumetone tabs 750mg</i>	2	MO
<i>naproxen dr tbec 375mg</i>	2	MO
<i>naproxen dr tbec 500mg</i>	2	MO
<i>naproxen sodium tabs 275mg</i>	4	MO
<i>naproxen sodium tabs 550mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen susp 125mg/5ml</i>	4	MO
<i>naproxen tabs 250mg</i>	1	MO
<i>naproxen tabs 375mg</i>	1	MO
<i>naproxen tabs 500mg</i>	1	MO
<i>oxaprozin tabs 600mg</i>	4	MO
<i>sulindac tabs 150mg</i>	2	MO
<i>sulindac tabs 200mg</i>	2	MO
<b>Opioid Analgesics, Long-acting</b>		
EMBEDA CPCR 100MG; 4MG	3	NDS
EMBEDA CPCR 20MG; 0.8MG	3	NDS
EMBEDA CPCR 30MG; 1.2MG	3	NDS
EMBEDA CPCR 50MG; 2MG	3	NDS
EMBEDA CPCR 60MG; 2.4MG	3	NDS
EMBEDA CPCR 80MG; 3.2MG	3	NDS
<i>fentanyl pt72 100mcg/hr</i>	4	NDS
<i>fentanyl pt72 12mcg/hr</i>	4	NDS
<i>fentanyl pt72 25mcg/hr</i>	4	NDS
<i>fentanyl pt72 50mcg/hr</i>	4	NDS
<i>fentanyl pt72 75mcg/hr</i>	4	NDS
<i>hydromorphone hcl er tb24 16mg</i>	4	NDS
<i>hydromorphone hcl er tb24 32mg</i>	5	NDS
<i>hydromorphone hydrochloride er tb24 32mg</i>	5	NDS
INFUMORPH 200 INJ 10MG/ML	4	NDS
INFUMORPH 500 INJ 25MG/ML	4	NDS
<i>methadone hcl intensol conc 10mg/ml</i>	2	NDS
<i>methadone hcl conc 10mg/ml</i>	2	NDS
<i>methadone hcl inj 10mg/ml</i>	4	NDS
<i>methadone hcl soln 10mg/5ml</i>	2	NDS
<i>methadone hcl soln 5mg/5ml</i>	2	NDS
<i>methadone hcl tabs 10mg</i>	2	NDS
<i>methadone hcl tabs 5mg</i>	2	NDS
<i>methadose sugar-free conc 10mg/ml</i>	2	NDS
<i>methadose conc 10mg/ml</i>	2	NDS
<i>mitigo inj 10mg/ml</i>	2	NDS
<i>mitigo inj 25mg/ml</i>	2	NDS
<i>morphine sulfate er tbc 100mg</i>	2	NDS
<i>morphine sulfate er tbc 15mg</i>	2	NDS
<i>morphine sulfate er tbc 200mg</i>	2	NDS
<i>morphine sulfate er tbc 30mg</i>	2	NDS
<i>morphine sulfate er tbc 60mg</i>	2	NDS
XTAMPZA ER C12A 13.5MG	3	NDS
XTAMPZA ER C12A 18MG	3	NDS
XTAMPZA ER C12A 27MG	3	NDS
XTAMPZA ER C12A 36MG	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER C12A 9MG	3	NDS
<b><i>Opioid Analgesics, Short-acting</i></b>		
ABSTRAL SUBL 100MCG	4	PA NDS
ABSTRAL SUBL 200MCG	4	PA NDS
ABSTRAL SUBL 300MCG	4	PA NDS
ABSTRAL SUBL 400MCG	4	PA NDS
ABSTRAL SUBL 600MCG	4	PA NDS
ABSTRAL SUBL 800MCG	4	PA NDS
<i>acetaminophen/codeine soln 120mg/5ml; 12mg/5ml</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	2	NDS
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	NDS
<i>butorphanol tartrate inj 1mg/ml</i>	4	NDS
<i>butorphanol tartrate inj 2mg/ml</i>	4	NDS
<i>codeine sulfate tabs 15mg</i>	4	NDS
<i>codeine sulfate tabs 30mg</i>	4	NDS
<i>codeine sulfate tabs 60mg</i>	4	NDS
<i>endocet tabs 325mg; 10mg</i>	4	NDS
<i>endocet tabs 325mg; 2.5mg</i>	4	NDS
<i>endocet tabs 325mg; 5mg</i>	2	NDS
<i>endocet tabs 325mg; 7.5mg</i>	4	NDS
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	5	PA NDS
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	5	PA NDS
<i>fentanyl citrate inj 1000mcg/20ml</i>	4	B/D NDS
<i>fentanyl citrate inj 1000mcg/20ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 100mcg/2ml</i>	4	B/D NDS
<i>fentanyl citrate inj 2500mcg/50ml</i>	4	B/D NDS
<i>fentanyl citrate inj 250mcg/5ml</i>	4	B/D NDS
<i>fentanyl citrate inj 250mcg/5ml</i>	4	B/D NDS
<i>fentanyl citrate inj 500mcg/10ml</i>	4	B/D NDS
<i>fentanyl citrate tabs 100mcg</i>	4	PA
<i>fentanyl citrate tabs 200mcg</i>	4	PA
<i>fentanyl citrate tabs 400mcg</i>	4	PA
<i>fentanyl citrate tabs 600mcg</i>	4	PA
<i>fentanyl citrate tabs 800mcg</i>	4	PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg</i>	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg</i>	4	NDS
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 10mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 5mg</i>	4	NDS
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	4	NDS
<i>hydromorphone hcl dosette inj 2mg/ml</i>	4	NDS
<i>hydromorphone hcl inj 10mg/ml</i>	4	NDS
<i>hydromorphone hcl inj 1mg/ml</i>	4	NDS
<i>hydromorphone hcl inj 2mg/ml</i>	4	NDS
<i>hydromorphone hcl inj 4mg/ml</i>	4	NDS
<i>hydromorphone hcl liqd 1mg/ml</i>	4	NDS
<i>hydromorphone hcl tabs 2mg</i>	2	NDS
<i>hydromorphone hcl tabs 4mg</i>	2	NDS
<i>hydromorphone hcl tabs 8mg</i>	2	NDS
<i>hydromorphone hydrochloride inj 1mg/ml</i>	4	
<i>hydromorphone hydrochloride inj 1mg/ml</i>	4	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	4	NDS
LAZANDA SOLN 100MCG/ACT	4	PA NDS
LAZANDA SOLN 300MCG/ACT	4	PA NDS
LAZANDA SOLN 400MCG/ACT	4	PA NDS
<i>lorcet hd tabs 325mg; 10mg</i>	4	NDS
<i>lorcet plus tabs 325mg; 7.5mg</i>	4	NDS
<i>lorcet tabs 325mg; 5mg</i>	4	NDS
<i>morphine sulfate inj 0.5mg/ml</i>	4	NDS
<i>morphine sulfate inj 10mg/ml</i>	4	NDS
<i>morphine sulfate inj 10mg/ml</i>	4	
<i>morphine sulfate inj 10mg/ml</i>	4	B/D NDS
<i>morphine sulfate inj 150mg/30ml</i>	4	B/D NDS
<i>morphine sulfate inj 15mg/ml</i>	4	
<i>morphine sulfate inj 1mg/ml</i>	4	NDS
<i>morphine sulfate inj 1mg/ml</i>	4	B/D NDS
<i>morphine sulfate inj 2mg/ml</i>	4	NDS
<i>morphine sulfate inj 2mg/ml</i>	4	NDS
<i>morphine sulfate inj 4mg/ml</i>	4	NDS
<i>morphine sulfate inj 4mg/ml</i>	4	
<i>morphine sulfate inj 4mg/ml</i>	4	B/D NDS
<i>morphine sulfate inj 5mg/ml</i>	4	NDS
<i>morphine sulfate inj 5mg/ml</i>	4	B/D NDS
<i>morphine sulfate inj 8mg/ml</i>	4	
<i>morphine sulfate inj 8mg/ml</i>	4	NDS
<i>morphine sulfate inj 8mg/ml</i>	4	B/D NDS
<i>morphine sulfate soln 100mg/5ml</i>	4	NDS
<i>morphine sulfate soln 10mg/5ml</i>	4	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate soln 20mg/5ml</i>	4	NDS
<i>morphine sulfate tabs 15mg</i>	2	NDS
<i>morphine sulfate tabs 30mg</i>	2	NDS
<i>nalbuphine hcl inj 10mg/ml</i>	4	NDS
<i>nalbuphine hcl inj 20mg/ml</i>	4	NDS
OXAYDO TABS 5MG	5	NDS
OXAYDO TABS 7.5MG	5	NDS
<i>oxycodone hcl caps 5mg</i>	4	NDS
<i>oxycodone hydrochloride conc 100mg/5ml</i>	4	NDS
<i>oxycodone hydrochloride soln 5mg/5ml</i>	4	NDS
<i>oxycodone hydrochloride tabs 10mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 15mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 20mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 30mg</i>	2	NDS
<i>oxycodone hydrochloride tabs 5mg</i>	2	NDS
<i>oxycodone/acetaminophen soln 325mg/5ml; 5mg/5ml</i>	2	NDS
OXYCODONE/ACETAMINOPHEN TABS 300MG; 2.5MG	5	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	4	NDS
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	4	NDS
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	NDS
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	4	NDS
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	NDS
<i>tramadol hcl tabs 50mg</i>	2	NDS
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	NDS
<i>tramadol hydrochloride tabs 100mg</i>	2	
<i>vicodin es tabs 300mg; 7.5mg</i>	4	NDS
<i>vicodin hp tabs 300mg; 10mg</i>	4	NDS
<i>vicodin tabs 300mg; 5mg</i>	4	NDS
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>7t lido gel gel 2%</i>	3	QL (30 GM per 30 days) PA
<i>chloroprocaine hydrochloride inj 2%</i>	4	
<i>chloroprocaine hydrochloride inj 3%</i>	4	
<i>glydo prsy 2%</i>	3	QL (30 ML per 30 days) PA
<i>lidocaine hcl jelly gel 2%</i>	3	QL (30 ML per 30 days) PA
<i>lidocaine hcl inj 0.5%</i>	2	
<i>lidocaine hcl inj 0.5%</i>	2	
<i>lidocaine hcl inj 1%</i>	2	
<i>lidocaine hcl inj 1.5%</i>	2	
<i>lidocaine hcl inj 2%</i>	2	
<i>lidocaine hcl inj 4%</i>	2	
<i>lidocaine hcl prsy 2%</i>	3	QL (30 ML per 30 days) PA
<i>lidocaine hcl soln 4%</i>	4	QL (250 ML per 30 days) PA
<i>lidocaine hydrochloride inj 1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hydrochloride inj 1%</i>	2	
<i>lidocaine hydrochloride inj 2%</i>	2	
<i>lidocaine hydrochloride inj 2%</i>	2	
<i>lidocaine-prilocaine-cream base crea 2.5%; 2.5%</i>	3	QL (30 GM per 30 days) PA
<i>lidocaine/epinephrine inj 1:100000; 1%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:100000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 0.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 1.5%</i>	1	
<i>lidocaine/epinephrine inj 1:200000; 2%</i>	1	
<i>lidocaine/epinephrine inj 1:50000; 2%</i>	1	
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	3	QL (30 GM per 30 days) PA
<i>lidocaine oint 5%</i>	4	QL (150 GM per 30 days) PA
<i>lidocaine ptch 5%</i>	4	PA
<i>polocaine-mpf inj 1%</i>	4	
<i>polocaine-mpf inj 1.5%</i>	4	
<i>polocaine-mpf inj 2%</i>	4	
<i>polocaine inj 1%</i>	4	
<i>polocaine inj 2%</i>	4	
<i>xylocaine dental inj 1:100000; 2%</i>	1	
<i>xylocaine dental inj 1:50000; 2%</i>	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
<i>acamprosate calcium dr tbec 333mg</i>	4	MO
<i>disulfiram tabs 250mg</i>	3	MO
<i>disulfiram tabs 500mg</i>	3	MO
VIVITROL INJ 380MG	5	
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	
<i>buprenorphine hcl subl 8mg</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL (60 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 (60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	2	QL (90 EA per 30 days)
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE SUBL 2MG; 0.5MG	1	QL (360 EA per 30 days)

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<i>naltrexone hcl tabs 50mg</i>	2	
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl inj 0.4mg/ml</i>	2	
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	
NARCAN LIQD 4MG/0.1ML	4	
<b>Smoking Cessation Agents</b>		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABS 1MG	4	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	4	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG	4	QL (504 EA per 365 days)
CHANTIX TABS 1MG	4	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	4	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
<b>Anti-inflammatory Agents</b>		
<b>Glucocorticoids</b>		
<i>hydrocortisone crea 1%</i>	2	
<i>hydrocortisone crea 2.5%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>procto-pak crea 1%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>gentak oint 0.3%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>gentamicin sulfate oint 0.3%</i>	2	
<i>gentamicin sulfate soln 0.3%</i>	2	
<i>neomycin sulfate tabs 500mg</i>	3	
<i>neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml</i>	2	
<i>paromomycin sulfate caps 250mg</i>	4	
<i>streptomycin sulfate inj 1gm</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml</i>	3	
<i>tobramycin sulfate inj 1.2gm</i>	3	
<i>tobramycin sulfate inj 1.2gm</i>	3	
<i>tobramycin sulfate inj 10mg/ml</i>	3	
<i>tobramycin sulfate inj 40mg/ml</i>	3	
<i>tobramycin sulfate inj 80mg/2ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate soln 0.3%</i>	2	
TOBREX OINT 0.3%	4	
<b>Antibacterials, Other</b>		
<i>baciim inj 50000unit</i>	3	
<i>bacitracin inj 50000unit</i>	3	
<i>bacitracin oint 500unit/gm</i>	4	
<i>chloramphenicol sodium succinate inj 1gm</i>	4	
CLEOCIN SUPP 100MG	4	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hcl caps 75mg</i>	2	
<i>clindamycin hydrochloride caps 150mg</i>	2	
<i>clindamycin palmitate hcl solr 75mg/5ml</i>	2	
<i>clindamycin phosphate add-vantage inj 150mg/ml</i>	3	
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	3	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	4	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	4	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	4	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate gel 1%</i>	4	
<i>clindamycin phosphate inj 150mg/ml</i>	3	
<i>clindamycin phosphate inj 300mg/2ml</i>	3	
<i>clindamycin phosphate inj 600mg/4ml</i>	3	
<i>clindamycin phosphate inj 900mg/60ml</i>	3	
<i>clindamycin phosphate inj 900mg/6ml</i>	3	
<i>clindamycin phosphate inj 900mg/6ml</i>	3	
<i>clindamycin phosphate inj 9gm/60ml</i>	3	
<i>clindamycin phosphate lotn 1%</i>	4	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin/sodium chloride inj 300mg/50ml; 0.9%</i>	3	
<i>clindamycin/sodium chloride inj 600mg/50ml; 0.9%</i>	3	
<i>clindamycin/sodium chloride inj 900mg/50ml; 0.9%</i>	3	
<i>clindamycin inj 900mg/6ml</i>	3	
<i>colistimethate sodium inj 150mg</i>	4	
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
IMPAVIDO CAPS 50MG	5	
<i>linezolid inj 600mg/300ml</i>	5	
<i>linezolid susr 100mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid tabs 600mg</i>	4	QL (56 EA per 28 days)
MAFENIDE ACETATE PACK 5%	4	
<i>methenamine hippurate tabs 1gm</i>	4	
<i>metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%</i>	3	
<i>metronidazole vaginal gel 0.75%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole inj 5mg/ml</i>	3	
<i>metronidazole tabs 250mg</i>	2	
<i>metronidazole tabs 500mg</i>	2	
<i>mupirocin oint 2%</i>	2	
<i>nitrofurantoin macrocrystals caps 100mg</i>	4	
<i>nitrofurantoin macrocrystals caps 25mg</i>	4	
<i>nitrofurantoin macrocrystals caps 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	2	
<i>nitrofurantoin monohydrate caps 100mg</i>	2	
<i>nitrofurantoin susp 25mg/5ml</i>	4	
PRIMSOL SOLN 50MG/5ML	4	
<i>silver sulfadiazine crea 1%</i>	2	
SIVEXTRO TABS 200MG	5	QL (6 EA per 30 days)
<i>ssd crea 1%</i>	2	
<i>trimethoprim tabs 100mg</i>	2	
TRIMPEX SOLN 50MG/5ML	4	
<i>vancomycin hcl inj 100gm</i>	3	
<i>vancomycin hcl inj 10gm</i>	3	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml</i>	3	
<i>vancomycin hydrochloride/dextrose inj 5%; 500mg/100ml</i>	3	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	5	QL (240 EA per 30 days)
<i>vancomycin hydrochloride inj 1.25gm</i>	3	
<i>vancomycin hydrochloride inj 1.5gm</i>	3	
<i>vancomycin hydrochloride inj 1gm</i>	3	
<i>vancomycin hydrochloride inj 250mg</i>	3	
<i>vancomycin hydrochloride inj 500mg</i>	3	
<i>vancomycin hydrochloride inj 5gm</i>	3	
<i>vancomycin hydrochloride inj 5gm</i>	3	
<i>vancomycin hydrochloride inj 5gm</i>	3	
<i>vancomycin hydrochloride inj 750mg</i>	3	
<i>vandazole gel 0.75%</i>	4	
XENLETA INJ 150MG/15ML	5	
XENLETA INJ 150MG/15ML	5	
XENLETA TABS 600MG	5	
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA MO
<b><i>Beta-lactam, Cephalosporins</i></b>		
<i>cefaclor er tb12 500mg</i>	4	
<i>cefaclor caps 250mg</i>	4	
<i>cefaclor caps 500mg</i>	4	
<i>cefadroxil caps 500mg</i>	2	
<i>cefadroxil susr 250mg/5ml</i>	2	
<i>cefadroxil susr 500mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium/dextrose inj 1gm; 4%</i>	3	
<i>cefazolin sodium/dextrose inj 2gm; 3%</i>	3	
<i>cefazolin sodium inj 100gm</i>	3	
<i>cefazolin sodium inj 10gm</i>	3	
<i>cefazolin sodium inj 1gm/50ml; 4%</i>	3	
<i>cefazolin sodium inj 1gm</i>	3	
<i>cefazolin sodium inj 1gm</i>	3	
<i>cefazolin sodium inj 20gm</i>	3	
<i>cefazolin sodium inj 300gm</i>	3	
<i>cefazolin sodium inj 500mg</i>	3	
<i>cefazolin inj 2gm/100ml; 4%</i>	3	
<i>cefdinir caps 300mg</i>	2	
<i>cefdinir susr 125mg/5ml</i>	2	
<i>cefdinir susr 250mg/5ml</i>	2	
<b>CEFDITOREN PIVOXIL TABS 200MG</b>	4	
<i>cefditoren pivoxil tabs 400mg</i>	4	
<i>cefepime hydrochloride inj 100gm</i>	2	
<i>cefepime inj 1gm</i>	3	
<i>cefepime inj 2gm</i>	3	
<i>cefixime caps 400mg</i>	3	
<i>cefixime susr 100mg/5ml</i>	4	
<i>cefixime susr 200mg/5ml</i>	4	
<i>cefotaxime sodium inj 10gm</i>	3	
<i>cefotaxime sodium inj 1gm</i>	3	
<i>cefotaxime sodium inj 2gm</i>	3	
<i>cefotaxime sodium inj 500mg</i>	3	
<i>cefotetan/dextrose inj 1gm; 3.58%</i>	3	
<i>cefotetan/dextrose inj 2gm; 2.08%</i>	3	
<i>cefotetan inj 10gm</i>	3	
<i>cefotetan inj 1gm</i>	3	
<i>cefotetan inj 2gm</i>	3	
<i>cefoxitin sodium inj 10gm</i>	3	
<i>cefoxitin sodium inj 1gm</i>	3	
<i>cefoxitin sodium inj 1gm; 4%</i>	3	
<i>cefoxitin sodium inj 2gm</i>	3	
<i>cefoxitin sodium inj 2gm; 2.2%</i>	3	
<i>cefpodoxime proxetil susr 100mg/5ml</i>	2	
<i>cefpodoxime proxetil susr 50mg/5ml</i>	2	
<i>cefpodoxime proxetil tabs 100mg</i>	4	
<i>cefpodoxime proxetil tabs 200mg</i>	4	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime/dextrose inj 1gm/50ml; 5%</i>	3	
<i>ceftazidime/dextrose inj 2gm/50ml; 5%</i>	3	
<i>ceftazidime inj 1gm</i>	3	
<i>ceftazidime inj 2gm</i>	3	
<i>ceftazidime inj 6gm</i>	3	
<i>ceftibuten susr 180mg/5ml</i>	2	
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	3	
<i>ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0</i>	3	
<i>ceftriaxone sodium inj 100gm</i>	3	
<i>ceftriaxone sodium inj 10gm</i>	3	
<i>ceftriaxone sodium inj 1gm</i>	3	
<i>ceftriaxone sodium inj 1gm</i>	3	
<i>ceftriaxone sodium inj 250mg</i>	3	
<i>ceftriaxone sodium inj 2gm</i>	3	
<i>ceftriaxone sodium inj 2gm</i>	3	
<i>ceftriaxone sodium inj 500mg</i>	3	
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	3	
<i>ceftriaxone/dextrose inj 2gm; 2.22%</i>	3	
<i>cefuroxime axetil tabs 250mg</i>	2	
<i>cefuroxime axetil tabs 500mg</i>	2	
<i>cefuroxime sodium inj 1.5gm</i>	3	
<i>cefuroxime sodium inj 7.5gm</i>	3	
<i>cefuroxime sodium inj 7.5gm</i>	3	
<i>cefuroxime sodium inj 750mg</i>	3	
<i>cefuroxime sodium inj 75gm</i>	3	
<i>cephalexin caps 250mg</i>	2	
<i>cephalexin caps 500mg</i>	2	
<i>cephalexin susr 125mg/5ml</i>	2	
<i>cephalexin susr 250mg/5ml</i>	2	
FETROJA INJ 1GM	5	
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	
SUPRAX SUSR 500MG/5ML	5	
<i>tazicef inj 1gm</i>	3	
<i>tazicef inj 1gm</i>	3	
<i>tazicef inj 2gm</i>	3	
<i>tazicef inj 6gm</i>	3	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
<b>Beta-lactam, Other</b>		
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 1GM/50ML; 0	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM/50ML; 0	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam inj 1gm</i>	4	
<i>aztreonam inj 2gm</i>	5	
DORIPENEM INJ 500MG	4	
<i>ertapenem sodium inj 1gm</i>	3	
<i>ertapenem inj 1gm</i>	3	
<i>imipenem/cilastatin inj 250mg; 250mg</i>	3	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	3	
<i>meropenem inj 1gm</i>	3	
<i>meropenem inj 500mg</i>	3	
<b>Beta-lactam, Penicillins</b>		
<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>	2	
<i>amoxicillin caps 500mg</i>	2	
<i>amoxicillin chew 125mg</i>	2	
<i>amoxicillin chew 250mg</i>	2	
<i>amoxicillin susr 125mg/5ml</i>	2	
<i>amoxicillin susr 200mg/5ml</i>	2	
<i>amoxicillin susr 250mg/5ml</i>	2	
<i>amoxicillin susr 400mg/5ml</i>	2	
<i>amoxicillin tabs 500mg</i>	2	
<i>amoxicillin tabs 875mg</i>	2	
<i>ampicillin sodium inj 10gm</i>	4	
<i>ampicillin sodium inj 125mg</i>	4	
<i>ampicillin sodium inj 1gm</i>	4	
<i>ampicillin sodium inj 1gm</i>	4	
<i>ampicillin sodium inj 250mg</i>	4	
<i>ampicillin sodium inj 2gm</i>	4	
<i>ampicillin sodium inj 2gm</i>	4	
<i>ampicillin sodium inj 500mg</i>	4	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	3	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	3	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	3	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	3	
<i>ampicillin caps 250mg</i>	2	
<i>ampicillin caps 500mg</i>	2	
<i>ampicillin susr 125mg/5ml</i>	2	
<i>ampicillin susr 250mg/5ml</i>	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
<i>dicloxacillin sodium caps 250mg</i>	2	
<i>dicloxacillin sodium caps 500mg</i>	2	
<i>nafcillin sodium inj 10gm</i>	4	
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 20000UNIT/ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	4	
<i>penicillin g potassium inj 20000000unit</i>	4	
<i>penicillin g potassium inj 5000000unit</i>	4	
<i>penicillin g sodium inj 5000000unit</i>	4	
<i>penicillin v potassium solr 125mg/5ml</i>	2	
<i>penicillin v potassium solr 250mg/5ml</i>	2	
<i>penicillin v potassium tabs 250mg</i>	2	
<i>penicillin v potassium tabs 500mg</i>	2	
<i>piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm</i>	3	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	3	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	3	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	3	
<i>piperacillin sodium/tazobactam inj 12gm; 1.5gm</i>	3	
<i>piperacillin sodium/tazobactam inj 36gm; 4.5gm</i>	3	
<i>piperacillin/tazobactam inj 12gm; 1.5gm</i>	3	
<i>piperacillin/tazobactam inj 36gm; 4.5gm</i>	3	
<b>Macrolides</b>		
AZASITE SOLN 1%	4	
<i>azithromycin inj 500mg</i>	3	
<i>azithromycin pack 1gm</i>	4	

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<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	
ERY-TAB TBEC 250MG	3	
ERY-TAB TBEC 333MG	3	
ERY-TAB TBEC 500MG	3	
<i>ery pads 2%</i>	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base tabs 250mg</i>	4	
<i>erythromycin base tabs 500mg</i>	4	
<i>erythromycin dr tbec 250mg</i>	2	
<i>erythromycin dr tbec 333mg</i>	2	
<i>erythromycin dr tbec 500mg</i>	2	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	4	
<i>erythromycin ethylsuccinate tabs 400mg</i>	4	
<i>erythromycin cpep 250mg</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin oint 5mg/gm</i>	2	
<i>erythromycin pads 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<b><u>Quinolones</u></b>		
BESIVANCE SUSP 0.6%	4	
<i>ciprofloxacin er tb24 1000mg; 0</i>	4	
<i>ciprofloxacin er tb24 500mg; 0</i>	4	
<i>ciprofloxacin hcl tabs 100mg</i>	4	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	4	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	2	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	3	
<i>ciprofloxacin inj 200mg/20ml</i>	3	
<i>ciprofloxacin inj 400mg/40ml</i>	3	
<i>ciprofloxacin soln 0.2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin susr 250mg/5ml</i>	2	
<i>ciprofloxacin susr 500mg/5ml</i>	2	
<i>gatifloxacin soln 0.5%</i>	4	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	3	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	3	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	3	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	3	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	3	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin soln 0.5%</i>	3	
<i>levofloxacin soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg</i>	2	
<i>levofloxacin tabs 500mg</i>	2	
<i>levofloxacin tabs 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%</i>	4	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride soln 0.5%</i>	3	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>ofloxacin soln 0.3%</i>	3	
<i>ofloxacin soln 0.3%</i>	2	
<i>ofloxacin tabs 300mg</i>	2	
<i>ofloxacin tabs 400mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfacetamide sodium oint 10%</i>	3	
<i>sulfacetamide sodium soln 10%</i>	3	
<i>sulfadiazine tabs 500mg</i>	4	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	2	
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	3	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	2	
<i>sulfatrim pediatric susp 200mg/5ml; 40mg/5ml</i>	2	
<b>Tetracyclines</b>		
<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>	4	
<i>doxycycline hyclate dr tbec 150mg</i>	4	
<i>doxycycline hyclate inj 100mg</i>	4	
<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 50mg</i>	2	
<i>doxycycline monohydrate tabs 50mg</i>	2	

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MINOCIN INJ 100MG	4	
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs 100mg</i>	2	
<i>minocycline hcl tabs 50mg</i>	2	
<i>minocycline hcl tabs 75mg</i>	2	
<i>minocycline hydrochloride caps 100mg</i>	2	
<i>minocycline hydrochloride caps 50mg</i>	2	
<i>mondoxyme nl caps 100mg</i>	2	
<i>mondoxyme nl caps 50mg</i>	2	
NUZYRA TABS 150MG	5	
<i>okebo caps 100mg</i>	2	
SEYSARA TABS 100MG	5	
SEYSARA TABS 150MG	5	
SEYSARA TABS 60MG	5	
<i>soloxide tbec 150mg</i>	4	
<i>tetracycline hydrochloride caps 250mg</i>	2	
<i>tetracycline hydrochloride caps 500mg</i>	2	
VIBRAMYCIN SYRP 50MG/5ML	4	
<b>Anticonvulsants</b>		
<i>Anticonvulsants, Other</i>		
APTOM TABS 200MG	4	MO
APTOM TABS 400MG	4	MO
APTOM TABS 600MG	4	MO
APTOM TABS 800MG	4	MO
BRIVIACT INJ 50MG/5ML	5	PA
BRIVIACT SOLN 10MG/ML	5	PA MO
BRIVIACT TABS 100MG	5	PA MO
BRIVIACT TABS 10MG	5	PA MO
BRIVIACT TABS 25MG	5	PA MO
BRIVIACT TABS 50MG	5	PA MO
BRIVIACT TABS 75MG	5	PA MO
EPIDIOLEX SOLN 100MG/ML	5	PA MO
FINTEPLA SOLN 2.2MG/ML	5	PA MO
FYCOMPA SUSP 0.5MG/ML	4	MO
FYCOMPA TABS 10MG	4	MO
FYCOMPA TABS 12MG	4	MO
FYCOMPA TABS 2MG	4	MO
FYCOMPA TABS 4MG	4	MO
FYCOMPA TABS 6MG	4	MO
FYCOMPA TABS 8MG	4	MO
<i>levetiracetam er tb24 500mg</i>	2	MO
<i>levetiracetam er tb24 750mg</i>	2	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	4	

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<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	4	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml</i>	4	
<i>levetiracetam inj 1500mg/100ml; 540mg/100ml</i>	4	
<i>levetiracetam inj 500mg/100ml; 820mg/100ml</i>	4	
<i>levetiracetam inj 500mg/5ml</i>	4	
<i>levetiracetam soln 100mg/ml</i>	2	MO
<i>levetiracetam tabs 1000mg</i>	2	MO
<i>levetiracetam tabs 250mg</i>	2	MO
<i>levetiracetam tabs 500mg</i>	2	MO
<i>levetiracetam tabs 750mg</i>	2	MO
NAYZILAM SOLN 5MG/0.1ML	5	
<i>phenobarbital sodium inj 130mg/ml</i>	2	PA
<i>phenobarbital sodium inj 65mg/ml</i>	2	PA
<i>phenobarbital elix 20mg/5ml</i>	4	PA MO
POTIGA TABS 200MG	5	
POTIGA TABS 300MG	5	
POTIGA TABS 400MG	5	
POTIGA TABS 50MG	5	
<i>roweepra xr tb24 500mg</i>	2	MO
<i>roweepra xr tb24 750mg</i>	2	MO
<i>roweepra tabs 1000mg</i>	2	MO
<i>roweepra tabs 500mg</i>	2	MO
<i>roweepra tabs 750mg</i>	2	MO
SPRITAM TB3D 1000MG	4	MO
SPRITAM TB3D 250MG	4	MO
SPRITAM TB3D 500MG	4	MO
SPRITAM TB3D 750MG	4	MO
XCOPRI TABS 100MG	4	PA MO
XCOPRI TABS 150MG	4	PA MO
XCOPRI TABS 200MG	5	PA MO
XCOPRI TABS 50MG	4	PA MO
XCOPRI TBPK 0	5	PA MO
XCOPRI TBPK 0	4	PA
XCOPRI TBPK 0	5	PA
XCOPRI TBPK 0	5	PA MO
XCOPRI TBPK 0	5	PA
<b>Calcium Channel Modifying Agents</b>		
CELONTIN CAPS 300MG	4	MO
<i>ethosuximide caps 250mg</i>	4	MO
<i>ethosuximide soln 250mg/5ml</i>	4	MO
LYRICA CAPS 100MG	3	QL (90 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CAPS 150MG	3	QL (90 EA per 30 days) MO
LYRICA CAPS 200MG	3	QL (90 EA per 30 days) MO
LYRICA CAPS 225MG	3	QL (90 EA per 30 days) MO
LYRICA CAPS 25MG	3	QL (90 EA per 30 days) MO
LYRICA CAPS 300MG	3	QL (60 EA per 30 days) MO
LYRICA CAPS 50MG	3	QL (90 EA per 30 days) MO
LYRICA CAPS 75MG	3	QL (90 EA per 30 days) MO
LYRICA SOLN 20MG/ML	3	QL (900 ML per 30 days) MO
<i>pregabalin caps 100mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 150mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 225mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 25mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 300mg</i>	2	QL (60 EA per 30 days) MO
<i>pregabalin caps 50mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin caps 75mg</i>	2	QL (90 EA per 30 days) MO
<i>pregabalin soln 20mg/ml</i>	2	QL (900 ML per 30 days) MO
<i>zonisamide caps 100mg</i>	2	MO
<i>zonisamide caps 25mg</i>	2	MO
<i>zonisamide caps 50mg</i>	2	MO
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clobazam susp 2.5mg/ml</i>	4	MO
<i>clobazam tabs 10mg</i>	4	MO
<i>clobazam tabs 20mg</i>	4	MO
<i>clonazepam odt tbdp 0.125mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 0.25mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 0.5mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 1mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam odt tbdp 2mg</i>	4	QL (300 EA per 30 days)
<i>clonazepam tabs 0.5mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 1mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
DIASTAT ACUDIAL GEL 10MG	4	
DIASTAT ACUDIAL GEL 20MG	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
<i>diazepam rectal gel gel 10mg</i>	4	
<i>diazepam rectal gel gel 2.5mg</i>	4	
<i>diazepam rectal gel gel 20mg</i>	4	
<i>diazepam gel 10mg</i>	4	
<i>diazepam gel 2.5mg</i>	4	
<i>diazepam gel 20mg</i>	4	
<i>divalproex sodium dr tbec 125mg</i>	2	MO
<i>divalproex sodium dr tbec 250mg</i>	2	MO
<i>divalproex sodium dr tbec 500mg</i>	2	MO

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<i>divalproex sodium er tb24 250mg</i>	2	MO
<i>divalproex sodium er tb24 500mg</i>	2	MO
<i>divalproex sodium csdr 125mg</i>	3	MO
<i>gabapentin caps 100mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin soln 250mg/5ml</i>	4	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (150 EA per 30 days) MO
<i>phenobarbital tabs 100mg</i>	4	PA MO
<i>phenobarbital tabs 15mg</i>	4	PA MO
<i>phenobarbital tabs 16.2mg</i>	4	PA MO
<i>phenobarbital tabs 30mg</i>	4	PA MO
<i>phenobarbital tabs 32.4mg</i>	4	PA MO
<i>phenobarbital tabs 60mg</i>	4	PA MO
<i>phenobarbital tabs 64.8mg</i>	4	PA MO
<i>phenobarbital tabs 97.2mg</i>	4	PA MO
<i>primidone tabs 250mg</i>	2	MO
<i>primidone tabs 50mg</i>	2	MO
SYMPAZAN FILM 10MG	5	MO
SYMPAZAN FILM 20MG	5	MO
SYMPAZAN FILM 5MG	4	MO
<i>tiagabine hydrochloride tabs 12mg</i>	4	MO
<i>tiagabine hydrochloride tabs 16mg</i>	4	MO
<i>tiagabine hydrochloride tabs 2mg</i>	4	MO
<i>tiagabine hydrochloride tabs 4mg</i>	4	MO
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps 250mg</i>	2	MO
<i>valproic acid soln 250mg/5ml</i>	2	MO
VALTOCO LIQD 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LIQD 5MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LQPK 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO LQPK 7.5MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin pack 500mg</i>	5	PA MO
<i>vigabatrin tabs 500mg</i>	5	PA MO
<i>vigadrone pack 500mg</i>	5	PA MO
<b>Glutamate Reducing Agents</b>		
<i>felbamate susp 600mg/5ml</i>	5	MO
<i>felbamate tabs 400mg</i>	4	MO
<i>felbamate tabs 600mg</i>	4	MO
<i>lamotrigine odt tbdp 100mg</i>	4	MO
<i>lamotrigine odt tbdp 200mg</i>	4	MO
<i>lamotrigine odt tbdp 25mg</i>	4	MO
<i>lamotrigine odt tbdp 50mg</i>	4	MO

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<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	4	
<i>lamotrigine titration kit 0</i>	5	
<i>lamotrigine chew 25mg</i>	2	MO
<i>lamotrigine chew 5mg</i>	2	MO
<i>lamotrigine tabs 100mg</i>	2	MO
<i>lamotrigine tabs 150mg</i>	2	MO
<i>lamotrigine tabs 200mg</i>	2	MO
<i>lamotrigine tabs 25mg</i>	2	MO
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tabs 100mg</i>	2	MO
<i>subvenite tabs 150mg</i>	2	MO
<i>subvenite tabs 200mg</i>	2	MO
<i>subvenite tabs 25mg</i>	2	MO
<i>topiramate csp 15mg</i>	2	MO
<i>topiramate csp 25mg</i>	2	MO
<i>topiramate tabs 100mg</i>	2	MO
<i>topiramate tabs 200mg</i>	2	MO
<i>topiramate tabs 25mg</i>	2	MO
<i>topiramate tabs 50mg</i>	2	MO
<b>Sodium Channel Agents</b>		
BANZEL SUSP 40MG/ML	5	MO
BANZEL TABS 200MG	5	MO
BANZEL TABS 400MG	5	MO
<i>carbamazepine er cp12 100mg</i>	4	MO
<i>carbamazepine er cp12 200mg</i>	4	MO
<i>carbamazepine er cp12 300mg</i>	4	MO
<i>carbamazepine er tb12 100mg</i>	4	MO
<i>carbamazepine er tb12 200mg</i>	4	MO
<i>carbamazepine er tb12 400mg</i>	4	MO
<i>carbamazepine chew 100mg</i>	2	MO
<i>carbamazepine susp 100mg/5ml</i>	2	MO
<i>carbamazepine tabs 200mg</i>	2	MO
DILANTIN CAPS 30MG	4	MO
<i>epitol tabs 200mg</i>	2	MO
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	
<i>oxcarbazepine susp 300mg/5ml</i>	4	MO
<i>oxcarbazepine tabs 150mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tabs 300mg</i>	2	MO
<i>oxcarbazepine tabs 600mg</i>	2	MO
PEGANONE TABS 250MG	4	MO
<i>phenytoin sodium extended caps 100mg</i>	4	MO
<i>phenytoin sodium extended caps 200mg</i>	4	MO
<i>phenytoin sodium extended caps 300mg</i>	4	MO
<i>phenytoin chew 50mg</i>	2	MO
<i>phenytoin susp 125mg/5ml</i>	2	MO
<i>rufinamide susp 40mg/ml</i>	5	MO
VIMPAT INJ 200MG/20ML	4	
VIMPAT SOLN 10MG/ML	4	MO
VIMPAT TABS 100MG	5	MO
VIMPAT TABS 150MG	5	MO
VIMPAT TABS 200MG	5	MO
VIMPAT TABS 50MG	4	MO
<b>Antidementia Agents</b>		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs 1mg</i>	3	MO
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tabs 10mg</i>	2	MO
<i>donepezil hcl tbdp 10mg</i>	2	MO
<i>donepezil hcl tbdp 5mg</i>	2	MO
<i>donepezil hydrochloride tabs 10mg</i>	2	MO
<i>donepezil hydrochloride tabs 5mg</i>	2	MO
<i>galantamine hydrobromide er cp24 16mg</i>	4	MO
<i>galantamine hydrobromide er cp24 24mg</i>	4	MO
<i>galantamine hydrobromide er cp24 8mg</i>	4	MO
<i>galantamine hydrobromide soln 4mg/ml</i>	4	MO
<i>galantamine hydrobromide tabs 12mg</i>	4	MO
<i>galantamine hydrobromide tabs 4mg</i>	4	MO
<i>galantamine hydrobromide tabs 8mg</i>	4	MO
<i>rivastigmine tartrate caps 1.5mg</i>	4	MO
<i>rivastigmine tartrate caps 3mg</i>	4	MO
<i>rivastigmine tartrate caps 4.5mg</i>	4	MO
<i>rivastigmine tartrate caps 6mg</i>	4	MO
<i>rivastigmine transdermal system pt24 13.3mg/24hr</i>	4	MO
<i>rivastigmine transdermal system pt24 4.6mg/24hr</i>	4	MO
<i>rivastigmine transdermal system pt24 9.5mg/24hr</i>	4	MO
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak tabs 0</i>	2	
<i>memantine hydrochloride er cp24 14mg</i>	4	QL (30 EA per 30 days) MO
<i>memantine hydrochloride er cp24 21mg</i>	4	QL (30 EA per 30 days) MO
<i>memantine hydrochloride er cp24 28mg</i>	4	QL (30 EA per 30 days) MO
<i>memantine hydrochloride er cp24 7mg</i>	4	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine hydrochloride soln 2mg/ml</i>	4	MO
<i>memantine hydrochloride tabs 10mg</i>	2	MO
<i>memantine hydrochloride tabs 5mg</i>	2	MO
<b>Antidepressants</b>		
<b><i>Antidepressants, Other</i></b>		
<i>bupropion hcl tabs 100mg</i>	2	MO
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	2	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	2	MO
<i>mirtazapine odt tbdp 15mg</i>	2	MO
<i>mirtazapine odt tbdp 30mg</i>	2	MO
<i>mirtazapine odt tbdp 45mg</i>	2	MO
<i>mirtazapine tabs 15mg</i>	2	MO
<i>mirtazapine tabs 30mg</i>	2	MO
<i>mirtazapine tabs 45mg</i>	2	MO
<i>mirtazapine tabs 7.5mg</i>	2	MO
SPRAVATO 56MG DOSE SOPK 0	5	PA MO
SPRAVATO 84MG DOSE SOPK 0	5	PA MO
<b><i>Monoamine Oxidase Inhibitors</i></b>		
EMSAM PT24 12MG/24HR	5	QL (30 EA per 30 days) ST MO
EMSAM PT24 6MG/24HR	5	QL (30 EA per 30 days) ST MO
EMSAM PT24 9MG/24HR	5	QL (30 EA per 30 days) ST MO
MARPLAN TABS 10MG	4	MO
<i>phenelzine sulfate tabs 15mg</i>	3	MO
<i>tranylcypromine sulfate tabs 10mg</i>	4	MO
<b><i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</i></b>		
<i>citalopram hydrobromide soln 10mg/5ml</i>	2	MO
<i>citalopram hydrobromide tabs 10mg</i>	2	MO
<i>citalopram hydrobromide tabs 20mg</i>	2	MO
<i>citalopram hydrobromide tabs 40mg</i>	2	MO
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg</i>	4	QL (120 EA per 30 days) MO
<i>desvenlafaxine er tb24 25mg</i>	4	QL (30 EA per 30 days) MO
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 50mg</i>	4	QL (30 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 20MG	4	QL (60 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 30MG	4	QL (90 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) MO
DRIZALMA SPRINKLE CSDR 60MG	4	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride cpep 20mg</i>	2	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days) MO
<i>duloxetine hydrochloride cpep 60mg</i>	2	QL (60 EA per 30 days) MO
<i>escitalopram oxalate soln 5mg/5ml</i>	2	MO
<i>escitalopram oxalate tabs 10mg</i>	2	MO
<i>escitalopram oxalate tabs 20mg</i>	2	MO
<i>escitalopram oxalate tabs 5mg</i>	2	MO
FETZIMA TITRATION PACK C4PK 0	4	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 20MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 40MG	4	QL (30 EA per 30 days) ST MO
FETZIMA CP24 80MG	4	QL (30 EA per 30 days) ST MO
<i>fluoxetine hcl caps 20mg</i>	2	MO
<i>fluoxetine hydrochloride caps 10mg</i>	2	MO
<i>fluoxetine hydrochloride caps 40mg</i>	2	MO
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	2	MO
<i>fluoxetine caps 10mg</i>	2	MO
<i>fluoxetine caps 20mg</i>	2	MO
<i>fluvoxamine maleate tabs 100mg</i>	2	MO
<i>fluvoxamine maleate tabs 25mg</i>	2	MO
<i>fluvoxamine maleate tabs 50mg</i>	2	MO
<i>maprotiline hcl tabs 25mg</i>	4	MO
<i>maprotiline hcl tabs 50mg</i>	4	MO
<i>maprotiline hcl tabs 75mg</i>	4	MO
<i>nefazodone hcl tabs 100mg</i>	4	MO
<i>nefazodone hcl tabs 150mg</i>	4	MO
<i>nefazodone hydrochloride tabs 200mg</i>	4	MO
<i>nefazodone hydrochloride tabs 250mg</i>	4	MO
<i>nefazodone hydrochloride tabs 50mg</i>	4	MO
<i>paroxetine hcl er tb24 12.5mg</i>	4	MO
<i>paroxetine hcl er tb24 25mg</i>	4	MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	MO
<i>paroxetine hcl tabs 30mg</i>	4	MO
<i>paroxetine hcl tabs 40mg</i>	4	MO
<i>paroxetine hydrochloride tabs 10mg</i>	4	MO
<i>paroxetine hydrochloride tabs 20mg</i>	4	MO
PAXIL SUSP 10MG/5ML	4	MO
<i>sertraline hcl conc 20mg/ml</i>	4	MO
<i>sertraline hcl tabs 25mg</i>	2	MO
<i>sertraline hcl tabs 50mg</i>	2	MO
<i>sertraline hydrochloride tabs 100mg</i>	2	MO
<i>trazodone hydrochloride tabs 100mg</i>	2	MO
<i>trazodone hydrochloride tabs 150mg</i>	2	MO
<i>trazodone hydrochloride tabs 50mg</i>	2	MO
TRINTELLIX TABS 10MG	4	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 5MG	4	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	MO
<i>venlafaxine hcl er cp24 37.5mg</i>	2	MO
<i>venlafaxine hcl tabs 100mg</i>	2	MO
<i>venlafaxine hcl tabs 25mg</i>	2	MO
<i>venlafaxine hcl tabs 37.5mg</i>	2	MO
<i>venlafaxine hcl tabs 50mg</i>	2	MO
<i>venlafaxine hcl tabs 75mg</i>	2	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	MO
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days)
VIIBRYD TABS 10MG	4	QL (30 EA per 30 days) MO
VIIBRYD TABS 20MG	4	QL (30 EA per 30 days) MO
VIIBRYD TABS 40MG	4	QL (30 EA per 30 days) MO
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs 100mg</i>	4	PA MO
<i>amitriptyline hcl tabs 150mg</i>	4	PA MO
<i>amitriptyline hcl tabs 25mg</i>	4	PA MO
<i>amitriptyline hcl tabs 75mg</i>	4	PA MO
<i>amitriptyline hydrochloride tabs 10mg</i>	4	PA MO
<i>amitriptyline hydrochloride tabs 50mg</i>	4	PA MO
<i>amoxapine tabs 100mg</i>	4	MO
<i>amoxapine tabs 150mg</i>	4	MO
<i>amoxapine tabs 25mg</i>	4	MO
<i>amoxapine tabs 50mg</i>	4	MO
<i>clomipramine hcl caps 25mg</i>	4	MO
<i>clomipramine hcl caps 50mg</i>	4	MO
<i>clomipramine hcl caps 75mg</i>	4	MO
<i>desipramine hcl tabs 100mg</i>	4	MO
<i>desipramine hcl tabs 10mg</i>	4	MO
<i>desipramine hcl tabs 150mg</i>	4	MO
<i>desipramine hcl tabs 25mg</i>	4	MO
<i>desipramine hcl tabs 50mg</i>	4	MO
<i>desipramine hcl tabs 75mg</i>	4	MO
<i>doxepin hcl caps 100mg</i>	4	PA MO
<i>doxepin hcl caps 10mg</i>	4	PA MO
<i>doxepin hcl caps 150mg</i>	4	PA MO
<i>doxepin hcl caps 50mg</i>	4	PA MO
<i>doxepin hcl caps 75mg</i>	4	PA MO
<i>doxepin hcl conc 10mg/ml</i>	4	PA MO
<i>doxepin hydrochloride caps 25mg</i>	4	PA MO
<i>imipramine hcl tabs 25mg</i>	4	MO
<i>imipramine hcl tabs 50mg</i>	4	MO
<i>imipramine hydrochloride tabs 10mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps 25mg</i>	2	MO
<i>nortriptyline hcl caps 75mg</i>	2	MO
<i>nortriptyline hcl soln 10mg/5ml</i>	2	MO
<i>nortriptyline hydrochloride caps 10mg</i>	2	MO
<i>nortriptyline hydrochloride caps 50mg</i>	2	MO
<i>protriptyline hcl tabs 10mg</i>	4	MO
<i>protriptyline hcl tabs 5mg</i>	4	MO
<i>trimipramine maleate caps 100mg</i>	4	MO
<i>trimipramine maleate caps 25mg</i>	4	MO
<i>trimipramine maleate caps 50mg</i>	4	MO
<b>Antiemetics</b>		
<b><i>Antiemetics, Other</i></b>		
AKYNZEO CAPS 300MG; 0.5MG	4	QL (2 EA per 30 days) B/D
<i>compro supp 25mg</i>	4	
<i>doxylamine succinate/pyridoxine hydrochloride tbec 10mg; 10mg</i>	4	QL (120 EA per 30 days)
<i>droperidol inj 2.5mg/ml</i>	2	
<i>meclizine hcl tabs 12.5mg</i>	4	
<i>meclizine hcl tabs 25mg</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs 10mg</i>	2	MO
<i>prochlorperazine maleate tabs 5mg</i>	2	MO
<i>prochlorperazine supp 25mg</i>	4	
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	4	PA
<i>promethazine hcl inj 25mg/ml</i>	4	PA
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride inj 25mg/ml</i>	4	PA
<i>promethazine hydrochloride tabs 25mg</i>	4	PA
<i>promethazine hydrochloride tabs 50mg</i>	4	PA
<i>scopolamine pt72 1mg/3days</i>	4	
<b><i>Emetogenic Therapy Adjuncts</i></b>		
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
<i>aprepitant caps 0</i>	4	QL (6 EA per 30 days) B/D
<i>aprepitant caps 125mg</i>	4	QL (2 EA per 30 days) B/D
<i>aprepitant caps 40mg</i>	4	QL (1 EA per 30 days) B/D
<i>aprepitant caps 80mg</i>	4	QL (8 EA per 30 days) B/D
CINVANTI INJ 130MG/18ML	4	
<i>dronabinol caps 10mg</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 2.5mg</i>	4	QL (60 EA per 30 days) PA
<i>dronabinol caps 5mg</i>	4	QL (60 EA per 30 days) PA
EMEND SUSR 125MG/5ML	4	QL (6 EA per 30 days) B/D
<i>granisetron hcl inj 0.1mg/ml</i>	2	
<i>granisetron hcl inj 1mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hcl tabs 1mg</i>	4	QL (30 EA per 30 days) 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	QL (450 ML per 30 days) B/D
<i>ondansetron hcl tabs 24mg</i>	2	QL (14 EA per 28 days) 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
<i>palonosetron hydrochloride inj 0.25mg/2ml</i>	2	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
SANCUSO PTCH 3.1MG/24HR	5	QL (2 EA per 30 days)
SYNDROS SOLN 5MG/ML	5	QL (120 ML per 30 days) PA
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	5	B/D
<i>amphotericin b inj 50mg</i>	4	B/D
<i>caspofungin acetate inj 50mg</i>	5	
<i>caspofungin acetate inj 70mg</i>	5	
<i>ciclodan crea 0.77%</i>	2	
<i>ciclodan soln 8%</i>	2	PA
<i>ciclopirox nail lacquer soln 8%</i>	2	PA
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	4	
<i>ciclopirox susp 0.77%</i>	4	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn 0.05%; 1%</i>	4	
<i>clotrimazole crea 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troc 10mg</i>	4	
<i>econazole nitrate crea 1%</i>	2	
<i>fluconazole in nacl inj 100mg/50ml; 0.9%</i>	3	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	3	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg</i>	4	
<i>griseofulvin ultramicrosize tabs 250mg</i>	4	
<i>itraconazole caps 100mg</i>	4	PA
<i>itraconazole soln 10mg/ml</i>	5	PA
JUBLIA SOLN 10%	4	
<i>ketoconazole crea 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
<i>ketoconazole tabs 200mg</i>	4	
<i>miconazole 3 supp 200mg</i>	4	
NATACYN SUSP 5%	4	
NOXAFIL SUSP 40MG/ML	5	MO
NOXAFIL TBEC 100MG	5	MO
<i>nyamyc powd 100000unit/gm</i>	2	
<i>nyata powd 100000unit/gm</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	4	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	4	
<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>	4	
<i>nystatin tabs 500000unit</i>	4	
<i>nystop powd 100000unit/gm</i>	2	
ONMEL TABS 200MG	5	PA
<i>oxiconazole nitrate crea 1%</i>	4	
<i>posaconazole dr tbec 100mg</i>	5	MO
<i>sulconazole nitrate crea 1%</i>	2	
<i>sulconazole nitrate soln 1%</i>	2	
<i>terbinafine hcl tabs 250mg</i>	2	QL (84 EA per 180 days)
<i>terconazole crea 0.4%</i>	2	
<i>terconazole crea 0.8%</i>	4	
<i>terconazole supp 80mg</i>	4	
<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 0.8%</i>	2	
<i>zazole supp 80mg</i>	4	
<b>Antigout Agents</b>		

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<b>Antigout Agents</b>		
<i>allopurinol sodium inj 500mg</i>	4	
<i>allopurinol tabs 100mg</i>	2	MO
<i>allopurinol tabs 300mg</i>	2	MO
COLCHICINE CAPS 0.6MG	3	
COLCHICINE TABS 0.6MG	3	
<i>febuxostat tabs 40mg</i>	2	MO
<i>febuxostat tabs 80mg</i>	2	MO
KRYSTEXXA INJ 8MG/ML	5	PA
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	4	MO
<i>probenecid tabs 500mg</i>	4	MO
ULORIC TABS 40MG	3	ST MO
ULORIC TABS 80MG	3	ST MO
<b>Antimigraine Agents</b>		
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate inj 1mg/ml</i>	5	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL (8 ML per 30 days)
ERGOMAR SUBL 2MG	3	
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	3	
<b>Prophylactic</b>		
AIMOVIG INJ 140MG/ML	4	QL (1 ML per 30 days) PA MO
AIMOVIG INJ 70MG/ML	4	QL (2 ML per 30 days) PA MO
EMGALITY INJ 100MG/ML	4	QL (3 ML per 30 days) PA MO
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA MO
EMGALITY INJ 120MG/ML	4	QL (1 ML per 30 days) PA MO
NURTEC TBDP 75MG	5	QL (8 EA per 30 days) PA MO
<i>timolol maleate tabs 10mg</i>	3	MO
<i>timolol maleate tabs 20mg</i>	3	MO
<i>timolol maleate tabs 5mg</i>	3	MO
UBRELVY TABS 100MG	5	QL (10 EA per 30 days) PA
UBRELVY TABS 50MG	5	QL (10 EA per 30 days) PA
<b>Serotonin (5-HT) 1b/1d Receptor Agonists</b>		
<i>frovatriptan succinate tabs 2.5mg</i>	4	QL (12 EA per 30 days)
<i>naratriptan hcl tabs 1mg</i>	2	QL (9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	2	QL (9 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>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)

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<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan/naproxen sodium tabs 500mg; 85mg</i>	4	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	4	QL (12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl tabs 125mg</i>	4	
<i>pyridostigmine bromide er tbc 180mg</i>	4	
<i>pyridostigmine bromide soln 60mg/5ml</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	3	
<i>regonol inj 10mg/2ml</i>	4	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs 100mg</i>	3	MO
<i>dapsone tabs 25mg</i>	3	MO
<i>rifabutin caps 150mg</i>	4	
<b>Antituberculars</b>		
CAPASTAT SULFATE INJ 1GM	4	
<i>cycloserine caps 250mg</i>	4	
<i>ethambutol hydrochloride tabs 100mg</i>	4	
<i>ethambutol hydrochloride tabs 400mg</i>	4	
<i>isoniazid inj 100mg/ml</i>	4	
<i>isoniazid syrp 50mg/5ml</i>	2	MO
<i>isoniazid tabs 100mg</i>	2	MO
<i>isoniazid tabs 300mg</i>	2	MO
<i>paser pack 4gm</i>	4	
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	2	
<i>rifampin caps 150mg</i>	4	
<i>rifampin caps 300mg</i>	4	
<i>rifampin inj 600mg</i>	4	
RIFATER TABS 50MG; 300MG; 120MG	4	
SIRTURO TABS 100MG	5	
TRECTOR TABS 250MG	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
BELRAPZO INJ 100MG/4ML	5	
<i>bendamustine hydrochloride inj 100mg/4ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
BENDEKA INJ 100MG/4ML	5	
BICNU INJ 100MG	5	
<i>busulfan inj 6mg/ml</i>	5	
<i>carboplatin inj 150mg/15ml</i>	4	
<i>carboplatin inj 450mg/45ml</i>	4	
<i>carboplatin inj 50mg/5ml</i>	4	
<i>carboplatin inj 600mg/60ml</i>	4	
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml</i>	4	
<i>cisplatin inj 200mg/200ml</i>	4	
<i>cisplatin inj 50mg/50ml</i>	4	
<i>cyclophosphamide caps 25mg</i>	3	B/D
<i>cyclophosphamide caps 50mg</i>	3	B/D
CYCLOPHOSPHAMIDE INJ 1GM/5ML	5	
<i>cyclophosphamide inj 1gm</i>	5	
<i>cyclophosphamide inj 2gm</i>	5	
CYCLOPHOSPHAMIDE INJ 500MG/2.5ML	5	
<i>cyclophosphamide inj 500mg</i>	5	
<i>dacarbazine inj 100mg</i>	4	
<i>dacarbazine inj 200mg</i>	4	
EVOMELA INJ 50MG	5	
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 40MG	4	
GLEOSTINE CAPS 5MG	4	
HEXALEN CAPS 50MG	5	
<i>ifosfamide inj 1gm/20ml</i>	4	
<i>ifosfamide inj 1gm</i>	4	
<i>ifosfamide inj 3gm/60ml</i>	4	
<i>ifosfamide inj 3gm</i>	4	
KISQALI FEMARA 200 DOSE TBP 2.5MG; 200MG	5	PA
KISQALI FEMARA 400 DOSE TBP 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TBP 2.5MG; 200MG	5	PA
LEUKERAN TABS 2MG	5	
MATULANE CAPS 50MG	5	
<i>melphalan hydrochloride inj 50mg</i>	5	
MUSTARGEN INJ 10MG	5	
<i>oxaliplatin inj 100mg/20ml</i>	4	
<i>oxaliplatin inj 100mg</i>	5	
<i>oxaliplatin inj 50mg/10ml</i>	4	
<i>oxaliplatin inj 50mg/10ml</i>	4	
<i>oxaliplatin inj 50mg</i>	5	
<i>paraplatin inj 450mg/45ml</i>	4	
<i>paraplatin inj 50mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>paraplatin inj 50mg/5ml</i>	4	
<i>paraplatin inj 50mg/5ml</i>	4	
TEMODAR INJ 100MG	4	
TEPADINA INJ 100MG	5	
<i>thiotepa inj 100mg</i>	5	
<i>thiotepa inj 15mg</i>	5	
TREANDA INJ 100MG	5	
TREANDA INJ 25MG	5	
VALCHLOR GEL 0.016%	5	PA
YONDELIS INJ 1MG	5	
ZANOSAR INJ 1GM	5	
ZEPZELCA INJ 4MG	5	PA
<b>Antiandrogens</b>		
<i>abiraterone acetate tabs 250mg</i>	5	PA
<i>bicalutamide tabs 50mg</i>	2	
ERLEADA TABS 60MG	5	PA
<i>flutamide caps 125mg</i>	4	
<i>nilutamide tabs 150mg</i>	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
YONSA TABS 125MG	5	PA
<b>Antiangiogenic Agents</b>		
GAVRETO CAPS 100MG	5	PA
POMALYST CAPS 1MG	5	PA
POMALYST CAPS 2MG	5	PA
POMALYST CAPS 3MG	5	PA
POMALYST CAPS 4MG	5	PA
QINLOCK TABS 50MG	5	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
TABRECTA TABS 150MG	5	PA
TABRECTA TABS 200MG	5	QL (120 EA per 30 days) PA
THALOMID CAPS 100MG	5	PA MO
THALOMID CAPS 150MG	5	PA MO
THALOMID CAPS 200MG	5	PA MO
THALOMID CAPS 50MG	5	PA MO
<b>Antiestrogens/Modifiers</b>		
EMCYT CAPS 140MG	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant inj 250mg/5ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX SOLN 10MG/5ML	5	MO
<i>tamoxifen citrate tabs 10mg</i>	2	MO
<i>tamoxifen citrate tabs 20mg</i>	2	MO
<i>toremifene citrate tabs 60mg</i>	5	MO
<b>Antimetabolites</b>		
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>	2	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	2	B/D
<i>cytarabine inj 100mg/ml</i>	2	B/D
<i>cytarabine inj 20mg/ml</i>	2	B/D
DEPOCYT INJ 50MG/5ML	5	
DROXIA CAPS 200MG	4	MO
DROXIA CAPS 300MG	4	MO
DROXIA CAPS 400MG	4	MO
<i>floxuridine inj 0.5gm</i>	5	B/D
FLUOROPLEX CREA 1%	5	
<i>fluorouracil crea 0.5%</i>	5	
<i>fluorouracil crea 5%</i>	4	
<i>fluorouracil inj 1gm/20ml</i>	4	
<i>fluorouracil inj 2.5gm/50ml</i>	4	
<i>fluorouracil inj 500mg/10ml</i>	4	
<i>fluorouracil inj 5gm/100ml</i>	4	
<i>fluorouracil soln 2%</i>	4	
<i>fluorouracil soln 5%</i>	4	
FOLOTYN INJ 20MG/ML	5	PA
FOLOTYN INJ 40MG/2ML	5	PA
<i>gemcitabine hcl inj 1gm</i>	4	
<i>gemcitabine hcl inj 200mg</i>	4	
<i>gemcitabine hcl inj 2gm</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 1.5GM/15ML	5	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	5	
<i>gemcitabine hydrochloride inj 1gm</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML	5	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	5	
<i>gemcitabine hydrochloride inj 200mg</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 2GM/20ML	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine inj 200mg/5.26ml</i>	5	
<i>gemcitabine inj 2gm/52.6ml</i>	5	
<i>hydroxyurea caps 500mg</i>	2	
LONSURF TABS 6.14MG; 15MG	5	PA
LONSURF TABS 8.19MG; 20MG	5	PA
<i>mercaptopurine tabs 50mg</i>	2	
NIPENT INJ 10MG	5	
PURIXAN SUSP 2000MG/100ML	5	
SIKLOS TABS 1000MG	5	PA
SIKLOS TABS 100MG	4	PA
TABLOID TABS 40MG	4	
VYXEOS INJ 100MG; 44MG	5	PA
<b><i>Antineoplastics, Other</i></b>		
ABRAXANE INJ 900MG; 100MG	5	
<i>adriamycin inj 10mg</i>	5	
<i>adriamycin inj 2mg/ml</i>	5	
<i>adriamycin inj 50mg</i>	5	
<i>amifostine inj 500mg</i>	5	
<i>arsenic trioxide inj 10mg/10ml</i>	2	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
<i>azacitidine inj 100mg</i>	5	
BELEODAQ INJ 500MG	5	PA
<i>bleomycin sulfate inj 15unit</i>	2	B/D
<i>bleomycin sulfate inj 30unit</i>	2	B/D
<i>bleomycin inj 15unit</i>	2	B/D
<i>bleomycin inj 30unit</i>	2	B/D
BORTEZOMIB INJ 3.5MG	5	PA
BRAFTOVI CAPS 50MG	5	PA
BRAFTOVI CAPS 75MG	5	PA
CISPLATIN INJ 50MG	4	
COPIKTRA CAPS 15MG	5	PA
COPIKTRA CAPS 25MG	5	PA
COTELLIC TABS 20MG	5	PA
<i>dactinomycin inj 0.5mg</i>	5	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
DAURISMO TABS 100MG	5	PA
DAURISMO TABS 25MG	5	PA
<i>decitabine inj 50mg</i>	5	PA
<i>docetaxel inj 160mg/16ml</i>	5	
<i>docetaxel inj 160mg/8ml</i>	5	
<i>docetaxel inj 200mg/10ml</i>	5	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>docetaxel inj 20mg/ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel inj 80mg/4ml</i>	5	
<i>docetaxel inj 80mg/8ml</i>	5	
<i>doxorubicin hcl inj 10mg</i>	5	
<i>doxorubicin hcl inj 2mg/ml</i>	5	
<i>doxorubicin hcl inj 50mg</i>	5	
<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	
<i>doxorubicin hydrochloride liposome inj 2mg/ml</i>	5	
ELZONRIS INJ 1000MCG/ML	5	PA
<i>epirubicin hcl inj 200mg/100ml</i>	5	
<i>epirubicin hcl inj 50mg/25ml</i>	5	
ERWINAZE INJ 10000UNIT	5	
FARYDAK CAPS 10MG	5	PA
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 20MG	5	PA
<i>fludarabine phosphate inj 50mg</i>	4	
HALAVEN INJ 1MG/2ML	5	PA
IBRANCE CAPS 100MG	5	PA
IBRANCE CAPS 125MG	5	PA
IBRANCE CAPS 75MG	5	PA
IBRANCE TABS 100MG	5	PA
IBRANCE TABS 125MG	5	PA
IBRANCE TABS 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	PA
IXEMPRA KIT INJ 45MG	5	
JEVTANA INJ 60MG/1.5ML	5	PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
KISQALI TBPK 200MG	5	PA
<i>leucovorin calcium tabs 10mg</i>	3	
<i>leucovorin calcium tabs 15mg</i>	3	
<i>leucovorin calcium tabs 25mg</i>	3	
<i>leucovorin calcium tabs 5mg</i>	3	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium inj 250mg/25ml</i>	5	
<i>levoleucovorin inj 175mg/17.5ml</i>	5	
LEVOLEUCOVORIN INJ 175MG	5	
<i>levoleucovorin inj 50mg</i>	5	
<i>lipodox 50 inj 2mg/ml</i>	5	
LORBRENA TABS 100MG	5	PA
LORBRENA TABS 25MG	5	PA
LYNPARZA CAPS 50MG	5	PA
LYNPARZA TABS 100MG	5	PA
LYNPARZA TABS 150MG	5	PA
MARQIBO INJ 5MG/31ML	5	
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>	4	
<i>mitoxantrone hcl inj 2mg/ml</i>	4	
<i>mitoxantrone hcl inj 2mg/ml</i>	4	
<i>mutamycin inj 20mg</i>	5	
<i>mutamycin inj 40mg</i>	5	
<i>mutamycin inj 5mg</i>	5	
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA
NINLARO CAPS 2.3MG	5	PA
NINLARO CAPS 3MG	5	PA
NINLARO CAPS 4MG	5	PA
ONCASPAR INJ 750UNIT/ML	5	
ONUREG TABS 200MG	5	PA
ONUREG TABS 300MG	5	PA
<i>paclitaxel inj 100mg/16.67ml</i>	2	
<i>paclitaxel inj 100mg/16.7ml</i>	4	
<i>paclitaxel inj 150mg/25ml</i>	4	
<i>paclitaxel inj 300mg/50ml</i>	4	
<i>paclitaxel inj 30mg/5ml</i>	4	
<i>paraplatin inj 1000mg/100ml</i>	2	
PEMAZYRE TABS 13.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABS 4.5MG	5	QL (30 EA per 30 days) PA
PEMAZYRE TABS 9MG	5	QL (30 EA per 30 days) PA
PHESGO INJ 2000UNIT/ML; 60MG/ML; 60MG/ML	5	PA
PHESGO INJ 2000UNIT/ML; 80MG/ML; 40MG/ML	5	PA
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	
RETEVMO CAPS 40MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPS 80MG	5	PA
<i>romidepsin inj 10mg</i>	5	PA
ROMIDEPSIN INJ 27.5MG/5.5ML	5	PA
ROZLYTREK CAPS 100MG	5	PA
ROZLYTREK CAPS 200MG	5	PA
RYDAPT CAPS 25MG	5	PA
SYLATRON INJ 200MCG	5	PA MO
SYLATRON INJ 300MCG	5	PA MO
SYLATRON INJ 600MCG	5	PA MO
SYNRIBO INJ 3.5MG	5	PA
TALZENNA CAPS 0.25MG	5	PA
TALZENNA CAPS 1MG	5	PA
TAZVERIK TABS 200MG	5	PA
TENIPOSIDE INJ 10MG/ML	5	
THERACYS INJ 81MG/VIAL	5	
TICE BCG INJ 50MG	4	
TRISENOX INJ 10MG/10ML	4	
TRISENOX INJ 12MG/6ML	5	
TUKYSA TABS 150MG	5	PA
TUKYSA TABS 50MG	5	PA
<i>valrubicin inj 40mg/ml</i>	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>	4	
VINCASAR PFS INJ 1MG/ML	4	
<i>vincristine sulfate inj 1mg/ml</i>	4	
VITRAKVI CAPS 100MG	5	PA
VITRAKVI CAPS 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
XPOVIO 100 MG ONCE WEEKLY TBP 20MG	5	PA
XPOVIO 40 MG ONCE WEEKLY TBP 20MG	5	PA
XPOVIO 40 MG TWICE WEEKLY TBP 20MG	5	PA
XPOVIO 60 MG ONCE WEEKLY TBP 20MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TBP 20MG	5	PA
XPOVIO 80 MG ONCE WEEKLY TBP 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBP 20MG	5	PA
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA
ZOLINZA CAPS 100MG	5	PA
ZYKADIA TABS 150MG	5	PA
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tabs 1mg</i>	2	MO
<i>exemestane tabs 25mg</i>	4	MO
<i>letrozole tabs 2.5mg</i>	2	MO
<b>Enzyme Inhibitors</b>		
BALVERSA TABS 3MG	5	PA
BALVERSA TABS 4MG	5	PA
BALVERSA TABS 5MG	5	PA
<i>etoposide inj 100mg/5ml</i>	4	
<i>etoposide inj 1gm/50ml</i>	4	
<i>etoposide inj 500mg/25ml</i>	4	
<i>irinotecan hcl inj 100mg/5ml</i>	2	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	2	
<i>irinotecan hydrochloride inj 300mg/15ml</i>	2	
<i>irinotecan inj 100mg/5ml</i>	2	
KYPROLIS INJ 10MG	5	PA
KYPROLIS INJ 30MG	5	PA
KYPROLIS INJ 60MG	5	PA
ONIVYDE INJ 43MG/10ML	5	
<i>topotecan hcl inj 4mg/4ml</i>	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>topotecan hydrochloride inj 4mg/4ml</i>	5	
ZYDELIG TABS 100MG	5	PA
ZYDELIG TABS 150MG	5	PA
<b>Molecular Target Inhibitors</b>		
AFINITOR DISPERZ TBSO 2MG	5	PA
AFINITOR DISPERZ TBSO 3MG	5	PA
AFINITOR DISPERZ TBSO 5MG	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 2.5MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 5MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 7.5MG	5	QL (30 EA per 30 days) PA
ALECENSA CAPS 150MG	5	PA
ALIQOPA INJ 60MG	5	PA
ALUNBRIG TABS 180MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA
ALUNBRIG TABS 90MG	5	QL (30 EA per 30 days) PA
ALUNBRIG TBPk 0	5	QL (60 EA per 365 days) PA
AYVAKIT TABS 100MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABS 200MG	5	QL (30 EA per 30 days) PA
AYVAKIT TABS 300MG	5	QL (30 EA per 30 days) PA
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 400MG	5	PA
BOSULIF TABS 500MG	5	PA
BRUKINSA CAPS 80MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TABS 20MG	5	PA
CABOMETYX TABS 40MG	5	PA
CABOMETYX TABS 60MG	5	PA
CALQUENCE CAPS 100MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) 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	QL (30 EA per 30 days) PA
<i>everolimus tabs 5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tabs 7.5mg</i>	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 20MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 30MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 40MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
ICLUSIG TABS 45MG	5	PA
IDHIFA TABS 100MG	5	QL (30 EA per 30 days) PA
IDHIFA TABS 50MG	5	QL (30 EA per 30 days) 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
INQOVI TABS 100MG; 35MG	5	PA
IRESSA TABS 250MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 15MG	5	PA
JAKAFI TABS 20MG	5	PA
JAKAFI TABS 25MG	5	PA
JAKAFI TABS 5MG	5	PA
KOSELUGO CAPS 10MG	5	PA
KOSELUGO CAPS 25MG	5	PA
<i>lapatinib ditosylate tabs 250mg</i>	5	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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
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
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA
TAGRISSO TABS 80MG	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

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Drug Name	Drug Tier	Requirements/Limits
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
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS INJ 50MG	5	PA
ARZERRA INJ 1000MG/50ML	5	PA
ARZERRA INJ 100MG/5ML	5	PA
AVASTIN INJ 100MG/4ML	5	
AVASTIN INJ 400MG/16ML	5	
BAVENCIO INJ 200MG/10ML	5	PA
BESPONSA INJ 0.9MG	5	PA
BLINCYTO INJ 35MCG	5	PA
CYRAMZA INJ 100MG/10ML	5	PA
CYRAMZA INJ 500MG/50ML	5	PA
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	5	PA
DARZALEX INJ 100MG/5ML	5	PA
DARZALEX INJ 400MG/20ML	5	PA
EMPLICITI INJ 300MG	5	PA
EMPLICITI INJ 400MG	5	PA
ENHERTU INJ 100MG	5	PA
ERBITUX INJ 100MG/50ML	5	PA
ERBITUX INJ 200MG/100ML	5	PA
GAZYVA INJ 1000MG/40ML	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	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4ML	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
MONJUVI INJ 200MG	5	PA
MVASI INJ 100MG/4ML	5	
MVASI INJ 400MG/16ML	5	
MYLOTARG INJ 4.5MG	5	PA
ONTRUZANT INJ 150MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT INJ 420MG	5	PA
OPDIVO INJ 100MG/10ML	5	PA
OPDIVO INJ 240MG/24ML	5	PA
OPDIVO INJ 40MG/4ML	5	PA
PADCEV INJ 20MG	5	PA
PADCEV INJ 30MG	5	PA
PERJETA INJ 420MG/14ML	5	PA
POLIVY INJ 140MG	5	PA
POLIVY INJ 30MG	5	PA
PORTRAZZA INJ 800MG/50ML	5	PA
POTELIGEO INJ 20MG/5ML	5	PA
RITUXAN HYCELA INJ 23400UNT/11.7ML; 1400MG/11.7ML	5	PA
RITUXAN HYCELA INJ 26800UNT/13.4ML; 1600MG/13.4ML	5	PA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA
RUXIENCE INJ 100MG/10ML	5	PA MO
RUXIENCE INJ 500MG/50ML	5	PA MO
SARCLISA INJ 100MG/5ML	5	PA
SARCLISA INJ 500MG/25ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA
TECENTRIQ INJ 840MG/14ML	5	PA
TRODELVY INJ 180MG	5	PA
UNITUXIN INJ 17.5MG/5ML	5	
VECTIBIX INJ 100MG/5ML	5	
VECTIBIX INJ 400MG/20ML	5	
YERVOY INJ 200MG/40ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
ZEVALIN Y-90 INJ 3.2MG/2ML	5	
ZIRABEV INJ 100MG/4ML	5	PA
ZIRABEV INJ 400MG/16ML	5	PA
<b>Retinoids</b>		
<i>bexarotene caps 75mg</i>	5	PA
PANRETIN GEL 0.1%	5	
TARGRETIN GEL 1%	5	PA
<i>tretinoin caps 10mg</i>	5	
<b>Treatment Adjuncts</b>		
<i>dexrazoxane inj 250mg</i>	5	
<i>dexrazoxane inj 500mg</i>	5	
KHAPZORY INJ 175MG	5	
KHAPZORY INJ 300MG	5	
<i>mesna inj 100mg/ml</i>	4	
MESNEX TABS 400MG	5	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiparasitics</b>		
<b><i>Anthelmintics</i></b>		
<i>albendazole tabs 200mg</i>	5	
BENZNIDAZOLE TABS 100MG	3	
BENZNIDAZOLE TABS 12.5MG	3	
<i>ivermectin tabs 3mg</i>	2	
<i>praziquantel tabs 600mg</i>	4	
<b><i>Antiprotozoals</i></b>		
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>	2	MO
<i>chloroquine phosphate tabs 500mg</i>	2	MO
COARTEM TABS 20MG; 120MG	4	
DARAPRIM TABS 25MG	5	PA
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
<i>mefloquine hcl tabs 250mg</i>	4	MO
NEBUPENT SOLR 300MG	4	B/D
PENTAM 300 INJ 300MG	4	
<i>pentamidine isethionate inj 300mg</i>	4	
<i>pentamidine isethionate solr 300mg</i>	2	B/D
<i>primaquine phosphate tabs 26.3mg</i>	4	
PYRIMETHAMINE TABS 25MG	5	PA
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs 250mg</i>	2	
<i>tinidazole tabs 500mg</i>	2	
<b><i>Pediculicides/Scabicides</i></b>		
<i>crotan lotn 10%</i>	4	
<i>lindane sham 1%</i>	4	
<i>malathion lotn 0.5%</i>	4	
<i>permethrin crea 5%</i>	3	
ULESFIA LOTN 5%	4	
<b>Antiparkinson Agents</b>		
<b><i>Anticholinergics</i></b>		
<i>benztropine mesylate inj 1mg/ml</i>	2	
<i>benztropine mesylate tabs 0.5mg</i>	2	MO
<i>benztropine mesylate tabs 1mg</i>	2	MO
<i>benztropine mesylate tabs 2mg</i>	2	MO
<i>trihexyphenidyl hcl soln 0.4mg/ml</i>	2	MO
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	4	MO
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	4	MO
<b><i>Antiparkinson Agents, Other</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>entacapone tabs 200mg</i>	3	MO
<i>tolcapone tabs 100mg</i>	5	MO
<b>Dopamine Agonists</b>		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
<i>bromocriptine mesylate caps 5mg</i>	4	MO
<i>bromocriptine mesylate tabs 2.5mg</i>	4	MO
NEUPRO PT24 1MG/24HR	4	ST MO
NEUPRO PT24 2MG/24HR	4	ST MO
NEUPRO PT24 3MG/24HR	4	ST MO
NEUPRO PT24 4MG/24HR	4	ST MO
NEUPRO PT24 6MG/24HR	4	ST MO
NEUPRO PT24 8MG/24HR	4	ST MO
<i>pramipexole dihydrochloride tabs 0.125mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.25mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.5mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 0.75mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1.5mg</i>	2	MO
<i>pramipexole dihydrochloride tabs 1mg</i>	2	MO
<i>ropinirole hcl tabs 0.5mg</i>	2	MO
<i>ropinirole hcl tabs 1mg</i>	2	MO
<i>ropinirole hcl tabs 2mg</i>	2	MO
<i>ropinirole hcl tabs 4mg</i>	2	MO
<i>ropinirole hcl tabs 5mg</i>	2	MO
<i>ropinirole hydrochloride tabs 0.25mg</i>	2	MO
<i>ropinirole hydrochloride tabs 3mg</i>	2	MO
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	2	MO
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	2	MO
<i>carbidopa/levodopa odt tbdp 10mg; 100mg</i>	4	MO
<i>carbidopa/levodopa odt tbdp 25mg; 100mg</i>	4	MO
<i>carbidopa/levodopa odt tbdp 25mg; 250mg</i>	4	MO
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	2	MO
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	2	MO
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	2	MO
<i>carbidopa tabs 25mg</i>	5	MO
RYTARY CPR 23.75MG; 95MG	4	ST MO
RYTARY CPR 36.25MG; 145MG	4	ST MO
RYTARY CPR 48.75MG; 195MG	4	ST MO
RYTARY CPR 61.25MG; 245MG	4	ST MO
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
<i>rasagiline mesylate tabs 0.5mg</i>	4	MO
<i>rasagiline mesylate tabs 1mg</i>	4	MO
<i>selegiline hcl caps 5mg</i>	4	MO
<i>selegiline hcl tabs 5mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Antipsychotics</b>		
<i><b>1st Generation/Typical</b></i>		
<i>chlorpromazine hcl inj 25mg/ml</i>	2	
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl tabs 100mg</i>	4	MO
<i>chlorpromazine hcl tabs 10mg</i>	4	MO
<i>chlorpromazine hcl tabs 200mg</i>	4	MO
<i>chlorpromazine hcl tabs 25mg</i>	4	MO
<i>chlorpromazine hcl tabs 50mg</i>	4	MO
<i>fluphenazine decanoate inj 25mg/ml</i>	4	
<i>fluphenazine hcl conc 5mg/ml</i>	4	MO
<i>fluphenazine hcl inj 2.5mg/ml</i>	4	
<i>fluphenazine hcl tabs 10mg</i>	2	MO
<i>fluphenazine hcl tabs 1mg</i>	2	MO
<i>fluphenazine hcl tabs 2.5mg</i>	2	MO
<i>fluphenazine hcl tabs 5mg</i>	2	MO
<i>fluphenazine hydrochloride elix 2.5mg/5ml</i>	2	MO
<i>haloperidol decanoate inj 100mg/ml</i>	4	
<i>haloperidol decanoate inj 100mg/ml</i>	4	
<i>haloperidol decanoate inj 50mg/ml</i>	4	
<i>haloperidol decanoate inj 50mg/ml</i>	4	
<i>haloperidol lactate inj 5mg/ml</i>	4	
<i>haloperidol conc 2mg/ml</i>	2	MO
<i>haloperidol tabs 0.5mg</i>	2	MO
<i>haloperidol tabs 10mg</i>	2	MO
<i>haloperidol tabs 1mg</i>	2	MO
<i>haloperidol tabs 20mg</i>	2	MO
<i>haloperidol tabs 2mg</i>	2	MO
<i>haloperidol tabs 5mg</i>	2	MO
<i>loxapine succinate caps 25mg</i>	4	MO
<i>loxapine succinate caps 50mg</i>	4	MO
<i>loxapine succinate caps 5mg</i>	4	MO
<i>loxapine caps 10mg</i>	4	MO
<i>molindone hydrochloride tabs 10mg</i>	4	MO
<i>molindone hydrochloride tabs 25mg</i>	4	MO
<i>molindone hydrochloride tabs 5mg</i>	4	MO
<i>perphenazine tabs 16mg</i>	4	MO
<i>perphenazine tabs 2mg</i>	4	MO
<i>perphenazine tabs 4mg</i>	4	MO
<i>perphenazine tabs 8mg</i>	4	MO
<i>pimozide tabs 1mg</i>	4	MO
<i>pimozide tabs 2mg</i>	4	MO
<i>thioridazine hcl tabs 100mg</i>	4	PA MO
<i>thioridazine hcl tabs 10mg</i>	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tabs 25mg</i>	4	PA MO
<i>thioridazine hcl tabs 50mg</i>	4	PA MO
<i>thiothixene caps 10mg</i>	4	MO
<i>thiothixene caps 1mg</i>	4	MO
<i>thiothixene caps 2mg</i>	4	MO
<i>thiothixene caps 5mg</i>	4	MO
<i>trifluoperazine hcl tabs 10mg</i>	4	MO
<i>trifluoperazine hcl tabs 1mg</i>	4	MO
<i>trifluoperazine hcl tabs 2mg</i>	4	MO
<i>trifluoperazine hcl tabs 5mg</i>	4	MO
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MYCITE TABS 10MG	5	QL (30 EA per 30 days) ST MO
ABILIFY MYCITE TABS 15MG	5	QL (30 EA per 30 days) ST MO
ABILIFY MYCITE TABS 20MG	5	QL (30 EA per 30 days) ST MO
ABILIFY MYCITE TABS 2MG	5	QL (30 EA per 30 days) ST MO
ABILIFY MYCITE TABS 30MG	5	QL (30 EA per 30 days) ST MO
ABILIFY MYCITE TABS 5MG	5	QL (30 EA per 30 days) ST MO
<i>aripiprazole odt tbdp 10mg</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole odt tbdp 15mg</i>	5	QL (60 EA per 30 days) MO
<i>aripiprazole soln 1mg/ml</i>	4	QL (750 ML per 30 days) MO
<i>aripiprazole tabs 10mg</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole tabs 15mg</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole tabs 20mg</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole tabs 2mg</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole tabs 30mg</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole tabs 5mg</i>	4	QL (30 EA per 30 days) MO
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML	5	MO
ARISTADA INJ 441MG/1.6ML	5	MO
ARISTADA INJ 662MG/2.4ML	5	MO
ARISTADA INJ 882MG/3.2ML	5	MO
CAPLYTA CAPS 42MG	5	QL (30 EA per 30 days) ST MO
FANAPT TITRATION PACK TABS 0	4	QL (8 EA per 180 days) ST
FANAPT TABS 10MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	5	QL (60 EA per 30 days) ST

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Drug Name	Drug Tier	Requirements/Limits
GEODON INJ 20MG	4	
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.875ML	5	
INVEGA TRINZA INJ 410MG/1.315ML	5	
INVEGA TRINZA INJ 546MG/1.75ML	5	
INVEGA TRINZA INJ 819MG/2.625ML	5	
LATUDA TABS 120MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 20MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 40MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
NUPLAZID CAPS 34MG	5	PA MO
NUPLAZID TABS 10MG	5	PA MO
NUPLAZID TABS 17MG	5	PA MO
<i>olanzapine odt tbdp 10mg</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine odt tbdp 15mg</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine odt tbdp 20mg</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine odt tbdp 5mg</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj 10mg</i>	4	
<i>olanzapine tabs 10mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 15mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 20mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 3mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 9mg</i>	5	QL (30 EA per 30 days) MO
PERSERIS INJ 120MG	5	MO
PERSERIS INJ 90MG	5	MO
<i>quetiapine fumarate er tb24 150mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate er tb24 200mg</i>	4	QL (90 EA per 30 days) MO
<i>quetiapine fumarate er tb24 300mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate er tb24 400mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate er tb24 50mg</i>	4	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg</i>	2	QL (90 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (90 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	2	QL (90 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg</i>	2	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tabs 400mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 0.25MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.5MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 1MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 2MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 3MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 4MG	5	QL (30 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG	5	
RISPERDAL CONSTA INJ 50MG	5	
<i>risperidone odt tbdp 0.25mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.5mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 1mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 2mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 3mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone soln 1mg/ml</i>	2	QL (240 ML per 30 days) MO
<i>risperidone tabs 0.25mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.5mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 1mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 3mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 4mg</i>	2	QL (60 EA per 30 days) MO
SAPHRIS SUBL 10MG	5	QL (60 EA per 30 days) MO
SAPHRIS SUBL 2.5MG	5	QL (60 EA per 30 days) MO
SAPHRIS SUBL 5MG	5	QL (60 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR	5	QL (30 EA per 30 days) PA MO
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) PA MO
SECUADO PT24 7.6MG/24HR	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPS 3MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPS 4.5MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CAPS 6MG	5	QL (30 EA per 30 days) ST MO
VRAYLAR CPPK 0	4	QL (14 EA per 365 days) ST
<i>ziprasidone hcl caps 20mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps 40mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps 60mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps 80mg</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj 20mg</i>	2	
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG	5	
ZYPREXA RELPREVV INJ 405MG	5	

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Drug Name	Drug Tier	Requirements/Limits
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL (90 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	4	QL (180 EA per 30 days)
<i>clozapine odt tbdp 200mg</i>	5	QL (120 EA per 30 days)
<i>clozapine odt tbdp 25mg</i>	4	QL (270 EA per 30 days)
<i>clozapine tabs 100mg</i>	3	QL (270 EA per 30 days)
<i>clozapine tabs 200mg</i>	3	QL (120 EA per 30 days)
<i>clozapine tabs 25mg</i>	3	QL (270 EA per 30 days)
<i>clozapine tabs 50mg</i>	3	QL (180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen inj 20000mcg/20ml</i>	2	B/D
<i>baclofen inj 40mg/20ml</i>	2	B/D
<i>baclofen inj 500mcg/ml</i>	2	B/D
<i>baclofen tabs 10mg</i>	2	
<i>baclofen tabs 20mg</i>	2	
<i>baclofen tabs 5mg</i>	2	
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
<i>dantrolene sodium caps 100mg</i>	4	
<i>dantrolene sodium caps 25mg</i>	4	
<i>dantrolene sodium caps 50mg</i>	4	
GABLOFEN INJ 10000MCG/20ML	4	B/D
GABLOFEN INJ 20000MCG/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	4	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
LIORESAL INTRATHECAL INJ 40MG/20ML	5	B/D
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>cidofovir inj 75mg/ml</i>	5	
<i>ganciclovir inj 500mg/10ml</i>	3	B/D MO
<i>ganciclovir inj 500mg</i>	3	B/D
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	MO
<i>valganciclovir tabs 450mg</i>	5	MO
ZIRGAN GEL 0.15%	3	

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<b><i>Anti-hepatitis B (HBV) Agents</i></b>		
<i>adefovir dipivoxil tabs 10mg</i>	5	MO
BARACLUDE SOLN 0.05MG/ML	5	QL (600 ML per 30 days) MO
<i>entecavir tabs 0.5mg</i>	4	QL (30 EA per 30 days) MO
<i>entecavir tabs 1mg</i>	4	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN 5MG/ML	4	MO
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML	5	PA MO
INTRON A INJ 10MU	5	PA MO
INTRON A INJ 18MU	5	PA MO
INTRON A INJ 50MU	5	PA MO
INTRON A INJ 6000000UNIT/ML	5	PA MO
<i>lamivudine tabs 100mg</i>	3	MO
VEMLIDY TABS 25MG	5	MO
<b><i>Anti-hepatitis C (HCV) Agents, Direct Acting Agents</i></b>		
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA
SOFOBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
<b><i>Anti-hepatitis C (HCV) Agents, Other</i></b>		
<i>moderiba tbpk 0</i>	5	
<i>moderiba tbpk 0</i>	5	
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
PEGINTRON INJ 50MCG/0.5ML	5	PA
<i>ribasphere tabs 200mg</i>	3	
<i>ribasphere tabs 400mg</i>	5	
<i>ribasphere tabs 600mg</i>	5	
<i>ribavirin tabs 200mg</i>	3	
<b><i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i></b>		
BIKTARVY TABS 50MG; 200MG; 25MG	5	QL (30 EA per 30 days) MO
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (30 EA per 30 days) MO
DOVATO TABS 50MG; 300MG	5	QL (30 EA per 30 days) MO
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days) MO
ISENTRESS CHEW 100MG	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS PACK 100MG	5	MO
JULUCA TABS 50MG; 25MG	5	QL (30 EA per 30 days) MO
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days) MO
TIVICAY PD TBSO 5MG	4	MO
TIVICAY TABS 10MG	4	MO
TIVICAY TABS 25MG	5	MO
TIVICAY TABS 50MG	5	MO

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Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days) MO
VITEKTA TABS 150MG	5	
VITEKTA TABS 85MG	5	
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
ATRIPLA TABS 600MG; 200MG; 300MG	5	QL (30 EA per 30 days) MO
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days) MO
EDURANT TABS 25MG	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>efavirenz caps 200mg</i>	5	MO
<i>efavirenz caps 50mg</i>	4	MO
<i>efavirenz tabs 600mg</i>	5	MO
INTELENCE TABS 100MG	5	MO
INTELENCE TABS 200MG	5	MO
INTELENCE TABS 25MG	4	MO
<i>nevirapine er tb24 100mg</i>	4	MO
<i>nevirapine er tb24 400mg</i>	4	MO
<i>nevirapine susp 50mg/5ml</i>	2	MO
<i>nevirapine tabs 200mg</i>	2	MO
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days) MO
PIFELTRO TABS 100MG	5	MO
RESCRIPTOR TABS 100MG	4	MO
RESCRIPTOR TABS 200MG	4	MO
SYMFI LO TABS 400MG; 300MG; 300MG	5	QL (30 EA per 30 days) MO
SYMFI TABS 600MG; 300MG; 300MG	5	QL (30 EA per 30 days) MO
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg</i>	5	QL (60 EA per 30 days) MO
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>abacavir sulfate tabs 300mg</i>	4	MO
<i>abacavir soln 20mg/ml</i>	4	MO
<i>abacavir tabs 300mg</i>	4	MO
CIMDUO TABS 300MG; 300MG	5	QL (30 EA per 30 days) MO
DESCOVY TABS 200MG; 25MG	5	QL (30 EA per 30 days) MO
<i>didanosine cpdr 200mg</i>	2	MO
<i>didanosine cpdr 250mg</i>	2	MO
<i>didanosine cpdr 400mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine caps 200mg</i>	2	MO
EMTRIVA CAPS 200MG	4	MO
EMTRIVA SOLN 10MG/ML	4	MO
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	4	QL (60 EA per 30 days) MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg</i>	4	MO
<i>lamivudine tabs 300mg</i>	4	MO
RETROVIR IV INFUSION INJ 10MG/ML	4	
<i>stavudine caps 15mg</i>	4	MO
<i>stavudine caps 20mg</i>	4	MO
<i>stavudine caps 30mg</i>	4	MO
<i>stavudine caps 40mg</i>	4	MO
TEMIXYS TABS 300MG; 300MG	5	QL (30 EA per 30 days) MO
<i>tenofovir disoproxil fumarate tabs 300mg</i>	4	MO
TRUVADA TABS 100MG; 150MG	5	QL (30 EA per 30 days) MO
TRUVADA TABS 133MG; 200MG	5	QL (30 EA per 30 days) MO
TRUVADA TABS 167MG; 250MG	5	QL (30 EA per 30 days) MO
TRUVADA TABS 200MG; 300MG	5	QL (30 EA per 30 days) MO
VIDEX EC CPDR 125MG	4	MO
VIDEX PEDIATRIC SOLR 2GM	4	MO
VIDEX PEDIATRIC SOLR 4GM	4	MO
VIREAD POWD 40MG/GM	5	MO
VIREAD TABS 150MG	5	MO
VIREAD TABS 200MG	5	MO
VIREAD TABS 250MG	5	MO
ZERIT SOLR 1MG/ML	4	MO
<i>zidovudine caps 100mg</i>	3	MO
<i>zidovudine syrp 50mg/5ml</i>	3	MO
<i>zidovudine tabs 300mg</i>	3	MO
<b>Anti-HIV Agents, Other</b>		
FUZEON INJ 90MG	5	QL (60 EA per 30 days) MO
ISENTRESS HD TABS 600MG	5	MO
ISENTRESS TABS 400MG	5	MO
RUKOBIA TB12 600MG	5	MO
SELZENTRY SOLN 20MG/ML	5	MO
SELZENTRY TABS 150MG	5	MO
SELZENTRY TABS 25MG	4	MO
SELZENTRY TABS 300MG	5	MO
SELZENTRY TABS 75MG	5	MO
SIRTURO TABS 20MG	5	
TROGARZO INJ 200MG/1.33ML	5	MO
TYBOST TABS 150MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS CAPS 250MG	5	MO
APTIVUS SOLN 100MG/ML	5	MO
<i>atazanavir sulfate caps 150mg</i>	5	MO
<i>atazanavir sulfate caps 200mg</i>	5	MO
<i>atazanavir sulfate caps 300mg</i>	5	MO
CRIXIVAN CAPS 200MG	3	MO
CRIXIVAN CAPS 400MG	3	MO
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days) MO
<i>fosamprenavir calcium tabs 700mg</i>	5	MO
INVIRASE CAPS 200MG	5	MO
INVIRASE TABS 500MG	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
LEXIVA SUSP 50MG/ML	4	MO
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	5	MO
NORVIR CAPS 100MG	4	MO
NORVIR PACK 100MG	3	MO
NORVIR SOLN 80MG/ML	4	MO
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days) MO
PREZISTA SUSP 100MG/ML	5	MO
PREZISTA TABS 150MG	4	MO
PREZISTA TABS 600MG	5	MO
PREZISTA TABS 75MG	4	MO
PREZISTA TABS 800MG	5	MO
REYATAZ PACK 50MG	5	MO
<i>ritonavir tabs 100mg</i>	2	MO
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (30 EA per 30 days) MO
VIRACEPT TABS 250MG	5	MO
VIRACEPT TABS 625MG	5	MO
<b>Anti-influenza Agents</b>		
<i>amantadine hcl caps 100mg</i>	4	MO
<i>amantadine hcl syrp 50mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100mg</i>	4	MO
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days)
<i>oseltamivir phosphate caps 45mg</i>	2	QL (84 EA per 365 days)
<i>oseltamivir phosphate caps 75mg</i>	2	QL (110 EA per 365 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (1080 ML per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (240 EA per 365 days)
<i>rimantadine hydrochloride tabs 100mg</i>	3	
XOFLUZA TBPB 20MG	3	QL (4 EA per 365 days)
XOFLUZA TBPB 40MG	3	QL (4 EA per 365 days)
<b>Antiherpetic Agents</b>		
ACYCLOVIR SODIUM INJ 1000MG	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium inj 500mg</i>	4	B/D
<i>acyclovir sodium inj 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir crea 5%</i>	4	
<i>acyclovir oint 5%</i>	4	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 400mg</i>	2	
<i>acyclovir tabs 800mg</i>	2	
<i>famciclovir tabs 125mg</i>	2	
<i>famciclovir tabs 250mg</i>	2	
<i>famciclovir tabs 500mg</i>	2	
<i>trifluridine soln 1%</i>	3	
<i>valacyclovir hcl tabs 1gm</i>	2	QL (120 EA per 30 days)
<i>valacyclovir hydrochloride tabs 500mg</i>	2	QL (120 EA per 30 days)
<b>Anxiolytics</b>		
<b><i>Anxiolytics, Other</i></b>		
<i>buspirone hcl tabs 15mg</i>	2	
<i>buspirone hcl tabs 30mg</i>	2	
<i>buspirone hydrochloride tabs 10mg</i>	2	
<i>buspirone hydrochloride tabs 5mg</i>	2	
<i>buspirone hydrochloride tabs 7.5mg</i>	2	
<i>hydroxyzine hcl inj 25mg/ml</i>	4	PA
<i>hydroxyzine hcl syrp 10mg/5ml</i>	4	PA
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride inj 50mg/ml</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 25mg</i>	4	PA
<b><i>Benzodiazepines</i></b>		
<i>alprazolam tabs 0.25mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam tabs 0.5mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam tabs 1mg</i>	2	QL (120 EA per 30 days) PA
<i>alprazolam tabs 2mg</i>	2	QL (150 EA per 30 days) PA
<i>clorazepate dipotassium tabs 15mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium tabs 7.5mg</i>	4	QL (360 EA per 30 days)
<i>diazepam conc 5mg/ml</i>	4	
<i>diazepam inj 5mg/ml</i>	4	
<i>diazepam soln 5mg/5ml</i>	4	
<i>diazepam tabs 10mg</i>	2	QL (120 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL (300 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	2	PA
<i>lorazepam conc 2mg/ml</i>	2	PA
<i>lorazepam inj 2mg/ml</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam inj 4mg/ml</i>	2	PA
<i>lorazepam tabs 0.5mg</i>	2	QL (90 EA per 30 days) PA
<i>lorazepam tabs 1mg</i>	2	QL (90 EA per 30 days) PA
<i>lorazepam tabs 2mg</i>	2	QL (150 EA per 30 days) PA
<i>midazolam hcl inj 10mg/10ml</i>	1	
<i>midazolam hcl inj 10mg/2ml</i>	1	
<i>midazolam hcl inj 25mg/5ml</i>	1	
<i>midazolam hcl inj 2mg/2ml</i>	1	
<i>midazolam hcl inj 50mg/10ml</i>	1	
<i>midazolam hcl inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 10mg/2ml</i>	1	
<i>midazolam hydrochloride inj 25mg/5ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 2mg/2ml</i>	1	
<i>midazolam hydrochloride inj 50mg/10ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/5ml</i>	1	
<i>midazolam hydrochloride inj 5mg/ml</i>	1	
<i>temazepam caps 15mg</i>	2	QL (30 EA per 30 days) PA
<i>temazepam caps 30mg</i>	2	QL (30 EA per 30 days) PA
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
EQUETRO CP12 100MG	4	MO
EQUETRO CP12 200MG	4	MO
EQUETRO CP12 300MG	4	MO
<i>lithium carbonate er tbc 300mg</i>	2	MO
<i>lithium carbonate er tbc 450mg</i>	2	MO
<i>lithium carbonate caps 150mg</i>	2	MO
<i>lithium carbonate caps 300mg</i>	2	MO
<i>lithium carbonate caps 600mg</i>	2	MO
<i>lithium carbonate tabs 300mg</i>	2	MO
<i>lithium soln 8meq/5ml</i>	2	MO
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs 100mg</i>	2	MO
<i>acarbose tabs 25mg</i>	2	MO
<i>acarbose tabs 50mg</i>	2	MO
BYDUREON BCISE INJ 2MG/0.85ML	4	QL (3.4 ML per 28 days) MO
BYDUREON PEN INJ 2MG	4	QL (4 EA per 28 days) MO
BYDUREON INJ 2MG	4	QL (4 EA per 28 days) MO
<i>glimepiride tabs 1mg</i>	1	MO
<i>glimepiride tabs 2mg</i>	1	MO
<i>glimepiride tabs 4mg</i>	1	MO
<i>glipizide er tb24 10mg</i>	1	MO

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<i>glipizide er tb24 2.5mg</i>	1	MO
<i>glipizide er tb24 5mg</i>	1	MO
<i>glipizide xl tb24 10mg</i>	1	MO
<i>glipizide xl tb24 2.5mg</i>	1	MO
<i>glipizide xl tb24 5mg</i>	1	MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	1	MO
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	1	MO
<i>glipizide tabs 10mg</i>	1	MO
<i>glipizide tabs 5mg</i>	1	MO
<i>glyburide micronized tabs 3mg</i>	2	MO
<i>glyburide micronized tabs 6mg</i>	2	MO
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg</i>	2	MO
<i>glyburide/metformin hydrochloride tabs 2.5mg; 500mg</i>	2	MO
<i>glyburide/metformin hydrochloride tabs 5mg; 500mg</i>	2	MO
<i>glyburide tabs 1.25mg</i>	2	MO
<i>glyburide tabs 1.5mg</i>	2	MO
<i>glyburide tabs 2.5mg</i>	2	MO
<i>glyburide tabs 5mg</i>	2	MO
GLYXAMBI TABS 10MG; 5MG	3	ST MO
GLYXAMBI TABS 25MG; 5MG	3	ST MO
INVOKAMET XR TB24 150MG; 1000MG	3	ST MO
INVOKAMET XR TB24 150MG; 500MG	3	ST MO
INVOKAMET XR TB24 50MG; 1000MG	3	ST MO
INVOKAMET XR TB24 50MG; 500MG	3	ST MO
INVOKAMET TABS 150MG; 1000MG	3	ST MO
INVOKAMET TABS 150MG; 500MG	3	ST MO
INVOKAMET TABS 50MG; 1000MG	3	ST MO
INVOKAMET TABS 50MG; 500MG	3	ST MO
INVOKANA TABS 100MG	3	ST MO
INVOKANA TABS 300MG	3	ST MO
JANUMET XR TB24 1000MG; 100MG	3	ST MO
JANUMET XR TB24 1000MG; 50MG	3	ST MO
JANUMET XR TB24 500MG; 50MG	3	ST MO
JANUMET TABS 1000MG; 50MG	3	ST MO
JANUMET TABS 500MG; 50MG	3	ST MO
JANUVIA TABS 100MG	3	ST MO
JANUVIA TABS 25MG	3	ST MO
JANUVIA TABS 50MG	3	ST MO
JARDIANCE TABS 10MG	3	ST MO
JARDIANCE TABS 25MG	3	ST MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	ST MO
JENTADUETO XR TB24 5MG; 1000MG	3	ST MO
JENTADUETO TABS 2.5MG; 1000MG	3	ST MO

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Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TABS 2.5MG; 500MG	3	ST MO
JENTADUETO TABS 2.5MG; 850MG	3	ST MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	ST MO
KOMBIGLYZE XR TB24 1000MG; 5MG	4	ST MO
KOMBIGLYZE XR TB24 500MG; 5MG	4	ST MO
<i>metformin hydrochloride er tb24 500mg</i>	1	MO
<i>metformin hydrochloride er tb24 750mg</i>	1	MO
<i>metformin hydrochloride soln 500mg/5ml</i>	2	MO
<i>metformin hydrochloride tabs 1000mg</i>	1	MO
<i>metformin hydrochloride tabs 500mg</i>	1	MO
<i>metformin hydrochloride tabs 850mg</i>	1	MO
<i>nateglinide tabs 120mg</i>	1	MO
<i>nateglinide tabs 60mg</i>	1	MO
ONGLYZA TABS 2.5MG	4	ST MO
ONGLYZA TABS 5MG	4	ST MO
OZEMPIC INJ 2MG/1.5ML	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl-glimepiride tabs 2mg; 30mg</i>	4	MO
<i>pioglitazone hcl-glimepiride tabs 4mg; 30mg</i>	4	MO
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	2	MO
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	2	MO
<i>pioglitazone hcl tabs 45mg</i>	1	MO
<i>pioglitazone hydrochloride tabs 15mg</i>	1	MO
<i>pioglitazone hydrochloride tabs 30mg</i>	1	MO
<i>repaglinide/metformin hydrochloride tabs 500mg; 1mg</i>	2	MO
<i>repaglinide/metformin hydrochloride tabs 500mg; 2mg</i>	2	MO
<i>repaglinide tabs 0.5mg</i>	1	MO
<i>repaglinide tabs 1mg</i>	1	MO
<i>repaglinide tabs 2mg</i>	1	MO
RYBELSUS TABS 14MG	3	QL (30 EA per 30 days) MO
RYBELSUS TABS 3MG	3	QL (60 EA per 365 days) MO
RYBELSUS TABS 7MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG	3	ST MO
SYNJARDY XR TB24 12.5MG; 1000MG	3	ST MO
SYNJARDY XR TB24 25MG; 1000MG	3	ST MO
SYNJARDY XR TB24 5MG; 1000MG	3	ST MO
SYNJARDY TABS 12.5MG; 1000MG	3	ST MO
SYNJARDY TABS 12.5MG; 500MG	3	ST MO
SYNJARDY TABS 5MG; 1000MG	3	ST MO
SYNJARDY TABS 5MG; 500MG	3	ST MO
TRADJENTA TABS 5MG	3	ST MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG	3	ST MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	3	ST MO
TRIJARDY XR TB24 25MG; 5MG; 1000MG	3	ST MO

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	3	ST MO
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) MO
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) MO
TRULICITY INJ 3MG/0.5ML	3	QL (2 ML per 28 days) MO
TRULICITY INJ 4.5MG/0.5ML	3	QL (2 ML per 28 days) MO
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days) MO
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	MO
BAQSIMI TWO PACK POWD 3MG/DOSE	3	MO
<i>diazoxide susp 50mg/ml</i>	5	MO
GLUCAGEN HYPOKIT INJ 1MG	4	
GLUCAGON EMERGENCY KIT INJ 1MG	3	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
PROGLYCEM SUSP 50MG/ML	5	MO
<b>Insulins</b>		
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	MO
HUMALOG KWIKPEN INJ 100UNIT/ML	3	MO
HUMALOG KWIKPEN INJ 200UNIT/ML	3	MO
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	MO
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	MO
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	MO
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	MO
HUMALOG INJ 100UNIT/ML	3	MO
HUMALOG INJ 100UNIT/ML	3	MO
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	MO
HUMULIN N INJ 100UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3	MO
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	MO
HUMULIN R INJ 100UNIT/ML	3	MO
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	3	MO
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJ 100UNIT/ML	3	MO
LANTUS SOLOSTAR INJ 100UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LANTUS INJ 100UNIT/ML	3	MO
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	MO
LEVEMIR INJ 100UNIT/ML	3	MO
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	MO
TRESIBA FLEXTOUCH INJ 100UNIT/ML	3	MO
TRESIBA FLEXTOUCH INJ 200UNIT/ML	3	MO
TRESIBA INJ 100UNIT/ML	3	MO
<b>Blood Products/Modifiers/Volume Expanders</b>		
<i>Anticoagulants</i>		
<i>argatroban inj 125mg/125ml; 0.9%</i>	5	
<i>argatroban inj 250mg/2.5ml</i>	5	
<i>argatroban inj 250mg/250ml; 0.9%</i>	5	
<i>argatroban inj 50mg/50ml</i>	5	
ELIQUIS STARTER PACK TBPK 5MG	3	QL (148 EA per 365 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days) MO
<i>enoxaparin sodium inj 100mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium inj 120mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium inj 150mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium inj 300mg/3ml</i>	4	QL (105 ML per 90 days)
<i>enoxaparin sodium inj 30mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium inj 40mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium inj 60mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>enoxaparin sodium inj 80mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (28 ML per 90 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (21 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
<i>heparin sodium/d5w inj 5%; 40unit/ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 12500unit/250ml; 0.45%</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 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/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/0.5ml</i>	2	
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven tabs 10mg</i>	2	MO
<i>jantoven tabs 1mg</i>	2	MO
<i>jantoven tabs 2.5mg</i>	2	MO
<i>jantoven tabs 2mg</i>	2	MO
<i>jantoven tabs 3mg</i>	2	MO
<i>jantoven tabs 4mg</i>	2	MO
<i>jantoven tabs 5mg</i>	2	MO
<i>jantoven tabs 6mg</i>	2	MO
<i>jantoven tabs 7.5mg</i>	2	MO
PRADAXA CAPS 110MG	4	QL (60 EA per 30 days) MO
PRADAXA CAPS 150MG	4	QL (60 EA per 30 days) MO
PRADAXA CAPS 75MG	4	QL (60 EA per 30 days) MO
<i>warfarin sodium tabs 10mg</i>	2	MO
<i>warfarin sodium tabs 1mg</i>	2	MO
<i>warfarin sodium tabs 2.5mg</i>	2	MO
<i>warfarin sodium tabs 2mg</i>	2	MO
<i>warfarin sodium tabs 3mg</i>	2	MO
<i>warfarin sodium tabs 4mg</i>	2	MO
<i>warfarin sodium tabs 5mg</i>	2	MO
<i>warfarin sodium tabs 6mg</i>	2	MO
<i>warfarin sodium tabs 7.5mg</i>	2	MO
XARELTO STARTER PACK TBPK 0	3	QL (102 EA per 365 days)
XARELTO TABS 10MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	3	QL (60 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
XARELTO TABS 20MG	3	QL (30 EA per 30 days) MO
<b>Blood Formation Modifiers</b>		
ADAKVEO INJ 100MG/10ML	5	PA
<i>anagrelide hydrochloride caps 0.5mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>anagrelide hydrochloride caps 1mg</i>	3	MO
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
MOZOBIL INJ 24MG/1.2ML	5	QL (38.4 ML per 365 days) PA
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
NEUPOGEN INJ 300MCG/0.5ML	5	ST
NEUPOGEN INJ 300MCG/ML	5	ST
NEUPOGEN INJ 480MCG/0.8ML	5	ST
NEUPOGEN INJ 480MCG/1.6ML	5	ST
NIVESTYM INJ 300MCG/0.5ML	5	ST
NIVESTYM INJ 300MCG/ML	5	ST
NIVESTYM INJ 480MCG/0.8ML	5	ST
NIVESTYM INJ 480MCG/1.6ML	5	ST
NPLATE INJ 125MCG	5	PA
NPLATE INJ 250MCG	5	PA
NPLATE INJ 500MCG	5	PA
OXBRYTA TABS 500MG	5	QL (90 EA per 30 days) PA MO
PROMACTA PACK 12.5MG	5	PA MO
PROMACTA PACK 25MG	5	PA MO
PROMACTA TABS 12.5MG	5	PA MO
PROMACTA TABS 25MG	5	PA MO
PROMACTA TABS 50MG	5	PA MO
PROMACTA TABS 75MG	5	PA MO
REBLOZYL INJ 25MG	5	PA MO
REBLOZYL INJ 75MG	5	PA MO
UDENYCA INJ 6MG/0.6ML	5	PA
ZARXIO INJ 300MCG/0.5ML	5	
ZARXIO INJ 480MCG/0.8ML	5	
<b><i>Blood Products/Modifiers/Volume Expanders</i></b>		
SOLIRIS INJ 300MG/30ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ULTOMIRIS INJ 1100MG/11ML	5	PA
ULTOMIRIS INJ 300MG/30ML	5	PA
ULTOMIRIS INJ 300MG/3ML	5	PA
<b>Hemostasis Agents</b>		
<i>aminocaproic acid inj 250mg/ml</i>	4	
<i>aminocaproic acid tabs 1000mg</i>	4	
<i>aminocaproic acid tabs 500mg</i>	4	
RETACRIT INJ 10000UNIT/ML	4	PA
RETACRIT INJ 2000UNIT/ML	4	PA
RETACRIT INJ 3000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
RETACRIT INJ 4000UNIT/ML	4	PA
<i>tranexamic acid inj 1000mg/10ml</i>	2	
<i>tranexamic acid tabs 650mg</i>	3	
<b>Platelet Modifying Agents</b>		
ASPIRIN/DIPYRIDAMOLE CP12 25MG; 200MG	4	MO
BRILINTA TABS 60MG	4	MO
BRILINTA TABS 90MG	4	MO
CABLIVI INJ 11MG	5	QL (30 EA per 30 days) PA
<i>cilostazol tabs 100mg</i>	2	MO
<i>cilostazol tabs 50mg</i>	2	MO
<i>clopidogrel tabs 300mg</i>	2	
<i>clopidogrel tabs 75mg</i>	2	MO
<i>prasugrel tabs 10mg</i>	4	MO
<i>prasugrel tabs 5mg</i>	4	MO
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl ptwk 0.1mg/24hr</i>	4	MO
<i>clonidine hcl ptwk 0.2mg/24hr</i>	4	MO
<i>clonidine hcl ptwk 0.3mg/24hr</i>	4	MO
<i>clonidine hydrochloride tabs 0.1mg</i>	2	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	2	MO
<i>clonidine hydrochloride tabs 0.3mg</i>	2	MO
CLORPRES TABS 15MG; 0.1MG	4	MO
CLORPRES TABS 15MG; 0.2MG	4	MO
CLORPRES TABS 15MG; 0.3MG	4	MO
<i>guanfacine hcl tabs 1mg</i>	4	MO
<i>guanfacine hcl tabs 2mg</i>	4	MO
<i>methyldopa tabs 250mg</i>	4	MO
<i>methyldopa tabs 500mg</i>	4	MO
<i>midodrine hcl tabs 10mg</i>	2	
<i>midodrine hcl tabs 2.5mg</i>	2	
<i>midodrine hcl tabs 5mg</i>	2	
<i>phenylephrine hydrochloride inj 10mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Alpha-adrenergic Blocking Agents</b>		
<i>phenoxybenzamine hydrochloride caps 10mg</i>	5	
<i>prazosin hcl caps 1mg</i>	2	MO
<i>prazosin hcl caps 5mg</i>	2	MO
<i>prazosin hydrochloride caps 2mg</i>	2	MO
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	2	MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	2	MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	2	MO
<i>candesartan cilexetil tabs 16mg</i>	2	MO
<i>candesartan cilexetil tabs 32mg</i>	2	MO
<i>candesartan cilexetil tabs 4mg</i>	2	MO
<i>candesartan cilexetil tabs 8mg</i>	2	MO
<i>eprosartan mesylate tabs 600mg</i>	4	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	MO
<i>irbesartan tabs 150mg</i>	1	MO
<i>irbesartan tabs 300mg</i>	1	MO
<i>irbesartan tabs 75mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	1	MO
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	1	MO
<i>losartan potassium tabs 100mg</i>	1	MO
<i>losartan potassium tabs 25mg</i>	1	MO
<i>losartan potassium tabs 50mg</i>	1	MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	2	MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	2	MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	2	MO
<i>olmesartan medoxomil tabs 20mg</i>	2	MO
<i>olmesartan medoxomil tabs 40mg</i>	2	MO
<i>olmesartan medoxomil tabs 5mg</i>	2	MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	2	MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	2	MO
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	2	MO
<i>telmisartan tabs 20mg</i>	2	MO
<i>telmisartan tabs 40mg</i>	2	MO
<i>telmisartan tabs 80mg</i>	2	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	1	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tabs 160mg</i>	2	MO
<i>valsartan tabs 320mg</i>	2	MO
<i>valsartan tabs 40mg</i>	2	MO
<i>valsartan tabs 80mg</i>	2	MO
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg</i>	1	MO
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hcl tabs 10mg</i>	1	MO
<i>benazepril hcl tabs 40mg</i>	1	MO
<i>benazepril hcl tabs 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	MO
<i>captopril/hydrochlorothiazide tabs 25mg; 25mg</i>	1	MO
<i>captopril/hydrochlorothiazide tabs 50mg; 15mg</i>	1	MO
<i>captopril/hydrochlorothiazide tabs 50mg; 25mg</i>	1	MO
<i>captopril tabs 100mg</i>	1	MO
<i>captopril tabs 12.5mg</i>	1	MO
<i>captopril tabs 25mg</i>	1	MO
<i>captopril tabs 50mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	1	MO
<i>enalapril maleate tabs 10mg</i>	1	MO
<i>enalapril maleate tabs 2.5mg</i>	1	MO
<i>enalapril maleate tabs 20mg</i>	1	MO
<i>enalapril maleate tabs 5mg</i>	1	MO
EPANED SOLN 1MG/ML	5	MO
EPANED SOLR 1MG/ML	4	
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	1	MO
<i>fosinopril sodium tabs 10mg</i>	1	MO
<i>fosinopril sodium tabs 20mg</i>	1	MO
<i>fosinopril sodium tabs 40mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	MO
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	MO
<i>lisinopril tabs 10mg</i>	1	MO
<i>lisinopril tabs 2.5mg</i>	1	MO
<i>lisinopril tabs 20mg</i>	1	MO
<i>lisinopril tabs 30mg</i>	1	MO
<i>lisinopril tabs 40mg</i>	1	MO
<i>lisinopril tabs 5mg</i>	1	MO
<i>moexipril hcl tabs 15mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tabs 7.5mg</i>	1	MO
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 15mg</i>	1	MO
<i>moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg</i>	1	MO
<i>moexipril/hydrochlorothiazide tabs 25mg; 15mg</i>	1	MO
<i>perindopril erbumine tabs 2mg</i>	1	MO
<i>perindopril erbumine tabs 4mg</i>	1	MO
<i>perindopril erbumine tabs 8mg</i>	1	MO
<i>quinapril hcl tabs 20mg</i>	1	MO
<i>quinapril hcl tabs 40mg</i>	1	MO
<i>quinapril hcl tabs 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	1	MO
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	1	MO
<i>ramipril caps 1.25mg</i>	1	MO
<i>ramipril caps 10mg</i>	1	MO
<i>ramipril caps 2.5mg</i>	1	MO
<i>ramipril caps 5mg</i>	1	MO
<i>trandolapril tabs 1mg</i>	1	MO
<i>trandolapril tabs 2mg</i>	1	MO
<i>trandolapril tabs 4mg</i>	1	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl inj 50mg/ml</i>	2	
<i>amiodarone hcl inj 900mg/18ml</i>	2	
<i>amiodarone hcl tabs 400mg</i>	4	MO
<i>amiodarone hydrochloride inj 150mg/3ml</i>	2	
<i>amiodarone hydrochloride inj 450mg/9ml</i>	2	
<i>amiodarone hydrochloride inj 900mg/18ml</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	4	MO
<i>amiodarone hydrochloride tabs 200mg</i>	2	MO
<i>disopyramide phosphate caps 100mg</i>	4	MO
<i>disopyramide phosphate caps 150mg</i>	4	MO
<i>dofetilide caps 125mcg</i>	4	MO
<i>dofetilide caps 250mcg</i>	4	MO
<i>dofetilide caps 500mcg</i>	4	MO
<i>flecainide acetate tabs 100mg</i>	2	MO
<i>flecainide acetate tabs 150mg</i>	2	MO
<i>flecainide acetate tabs 50mg</i>	2	MO
<i>ibutilide fumarate inj 1mg/10ml</i>	4	
<i>lidocaine hcl inj 100mg/5ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml</i>	2	
<i>lidocaine hcl inj 50mg/5ml</i>	2	
<i>mexiletine hcl caps 150mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl caps 200mg</i>	4	MO
<i>mexiletine hcl caps 250mg</i>	4	MO
NORPACE CR CP12 100MG	4	MO
NORPACE CR CP12 150MG	4	MO
<i>pacerone tabs 100mg</i>	4	MO
<i>pacerone tabs 200mg</i>	2	MO
<i>pacerone tabs 400mg</i>	4	MO
<i>procainamide hcl inj 100mg/ml</i>	2	
<i>procainamide hcl inj 500mg/ml</i>	2	
<i>procainamide hydrochloride inj 100mg/ml</i>	2	
<i>procainamide hydrochloride inj 500mg/ml</i>	2	
<i>propafenone hcl tabs 150mg</i>	2	MO
<i>propafenone hcl tabs 225mg</i>	2	MO
<i>propafenone hcl tabs 300mg</i>	2	MO
<i>propafenone hydrochloride er cp12 225mg</i>	4	MO
<i>propafenone hydrochloride er cp12 325mg</i>	4	MO
<i>propafenone hydrochloride er cp12 425mg</i>	4	MO
<i>quinidine gluconate cr tbc 324mg</i>	4	MO
<i>quinidine gluconate er tbc 324mg</i>	4	MO
<i>quinidine gluconate inj 80mg/ml</i>	2	
<i>quinidine sulfate tabs 200mg</i>	2	MO
<i>quinidine sulfate tabs 300mg</i>	2	MO
<i>sorine tabs 120mg</i>	2	MO
<i>sorine tabs 160mg</i>	2	MO
<i>sorine tabs 240mg</i>	2	MO
<i>sorine tabs 80mg</i>	2	MO
<i>sotalol hcl (af) tabs 120mg</i>	2	MO
<i>sotalol hcl (af) tabs 80mg</i>	2	
<i>sotalol hcl af tabs 160mg</i>	2	
<i>sotalol hcl tabs 120mg</i>	2	MO
<i>sotalol hcl tabs 160mg</i>	2	MO
<i>sotalol hcl tabs 240mg</i>	2	MO
<i>sotalol hcl tabs 80mg</i>	2	MO
<i>sotalol hydrochloride (af) tabs 120mg</i>	2	MO
<i>sotalol hydrochloride (af) tabs 160mg</i>	2	MO
<i>sotalol hydrochloride (af) tabs 80mg</i>	2	MO
<i>sotalol hydrochloride af tabs 160mg</i>	2	MO
<i>sotalol hydrochloride inj 150mg/10ml</i>	5	
<i>sotalol hydrochloride tabs 120mg</i>	2	MO
<i>sotalol hydrochloride tabs 160mg</i>	2	MO
<i>sotalol hydrochloride tabs 80mg</i>	2	MO
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps 200mg</i>	2	MO
<i>acebutolol hcl caps 400mg</i>	2	MO

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<i>acebutolol hydrochloride caps 400mg</i>	2	MO
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	2	MO
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	2	MO
<i>atenolol tabs 100mg</i>	1	MO
<i>atenolol tabs 25mg</i>	1	MO
<i>atenolol tabs 50mg</i>	1	MO
<i>betaxolol hcl tabs 10mg</i>	4	MO
<i>betaxolol hcl tabs 20mg</i>	4	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>bisoprolol fumarate tabs 10mg</i>	2	MO
<i>bisoprolol fumarate tabs 5mg</i>	2	MO
BYSTOLIC TABS 10MG	3	MO
BYSTOLIC TABS 2.5MG	3	MO
BYSTOLIC TABS 20MG	3	MO
BYSTOLIC TABS 5MG	3	MO
<i>carvedilol tabs 12.5mg</i>	2	MO
<i>carvedilol tabs 25mg</i>	2	MO
<i>carvedilol tabs 3.125mg</i>	2	MO
<i>carvedilol tabs 6.25mg</i>	2	MO
<i>esmolol hcl inj 100mg/10ml</i>	4	
<i>esmolol hcl inj 100mg/10ml</i>	4	
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	
<i>labetalol hydrochloride tabs 100mg</i>	2	MO
<i>labetalol hydrochloride tabs 200mg</i>	2	MO
<i>labetalol hydrochloride tabs 300mg</i>	2	MO
<i>metoprolol succinate er tb24 100mg</i>	2	MO
<i>metoprolol succinate er tb24 200mg</i>	2	MO
<i>metoprolol succinate er tb24 25mg</i>	2	MO
<i>metoprolol succinate er tb24 50mg</i>	2	MO
<i>metoprolol tartrate tabs 100mg</i>	1	MO
<i>metoprolol tartrate tabs 25mg</i>	1	MO
<i>metoprolol tartrate tabs 50mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	4	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	4	MO
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	4	MO

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<i>nadolol tabs 20mg</i>	4	MO
<i>nadolol tabs 40mg</i>	4	MO
<i>nadolol tabs 80mg</i>	4	MO
<i>pindolol tabs 10mg</i>	4	MO
<i>pindolol tabs 5mg</i>	4	MO
<i>propranolol hcl er cp24 120mg</i>	4	MO
<i>propranolol hcl er cp24 160mg</i>	4	MO
<i>propranolol hcl inj 1mg/ml</i>	2	
<i>propranolol hcl soln 20mg/5ml</i>	4	MO
<i>propranolol hcl soln 40mg/5ml</i>	4	MO
<i>propranolol hcl tabs 40mg</i>	2	MO
<i>propranolol hydrochloride er cp24 60mg</i>	4	MO
<i>propranolol hydrochloride er cp24 80mg</i>	4	MO
<i>propranolol hydrochloride tabs 10mg</i>	2	MO
<i>propranolol hydrochloride tabs 20mg</i>	2	MO
<i>propranolol hydrochloride tabs 60mg</i>	2	MO
<i>propranolol hydrochloride tabs 80mg</i>	2	MO
<i>propranolol/hydrochlorothiazide tabs 25mg; 40mg</i>	4	MO
<i>propranolol/hydrochlorothiazide tabs 25mg; 80mg</i>	4	MO
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr tb24 30mg</i>	4	MO
<i>afeditab cr tb24 60mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	4	MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	1	MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	1	MO

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<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	1	MO
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	1	MO
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	1	MO
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	1	MO
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	1	MO
<i>amlodipine besylate tabs 10mg</i>	1	MO
<i>amlodipine besylate tabs 2.5mg</i>	1	MO
<i>amlodipine besylate tabs 5mg</i>	1	MO
<i>cartia xt cp24 120mg</i>	2	MO
<i>cartia xt cp24 180mg</i>	2	MO
<i>cartia xt cp24 240mg</i>	2	MO
<i>cartia xt cp24 300mg</i>	2	MO
<i>dilt-xr cp24 120mg</i>	2	MO
<i>dilt-xr cp24 180mg</i>	2	MO
<i>dilt-xr cp24 240mg</i>	2	MO
<i>diltiazem cd cp24 120mg</i>	2	
<i>diltiazem hcl cd cp24 360mg</i>	2	MO
<i>diltiazem hcl er cp12 120mg</i>	4	MO
<i>diltiazem hcl er cp12 60mg</i>	4	MO
<i>diltiazem hcl er cp12 90mg</i>	4	MO
<i>diltiazem hcl er cp24 120mg</i>	2	MO
<i>diltiazem hcl er cp24 120mg</i>	2	MO
<i>diltiazem hcl er cp24 180mg</i>	2	MO
<i>diltiazem hcl er cp24 240mg</i>	2	MO
<i>diltiazem hcl er cp24 300mg</i>	2	
<i>diltiazem hcl er cp24 420mg</i>	2	MO
<i>diltiazem hcl er tb24 180mg</i>	4	MO
<i>diltiazem hcl er tb24 240mg</i>	4	MO
<i>diltiazem hcl er tb24 300mg</i>	4	MO
<i>diltiazem hcl er tb24 360mg</i>	4	MO
<i>diltiazem hcl er tb24 420mg</i>	4	MO
<i>diltiazem hcl inj 100mg</i>	2	
<i>diltiazem hcl inj 125mg/25ml</i>	2	
<i>diltiazem hcl inj 50mg/10ml</i>	2	
<i>diltiazem hcl tabs 120mg</i>	2	MO
<i>diltiazem hcl tabs 30mg</i>	2	MO
<i>diltiazem hcl tabs 60mg</i>	2	MO
<i>diltiazem hcl tabs 90mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er cp24 300mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride inj 25mg/5ml</i>	2	
<i>felodipine er tb24 10mg</i>	2	MO
<i>felodipine er tb24 2.5mg</i>	2	MO
<i>felodipine er tb24 5mg</i>	2	MO
<i>matzim la tb24 180mg</i>	4	MO
<i>matzim la tb24 240mg</i>	4	MO
<i>matzim la tb24 300mg</i>	4	MO
<i>matzim la tb24 360mg</i>	4	MO
<i>matzim la tb24 420mg</i>	4	MO
<i>nifedipine er tb24 30mg</i>	4	MO
<i>nifedipine er tb24 30mg</i>	4	MO
<i>nifedipine er tb24 60mg</i>	4	MO
<i>nifedipine er tb24 60mg</i>	4	MO
<i>nifedipine er tb24 90mg</i>	4	MO
<i>nifedipine er tb24 90mg</i>	4	MO
<i>nimodipine caps 30mg</i>	5	MO
<i>nisoldipine er tb24 17mg</i>	4	MO
<i>nisoldipine er tb24 20mg</i>	4	MO
<i>nisoldipine er tb24 25.5mg</i>	4	MO
<i>nisoldipine er tb24 30mg</i>	4	MO
<i>nisoldipine er tb24 34mg</i>	4	MO
<i>nisoldipine er tb24 40mg</i>	4	MO
<i>nisoldipine er tb24 8.5mg</i>	4	MO
NYMALIZE SOLN 60MG/20ML	5	MO
NYMALIZE SOLN 6MG/ML	5	
<i>taztia xt cp24 120mg</i>	2	MO
<i>taztia xt cp24 180mg</i>	2	MO
<i>taztia xt cp24 240mg</i>	2	MO
<i>taztia xt cp24 300mg</i>	2	MO
<i>taztia xt cp24 360mg</i>	2	MO
<i>tiadylt er cp24 120mg</i>	2	MO
<i>tiadylt er cp24 180mg</i>	2	
<i>tiadylt er cp24 240mg</i>	2	
<i>tiadylt er cp24 300mg</i>	2	MO
<i>tiadylt er cp24 360mg</i>	2	MO
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl er cp24 100mg</i>	4	MO
<i>verapamil hcl er cp24 120mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er cp24 180mg	4	MO
verapamil hcl er cp24 240mg	4	MO
verapamil hcl er cp24 300mg	4	MO
verapamil hcl er tbc 120mg	2	MO
verapamil hcl er tbc 180mg	2	MO
verapamil hcl er tbc 240mg	2	MO
verapamil hcl sr cp24 120mg	4	MO
verapamil hcl sr cp24 180mg	4	MO
verapamil hcl sr cp24 240mg	4	MO
verapamil hcl sr cp24 360mg	4	MO
verapamil hcl tabs 40mg	2	MO
verapamil hcl tabs 80mg	2	MO
verapamil hydrochloride er cp24 200mg	4	MO
verapamil hydrochloride inj 2.5mg/ml	2	
verapamil hydrochloride inj 2.5mg/ml	2	
verapamil hydrochloride tabs 120mg	2	MO
<b>Cardiovascular Agents, Other</b>		
atropine sulfate inj 8mg/20ml	2	
CORLANOR TABS 5MG	4	QL (60 EA per 30 days) PA MO
CORLANOR TABS 7.5MG	4	QL (60 EA per 30 days) PA MO
DEMSEER CAPS 250MG	5	
digitek tabs 0.125mg	2	MO
digitek tabs 0.25mg	2	MO
digoxin inj 0.25mg/ml	4	
digoxin soln 0.05mg/ml	4	MO
digoxin tabs 125mcg	2	MO
digoxin tabs 250mcg	2	MO
digox tabs 125mcg	2	MO
digox tabs 250mcg	2	MO
dobutamine hcl/d5w inj 5%; 1mg/ml	2	B/D
dobutamine hcl inj 250mg/20ml	4	B/D
dobutamine hcl inj 500mg/40ml	4	B/D
dobutamine hydrochloride/dextrose inj 5%; 2mg/ml	2	B/D
dobutamine hydrochloride/dextrose inj 5%; 4mg/ml	2	B/D
dobutamine/dextrose 5% inj 5%; 2mg/ml	2	B/D
dobutamine/dextrose 5% inj 5%; 4mg/ml	2	B/D
dopamine hcl inj 160mg/ml	2	B/D
dopamine hcl inj 80mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml	2	B/D
dopamine hydrochloride inj 40mg/ml	2	B/D
dopamine/d5w inj 5%; 3.2mg/ml	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TABS 24MG; 26MG	3	QL (60 EA per 30 days) MO
ENTRESTO TABS 49MG; 51MG	3	QL (60 EA per 30 days) MO
ENTRESTO TABS 97MG; 103MG	3	QL (60 EA per 30 days) MO
LANOXIN TABS 187.5MCG	4	MO
LANOXIN TABS 62.5MCG	4	MO
<i>mannitol inj 20%</i>	2	
<i>mannitol inj 25%</i>	2	
<i>metirosine caps 250mg</i>	5	
<i>milrinone in dextrose inj 5%; 20mg/100ml</i>	4	B/D
<i>milrinone in dextrose inj 5%; 40mg/200ml</i>	4	B/D
<i>milrinone lactate inj 10mg/10ml</i>	4	B/D
<i>milrinone lactate inj 10mg/10ml</i>	4	B/D
<i>milrinone lactate inj 20mg/20ml</i>	4	B/D
<i>milrinone lactate inj 20mg/20ml</i>	4	B/D
<i>milrinone lactate inj 50mg/50ml</i>	4	B/D
<i>milrinone lactate inj 50mg/50ml</i>	4	B/D
<i>norepinephrine bitartrate inj 1mg/ml</i>	2	
NORTHERA CAPS 100MG	5	PA
NORTHERA CAPS 200MG	5	PA
NORTHERA CAPS 300MG	5	PA
<i>osmitrol viaflex inj 10%</i>	2	
<i>osmitrol viaflex inj 15%</i>	2	
<i>osmitrol viaflex inj 20%</i>	2	
<i>osmitrol viaflex inj 5%</i>	2	
<i>pentoxifylline er tbc 400mg</i>	4	MO
<i>ranolazine er tb12 1000mg</i>	4	MO
<i>ranolazine er tb12 500mg</i>	4	MO
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	4	QL (3.5 ML per 28 days) PA MO
<i>repatha sureclick inj 140mg/ml</i>	4	QL (3 ML per 28 days) PA MO
REPATHA INJ 140MG/ML	4	QL (3 ML per 28 days) PA MO
TAKHZYRO INJ 300MG/2ML	5	PA MO
VYNDAMAX CAPS 61MG	5	QL (30 EA per 30 days) PA MO
VYNDAQEL CAPS 20MG	5	QL (120 EA per 30 days) PA MO
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide sodium inj 500mg</i>	5	
<b>Diuretics, Loop</b>		
<i>bumetanide inj 0.25mg/ml</i>	2	
<i>bumetanide tabs 0.5mg</i>	2	MO
<i>bumetanide tabs 1mg</i>	2	MO
<i>bumetanide tabs 2mg</i>	2	MO
<i>ethacrynic acid tabs 25mg</i>	5	MO
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide soln 10mg/ml</i>	2	MO

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<i>furosemide soln 8mg/ml</i>	2	MO
<i>furosemide tabs 20mg</i>	2	MO
<i>furosemide tabs 40mg</i>	2	MO
<i>furosemide tabs 80mg</i>	2	MO
<i>torsemide tabs 100mg</i>	2	MO
<i>torsemide tabs 10mg</i>	2	MO
<i>torsemide tabs 20mg</i>	2	MO
<i>torsemide tabs 5mg</i>	2	MO
<b>Diuretics, Potassium-sparing</b>		
ALDACTAZIDE TABS 50MG; 50MG	4	MO
<i>amiloride hcl tabs 5mg</i>	2	MO
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	4	MO
<i>eplerenone tabs 25mg</i>	4	MO
<i>eplerenone tabs 50mg</i>	4	MO
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	4	MO
<i>spironolactone tabs 100mg</i>	2	MO
<i>spironolactone tabs 25mg</i>	2	MO
<i>spironolactone tabs 50mg</i>	2	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 50mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	2	MO
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	2	MO
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide sodium inj 500mg</i>	4	
<i>chlorothiazide tabs 250mg</i>	2	MO
<i>chlorothiazide tabs 500mg</i>	2	MO
<i>chlorthalidone tabs 25mg</i>	4	MO
<i>chlorthalidone tabs 50mg</i>	4	MO
<i>hydrochlorothiazide caps 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 25mg</i>	1	MO
<i>hydrochlorothiazide tabs 50mg</i>	1	MO
<i>indapamide tabs 1.25mg</i>	2	MO
<i>indapamide tabs 2.5mg</i>	2	MO
<i>methyclothiazide tabs 5mg</i>	4	MO
<i>metolazone tabs 10mg</i>	4	MO
<i>metolazone tabs 2.5mg</i>	4	MO
<i>metolazone tabs 5mg</i>	4	MO
<b>Dyslipidemics, Fibrin Acid Derivatives</b>		
<i>fenofibrate micronized caps 134mg</i>	2	MO
<i>fenofibrate micronized caps 200mg</i>	2	MO
<i>fenofibrate micronized caps 67mg</i>	2	MO
<i>fenofibrate caps 134mg</i>	2	MO
<i>fenofibrate caps 200mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate caps 43mg</i>	4	MO
<i>fenofibrate caps 67mg</i>	2	MO
<i>fenofibrate tabs 145mg</i>	2	MO
<i>fenofibrate tabs 160mg</i>	2	MO
<i>fenofibrate tabs 48mg</i>	2	MO
<i>fenofibrate tabs 54mg</i>	2	MO
<i>fenofibric acid dr cpdr 135mg</i>	4	MO
<i>fenofibric acid dr cpdr 45mg</i>	4	MO
<i>gemfibrozil tabs 600mg</i>	2	MO
<b><i>Dyslipidemics, HMG CoA Reductase Inhibitors</i></b>		
<i>atorvastatin calcium tabs 10mg</i>	1	MO
<i>atorvastatin calcium tabs 20mg</i>	1	MO
<i>atorvastatin calcium tabs 40mg</i>	1	MO
<i>atorvastatin calcium tabs 80mg</i>	1	MO
<i>fluvastatin sodium er tb24 80mg</i>	4	MO
<i>fluvastatin caps 20mg</i>	1	MO
<i>fluvastatin caps 40mg</i>	1	MO
LIVALO TABS 1MG	4	ST MO
LIVALO TABS 2MG	4	ST MO
LIVALO TABS 4MG	4	ST MO
<i>lovastatin tabs 10mg</i>	1	MO
<i>lovastatin tabs 20mg</i>	1	MO
<i>lovastatin tabs 40mg</i>	1	MO
<i>pravastatin sodium tabs 10mg</i>	1	MO
<i>pravastatin sodium tabs 20mg</i>	1	MO
<i>pravastatin sodium tabs 40mg</i>	1	MO
<i>pravastatin sodium tabs 80mg</i>	1	MO
<i>rosuvastatin calcium tabs 10mg</i>	1	MO
<i>rosuvastatin calcium tabs 20mg</i>	1	MO
<i>rosuvastatin calcium tabs 40mg</i>	1	MO
<i>rosuvastatin calcium tabs 5mg</i>	1	MO
<i>simvastatin tabs 10mg</i>	1	MO
<i>simvastatin tabs 20mg</i>	1	MO
<i>simvastatin tabs 40mg</i>	1	MO
<i>simvastatin tabs 5mg</i>	1	MO
<i>simvastatin tabs 80mg</i>	1	MO
<b><i>Dyslipidemics, Other</i></b>		
<i>cholestyramine light pack 4gm</i>	4	MO
<i>cholestyramine light powd 4gm/dose</i>	4	MO
<i>cholestyramine pack 4gm</i>	4	MO
<i>cholestyramine powd 4gm/dose</i>	4	MO
<i>colesevelam hydrochloride tabs 625mg</i>	4	MO
<i>colestipol hcl gran 5gm</i>	4	MO
<i>colestipol hcl pack 5gm</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tabs 1gm</i>	4	MO
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	2	MO
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	2	MO
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	2	MO
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	2	MO
<i>ezetimibe tabs 10mg</i>	2	MO
JUXTAPID CAPS 10MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 20MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 30MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 40MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 5MG	5	QL (30 EA per 30 days) PA MO
JUXTAPID CAPS 60MG	5	QL (30 EA per 30 days) PA MO
<i>niacin er tbc 1000mg</i>	4	MO
<i>niacin er tbc 500mg</i>	4	MO
<i>niacin er tbc 750mg</i>	4	MO
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	4	MO
<i>prevalite pack 4gm</i>	4	MO
<i>prevalite powd 4gm/dose</i>	4	MO
<i>triklo caps 375mg; 465mg; 1gm</i>	4	MO
VASCEPA CAPS 0.5GM	4	MO
VASCEPA CAPS 1GM	4	MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
DILATRATE SR CPR 40MG	4	MO
ISORDIL TITRADOSE TABS 40MG	5	MO
<i>isosorbide dinitrate er tbc 40mg</i>	4	MO
<i>isosorbide dinitrate tabs 10mg</i>	4	MO
<i>isosorbide dinitrate tabs 20mg</i>	4	MO
<i>isosorbide dinitrate tabs 30mg</i>	4	MO
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide dinitrate tabs 5mg</i>	4	MO
<i>isosorbide mononitrate er tb24 120mg</i>	2	MO
<i>isosorbide mononitrate er tb24 30mg</i>	2	MO
<i>isosorbide mononitrate er tb24 60mg</i>	2	MO
<i>isosorbide mononitrate tabs 10mg</i>	2	MO
<i>isosorbide mononitrate tabs 20mg</i>	2	MO
<i>minitran pt24 0.1mg/hr</i>	2	MO
<i>minitran pt24 0.2mg/hr</i>	2	MO
<i>minitran pt24 0.4mg/hr</i>	2	MO
<i>minitran pt24 0.6mg/hr</i>	2	MO
NITRO-BID OINT 2%	4	MO
NITRO-DUR PT24 0.3MG/HR	4	MO
NITRO-DUR PT24 0.8MG/HR	4	MO
<i>nitroglycerin in 5% dextrose inj 5%; 200mcg/ml</i>	2	
<i>nitroglycerin in 5% dextrose inj 5%; 400mcg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin in dextrose 5% inj 5%; 100mcg/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 transdermal pt24 0.1mg/hr</i>	2	MO
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	2	MO
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	2	MO
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	2	MO
<i>nitroglycerin subl 0.3mg</i>	2	MO
<i>nitroglycerin subl 0.4mg</i>	2	MO
<i>nitroglycerin subl 0.6mg</i>	2	MO
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl tabs 10mg</i>	2	MO
<i>hydralazine hydrochloride tabs 100mg</i>	2	MO
<i>hydralazine hydrochloride tabs 25mg</i>	2	MO
<i>hydralazine hydrochloride tabs 50mg</i>	2	MO
<i>minoxidil tabs 10mg</i>	4	MO
<i>minoxidil tabs 2.5mg</i>	4	MO
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL (30 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dexedrine tabs 10mg</i>	4	QL (180 EA per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
<i>dexedrine tabs 5mg</i>	4	QL (90 EA per 30 days) PA
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	QL (120 EA per 30 days) PA MO
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) PA MO
<i>dextroamphetamine sulfate tabs 10mg</i>	4	QL (180 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs 5mg</i>	4	QL (90 EA per 30 days) PA MO
ZENZEDI TABS 10MG	4	QL (180 EA per 30 days) PA MO
ZENZEDI TABS 5MG	4	QL (90 EA per 30 days) PA MO
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 10mg</i>	4	QL (60 EA per 30 days) MO
<i>atomoxetine caps 18mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 25mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 60mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 80mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>dexmethylphenidate hcl tabs 5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>guanfacine er tb24 1mg</i>	4	MO
<i>guanfacine er tb24 2mg</i>	4	MO
<i>guanfacine er tb24 3mg</i>	4	MO
<i>guanfacine er tb24 4mg</i>	4	MO
<i>metadate er tbc 20mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er tbc 10mg</i>	4	QL (180 EA per 30 days) PA MO
<i>methylphenidate hydrochloride er tbc 20mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride chew 10mg</i>	4	QL (180 EA per 30 days) PA MO
<i>methylphenidate hydrochloride chew 2.5mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride chew 5mg</i>	4	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	PA MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	PA MO
<i>methylphenidate hydrochloride tabs 10mg</i>	2	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tabs 20mg</i>	2	QL (90 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tabs 5mg</i>	2	QL (90 EA per 30 days) PA MO
<b>Central Nervous System, Other</b>		
AUSTEDO TABS 12MG	5	QL (120 EA per 30 days) PA MO
AUSTEDO TABS 6MG	5	QL (120 EA per 30 days) PA MO
AUSTEDO TABS 9MG	5	QL (120 EA per 30 days) PA MO
<i>caffeine citrate inj 60mg/3ml</i>	4	
<i>caffeine citrate soln 20mg/ml</i>	4	
<i>caffeine citrate soln 60mg/3ml</i>	4	
<i>clonidine hydrochloride inj 100mcg/ml</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hydrochloride inj 500mcg/ml</i>	4	B/D
NUEDEXTA CAPS 20MG; 10MG	4	PA MO
RADICAVA INJ 30MG/100ML	5	PA MO
<i>riluzole tabs 50mg</i>	3	PA MO
<i>tetrabenazine tabs 12.5mg</i>	5	PA MO
<i>tetrabenazine tabs 25mg</i>	5	PA MO
TIGLUTIK SUSP 50MG/10ML	5	PA MO
<b><i>Fibromyalgia Agents</i></b>		
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG	3	QL (60 EA per 30 days) MO
SAVELLA TABS 12.5MG	3	QL (60 EA per 30 days) MO
SAVELLA TABS 25MG	3	QL (60 EA per 30 days) MO
SAVELLA TABS 50MG	3	QL (60 EA per 30 days) MO
<b><i>Multiple Sclerosis Agents</i></b>		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA MO
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA MO
AVONEX INJ 30MCG/VIAL	5	QL (4 EA per 28 days) PA MO
BAFIERTAM CPDR 95MG	5	QL (120 EA per 30 days) PA MO
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA MO
<i>dalfampridine er tb12 10mg</i>	5	QL (60 EA per 30 days) PA MO
<i>dimethyl fumarate starterpack misc 0</i>	5	QL (120 EA per 365 days) PA
<i>dimethyl fumarate cpdr 120mg</i>	5	QL (60 EA per 30 days) PA MO
<i>dimethyl fumarate cpdr 240mg</i>	5	QL (60 EA per 30 days) PA MO
GILENYA CAPS 0.25MG	5	QL (30 EA per 30 days) PA MO
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA MO
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA MO
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA MO
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA MO
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA MO
KESIMPTA INJ 20MG/0.4ML	5	PA MO
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	QL (24 EA per 365 days) PA
MAYZENT TABS 0.25MG	5	QL (120 EA per 30 days) PA MO
MAYZENT TABS 2MG	5	QL (30 EA per 30 days) PA MO
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (4 ML per 365 days) PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA MO
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA MO
REBIF REBIDOSE INJ 22MCG/0.5ML	5	QL (6 ML per 28 days) PA MO
REBIF REBIDOSE INJ 44MCG/0.5ML	5	QL (6 ML per 28 days) PA MO
REBIF TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA MO
REBIF INJ 22MCG/0.5ML	5	QL (6 ML per 28 days) PA MO
REBIF INJ 44MCG/0.5ML	5	QL (6 ML per 28 days) PA MO
TECFIDERA STARTER PACK MISC 0	5	QL (120 EA per 365 days) PA
TECFIDERA CPDR 120MG	5	QL (60 EA per 30 days) PA MO
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA MO
TYSABRI INJ 300MG/15ML	5	PA
ZEPOSIA 7-DAY STARTER PACK CPPK 0	5	PA
ZEPOSIA STARTER KIT CPPK 0	5	PA
ZEPOSIA CAPS 0.92MG	5	QL (30 EA per 30 days) PA MO
<b>Dental and Oral Agents</b>		
<i>Dental and Oral Agents</i>		
chlorhexidine gluconate soln 0.12%	2	
lidocaine hcl soln 4%	4	
lidocaine viscous soln 2%	4	
oralone dental paste pste 0.1%	4	
paroex soln 0.12%	2	
periogard soln 0.12%	2	
pilocarpine hydrochloride tabs 5mg	4	MO
pilocarpine hydrochloride tabs 7.5mg	4	MO
triamcinolone acetonide dental paste pste 0.1%	4	
<b>Dermatological Agents</b>		
<i>Dermatological Agents</i>		
acitretin caps 10mg	4	
acitretin caps 17.5mg	5	
acitretin caps 25mg	4	
ammonium lactate crea 12%	3	
ammonium lactate lotn 12%	3	
amnesteam caps 10mg	4	PA
amnesteam caps 20mg	4	PA
amnesteam caps 40mg	4	PA
avita crea 0.025%	4	PA
avita gel 0.025%	4	PA
azelaic acid gel 15%	4	
calcipotriene crea 0.005%	2	QL (120 GM per 30 days)
calcipotriene oint 0.005%	2	QL (120 GM per 30 days)
calcipotriene soln 0.005%	2	QL (60 ML per 30 days)
calcitrene oint 0.005%	2	QL (120 GM per 30 days)
claravis caps 10mg	4	PA
claravis caps 20mg	4	PA
claravis caps 30mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>claravis caps 40mg</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	4	
<i>clindamycin/benzoyl peroxide gel 5%; 1%</i>	4	
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA MO
COSENTYX INJ 150MG/ML	5	PA MO
COSENTYX INJ 150MG/ML	5	PA MO
<i>dapsone gel 5%</i>	4	
<i>dapsone gel 7.5%</i>	4	
<i>diclofenac sodium soln 1.5%</i>	4	PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
<i>erythromycin/benzoyl peroxide gel 5%; 3%</i>	4	
EUCRISA OINT 2%	4	PA
FINACEA FOAM 15%	4	
ILUMYA INJ 100MG/ML	4	PA MO
<i>imiquimod pump crea 3.75%</i>	5	
<i>imiquimod crea 5%</i>	3	
<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
<i>klofensaid ii soln 1.5%</i>	4	PA
<i>methoxsalen caps 10mg</i>	5	
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>myorisan caps 10mg</i>	4	PA
<i>myorisan caps 20mg</i>	4	PA
<i>myorisan caps 30mg</i>	4	PA
<i>myorisan caps 40mg</i>	4	PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
<i>pimecrolimus crea 1%</i>	4	
<i>podofilox soln 0.5%</i>	4	
RECTIV OINT 0.4%	4	
<i>rosadan crea 0.75%</i>	4	
<i>rosadan gel 0.75%</i>	4	
SANTYL OINT 250UNIT/GM	4	
<i>selenium sulfide lotn 2.5%</i>	2	
STELARA INJ 45MG/0.5ML	4	PA MO
STELARA INJ 45MG/0.5ML	4	PA MO
STELARA INJ 90MG/ML	4	PA MO
<i>tacrolimus oint 0.03%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oint 0.1%</i>	4	
TALTZ INJ 80MG/ML	4	PA MO
TALTZ INJ 80MG/ML	4	PA MO
<i>tazarotene crea 0.1%</i>	4	
TREMFYA INJ 100MG/ML	4	PA MO
TREMFYA INJ 100MG/ML	4	PA MO
<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>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>tretinoin gel 0.05%</i>	4	PA
UVADEX INJ 20MCG/ML	4	
<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
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b><i>Electrolyte/Mineral Replacement</i></b>		
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	4	B/D
<i>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</i>	4	B/D
<i>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</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
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	4	B/D
<i>calcium gluconate/sodium chloride inj 1gm/50ml; 0.675%</i>	2	
<i>calcium gluconate/sodium chloride inj 1gm/50ml; 0.675%</i>	2	
<i>calcium gluconate inj 10%</i>	2	
CARBAGLU TABS 200MG	5	MO
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	4	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	4	B/D
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	4	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	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
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	4	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	4	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	4	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	4	B/D
CLINIMIX 6/5 INJ 1242MG/100ML; 690MG/100ML; 5GM/100ML; 618MG/100ML; 288MG/100ML; 360MG/100ML; 438MG/100ML; 348MG/100ML; 240MG/100ML; 336MG/100ML; 408MG/100ML; 300MG/100ML; 252MG/100ML; 108MG/100ML; 24MG/100ML; 348MG/100ML	4	B/D
CLINIMIX 8/10 INJ 1656MG/100ML; 920MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/14 INJ 1656MG/100ML; 920MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 320MG/100ML; 448MG/100ML; 544MG/100ML; 400MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
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	4	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	4	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	4	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	4	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	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
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	4	B/D
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	4	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	4	B/D
CLINIMIX E 8/10 INJ 1656MG/100ML; 920MG/100ML; 33MG/100ML; 10GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	B/D
CLINIMIX E 8/14 INJ 1656MG/100ML; 920MG/100ML; 33MG/100ML; 14GM/100ML; 824MG/100ML; 384MG/100ML; 480MG/100ML; 584MG/100ML; 464MG/100ML; 51MG/100ML; 320MG/100ML; 448MG/100ML; 261MG/100ML; 544MG/100ML; 400MG/100ML; 205MG/100ML; 336MG/100ML; 144MG/100ML; 32MG/100ML; 464MG/100ML	4	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	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
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	4	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	4	B/D
<i>dextrose 10%/nacl 0.45% inj 10%; 0.45%</i>	2	
<i>dextrose 10%/nacl 0.2% inj 10%; 0.2%</i>	2	
<i>dextrose 10% inj 10%</i>	2	
<i>dextrose 2.5%/nacl 0.45% inj 2.5%; 0.45%</i>	2	
<i>dextrose 20% inj 20%</i>	2	
<i>dextrose 25% inj 250mg/ml</i>	2	
<i>dextrose 30% inj 30%</i>	2	
<i>dextrose 40% inj 40%</i>	2	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>dextrose 5%/nacl 0.2% inj 5%; 0.2%</i>	2	
<i>dextrose 5%/nacl 0.225% inj 5%; 0.225%</i>	2	
<i>dextrose 5%/nacl 0.3% inj 5%; 0.3%</i>	2	
<i>dextrose 5%/nacl 0.33% inj 5%; 0.33%</i>	2	
<i>dextrose 5%/nacl 0.45% inj 5%; 0.45%</i>	2	
<i>dextrose 5%/nacl 0.9% inj 5%; 0.9%</i>	2	
<i>dextrose 5% inj 5%</i>	2	
<i>dextrose 50% inj 50%</i>	2	
<i>dextrose 70% inj 70%</i>	2	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	2	
<i>dextrose inj 20%</i>	2	
<i>dextrose inj 50%</i>	2	
<i>glucose 5% inj 5%</i>	2	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	4	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	

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Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con 10 tbc 10meq</i>	2	MO
<i>klor-con 8 tbc 8meq</i>	2	MO
<i>klor-con m10 tbc 10meq</i>	2	MO
<i>klor-con m15 tbc 15meq</i>	2	MO
<i>klor-con m20 tbc 20meq</i>	2	MO
<i>klor-con sprinkle cpcr 10meq</i>	2	MO
<i>klor-con sprinkle cpcr 8meq</i>	2	MO
<i>klor-con pack 20meq</i>	4	MO
<i>lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>lactated ringers inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	2	
<i>magnesium sulfate inj 20gm/500ml</i>	4	
<i>magnesium sulfate inj 2gm/50ml</i>	4	
<i>magnesium sulfate inj 40gm/1000ml</i>	4	
<i>magnesium sulfate inj 4gm/100ml</i>	4	
<i>magnesium sulfate inj 4gm/50ml</i>	4	
<i>magnesium sulfate inj 50%</i>	4	
<i>magnesium sulfate inj 50%</i>	4	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
NORMOSOL-M IN D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	4	
NORMOSOL-R IN D5W INJ 27MEQ/L; 98MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	4	
<i>potassium chloride cr tbc 10meq</i>	2	MO
<i>potassium chloride cr tbc 10meq</i>	2	MO
<i>potassium chloride cr tbc 20meq</i>	2	
<i>potassium chloride er cpr 10meq</i>	2	MO
<i>potassium chloride er cpr 8meq</i>	2	MO
<i>potassium chloride er tbc 10meq</i>	2	MO
<i>potassium chloride er tbc 10meq</i>	2	MO
<i>potassium chloride er tbc 20meq</i>	2	MO
<i>potassium chloride er tbc 20meq</i>	2	MO
<i>potassium chloride er tbc 8meq</i>	2	MO
<i>potassium chloride sr tbc 8meq</i>	2	MO
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	2	
<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.33%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	
<i>potassium chloride/dextrose inj 5%; 40meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	2	
<i>potassium chloride inj 10meq/50ml</i>	2	
<i>potassium chloride inj 20meq/100ml</i>	1	
<i>potassium chloride inj 20meq/50ml</i>	2	
<i>potassium chloride pack 20meq</i>	4	MO
<i>potassium chloride soln 10%</i>	4	MO
<i>potassium chloride soln 20%</i>	4	MO
<i>potassium citrate er tbc 1080mg</i>	4	
<i>potassium citrate er tbc 540mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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	4	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>sodium acetate inj 2meq/ml</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	
<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 0.9%</i>	2	
<i>sodium chloride inj 2.5meq/ml</i>	2	
<i>sodium chloride inj 3%</i>	2	
<i>sodium chloride inj 5%</i>	2	
<i>sodium fluoride tabs 1mg</i>	2	MO
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CLOVIQUE CAPS 250MG	5	PA
<i>d-penamine tabs 125mg</i>	5	
<i>deferasirox pack 180mg</i>	5	PA MO
<i>deferasirox pack 360mg</i>	5	PA MO
<i>deferasirox pack 90mg</i>	5	PA MO
<i>deferasirox tabs 180mg</i>	5	PA MO
<i>deferasirox tabs 360mg</i>	5	PA MO
<i>deferasirox tabs 90mg</i>	5	PA MO
<i>deferasirox tbso 125mg</i>	5	PA MO
<i>deferasirox tbso 250mg</i>	5	PA MO
<i>deferasirox tbso 500mg</i>	5	PA MO
<i>deferiprone tabs 500mg</i>	5	PA MO
DEPEN TITRATABS TABS 250MG	4	
FERRIPROX TWICE-A-DAY TABS 1000MG	5	PA MO
FERRIPROX SOLN 100MG/ML	5	PA MO
FERRIPROX TABS 1000MG	5	PA MO
FERRIPROX TABS 500MG	5	PA MO
JADENU SPRINKLE PACK 180MG	5	PA MO
JADENU SPRINKLE PACK 360MG	5	PA MO
JADENU SPRINKLE PACK 90MG	5	PA MO
JADENU TABS 180MG	5	PA MO
JADENU TABS 360MG	5	PA MO
JADENU TABS 90MG	5	PA MO
JYNARQUE TBPK 0	5	
JYNARQUE TBPK 15MG	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>kionex powd 0</i>	3	
<i>kionex susp 15gm/60ml</i>	3	
LOKELMA PACK 10GM	4	QL (90 EA per 30 days) MO
LOKELMA PACK 5GM	4	QL (90 EA per 30 days) MO
<i>penicillamine tabs 250mg</i>	4	
<i>sodium polystyrene sulfonate powd 0</i>	3	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	3	
<i>sodium polystyrene sulfonate susp 30gm/120ml</i>	3	
<i>sodium polystyrene sulfonate susp 50gm/200ml</i>	3	
<i>sps susp 15gm/60ml</i>	3	
<i>trientine hydrochloride caps 250mg</i>	5	PA
<i>veltassa pack 16.8gm</i>	5	MO
<i>veltassa pack 25.2gm</i>	5	MO
<i>veltassa pack 8.4gm</i>	5	MO
<b>Phosphate Binders</b>		
AURYXIA TABS 210MG	5	PA MO
<i>calcium acetate caps 667mg</i>	4	MO
<i>calcium acetate tabs 667mg</i>	2	MO
<i>lanthanum carbonate chew 1000mg</i>	5	MO
<i>lanthanum carbonate chew 500mg</i>	5	MO
<i>lanthanum carbonate chew 750mg</i>	5	MO
<i>sevelamer carbonate pack 0.8gm</i>	5	MO
<i>sevelamer carbonate pack 2.4gm</i>	5	MO
<i>sevelamer carbonate tabs 800mg</i>	4	MO
<i>sevelamer hydrochloride tabs 400mg</i>	4	MO
<i>sevelamer hydrochloride tabs 800mg</i>	4	MO
<b>Vitamins</b>		
RAYALDEE CPR 30MCG	5	MO
<i>vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2.2mg; 6mg; 30unit; 2500unit; 20mg</i>	2	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride caps 10mg</i>	2	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	4	
<i>dicyclomine hydrochloride inj 10mg/ml</i>	4	
<i>dicyclomine hydrochloride tabs 20mg</i>	2	
<i>glycate tabs 1.5mg</i>	4	
<i>glycopyrrolate tabs 1.5mg</i>	4	
<i>glycopyrrolate tabs 1mg</i>	2	
<i>glycopyrrolate tabs 2mg</i>	2	
<i>methscopolamine bromide tabs 2.5mg</i>	4	
<i>methscopolamine bromide tabs 5mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b><i>Gastrointestinal Agents, Other</i></b>		
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	4	
CHENODAL TABS 250MG	5	
CHOLBAM CAPS 250MG	5	PA MO
CHOLBAM CAPS 50MG	5	PA MO
<i>cromolyn sodium conc 100mg/5ml</i>	2	MO
<i>diphenoxylate/atropine tabs 0.025mg; 2.5mg</i>	2	
GATTEX INJ 5MG	5	PA MO
GIMOTI SOLN 15MG/ACT	5	ST
<i>loperamide hcl caps 2mg</i>	2	
<i>loperamide hydrochloride soln 1mg/7.5ml</i>	2	
<i>metoclopramide hcl inj 5mg/ml</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride soln 10mg/10ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
<i>opium tincture tinc 1%</i>	4	
<i>opium tinc 1%</i>	4	
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) ST
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) ST
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) ST
<i>ursodiol tabs 250mg</i>	2	MO
<i>ursodiol tabs 500mg</i>	4	MO
<b><i>Histamine2 (H2) Receptor Antagonists</i></b>		
<i>famotidine susr 40mg/5ml</i>	4	MO
<i>famotidine tabs 20mg</i>	2	MO
<i>famotidine tabs 40mg</i>	2	MO
<i>ranitidine hcl syrp 75mg/5ml</i>	2	MO
<i>ranitidine hcl tabs 300mg</i>	2	MO
<i>ranitidine hydrochloride inj 1000mg/40ml</i>	4	
<i>ranitidine hydrochloride tabs 150mg</i>	2	MO
<i>ranitidine hydrochloride tabs 150mg</i>	2	MO
<b><i>Irritable Bowel Syndrome Agents</i></b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	5	PA MO
<i>alosetron hydrochloride tabs 1mg</i>	5	PA MO
AMITIZA CAPS 24MCG	3	QL (60 EA per 30 days) MO
AMITIZA CAPS 8MCG	3	QL (60 EA per 30 days) MO
LINZESS CAPS 145MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days) MO
LINZESS CAPS 72MCG	3	QL (30 EA per 30 days) MO
<b><i>Laxatives</i></b>		
CLENPIQ SOLN 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
<i>constulose soln 10gm/15ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>enulose soln 10gm/15ml</i>	2	MO
<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-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm</i>	4	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>generlac soln 10gm/15ml</i>	2	MO
<b>KRISTALOSE PACK 20GM</b>	4	MO
<i>lactulose pack 10gm</i>	4	MO
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>peg-3350,sodium sulf,naclpotassium cl,na ascorbate,ascorbic solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</i>	2	
<i>peg-3350/electrolytes/ascorbate solr 4.7gm; 100gm; 1.015gm; 5.9gm; 2.691gm; 7.5gm</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>polyethylene glycol 3350 pack 17gm</i>	2	
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	2	
<b>SUPREP BOWEL PREP KIT SOLN 1.6GM/177ML; 3.13GM/177ML; 17.5GM/177ML</b>	3	
<i>trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<b>Protectants</b>		
<i>misoprostol tabs 100mcg</i>	2	MO
<i>misoprostol tabs 200mcg</i>	2	MO
<i>sucrafate tabs 1gm</i>	2	MO
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium cpdr 20mg</i>	4	QL (60 EA per 30 days) MO
<i>esomeprazole magnesium cpdr 40mg</i>	4	QL (60 EA per 30 days) MO
<i>esomeprazole magnesium pack 10mg</i>	4	QL (60 EA per 30 days) MO
<i>esomeprazole magnesium pack 20mg</i>	4	QL (60 EA per 30 days) MO
<i>esomeprazole magnesium pack 40mg</i>	4	QL (60 EA per 30 days) MO
<i>lansoprazole odt tbdd 15mg</i>	4	QL (60 EA per 30 days) MO
<i>lansoprazole odt tbdd 30mg</i>	4	QL (60 EA per 30 days) MO
<i>lansoprazole cpdr 15mg</i>	2	QL (60 EA per 30 days) MO
<i>lansoprazole cpdr 30mg</i>	2	QL (60 EA per 30 days) MO
<i>lansoprazole tbdd 15mg</i>	4	QL (60 EA per 30 days) MO
<i>lansoprazole tbdd 30mg</i>	4	QL (60 EA per 30 days) MO
<i>omeprazole dr cpdr 10mg</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole cpdr 10mg</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole cpdr 20mg</i>	2	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium dr tbec 40mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium inj 40mg</i>	2	
<i>pantoprazole sodium pack 40mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium tbec 20mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	2	QL (60 EA per 30 days) MO
<i>rabeprazole sodium tbec 20mg</i>	2	QL (60 EA per 30 days) MO
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<i>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</i>		
ADAGEN INJ 250UNIT/ML	5	
ALDURAZYME INJ 2.9MG/5ML	5	PA
CERDELGA CAPS 84MG	5	PA MO
CEREZYME INJ 400UNIT	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	MO
CYSTAGON CAPS 150MG	4	MO
CYSTAGON CAPS 50MG	4	MO
ELAPRASE INJ 6MG/3ML	5	PA
EVRYSDI SOLR 0.75MG/ML	5	QL (240 ML per 30 days) PA MO
EXONDYS 51 INJ 100MG/2ML	5	PA
EXONDYS 51 INJ 500MG/10ML	5	PA
FABRAZYME INJ 35MG	5	PA
GALAFOLD CAPS 123MG	5	QL (14 EA per 28 days) PA MO
KANUMA INJ 20MG/10ML	5	PA
KUVAN PACK 100MG	5	PA MO
KUVAN PACK 500MG	5	PA MO
KUVAN TBSO 100MG	5	PA MO
LUMIZYME INJ 50MG	5	PA
<i>miglustat caps 100mg</i>	5	PA MO
NAGLAZYME INJ 1MG/ML	5	PA
<i>nitisinone caps 10mg</i>	5	MO
<i>nitisinone caps 2mg</i>	5	MO
<i>nitisinone caps 5mg</i>	5	MO
ORFADIN CAPS 10MG	5	MO
ORFADIN CAPS 20MG	5	MO
ORFADIN CAPS 2MG	5	MO
ORFADIN CAPS 5MG	5	MO
ORFADIN SUSP 4MG/ML	5	MO
PROCYSBI CPDR 25MG	5	PA MO
PROCYSBI CPDR 75MG	5	PA MO
PROCYSBI PACK 300MG	5	PA MO

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Drug Name	Drug Tier	Requirements/Limits
PROCYSBI PACK 75MG	5	PA MO
RAVICTI LIQD 1.1GM/ML	5	PA MO
REVCovi INJ 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride pack 100mg</i>	5	PA MO
<i>sapropterin dihydrochloride pack 500mg</i>	5	PA MO
<i>sapropterin dihydrochloride tbso 100mg</i>	5	PA MO
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	MO
STRENSIQ INJ 18MG/0.45ML	5	PA MO
STRENSIQ INJ 28MG/0.7ML	5	PA MO
STRENSIQ INJ 40MG/ML	5	PA MO
STRENSIQ INJ 80MG/0.8ML	5	PA MO
VIMIZIM INJ 5MG/5ML	5	PA
VPRIV INJ 400UNIT	5	PA
VYONDYS 53 INJ 100MG/2ML	5	PA
XIAFLEX INJ 0.9MG	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	MO
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	MO
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	MO
<b>Genitourinary Agents</b>		
<b><i>Antispasmodics, Urinary</i></b>		
<i>darifenacin hydrobromide er tb24 15mg</i>	4	MO
<i>darifenacin hydrobromide er tb24 7.5mg</i>	4	MO
<i>flavoxate hcl tabs 100mg</i>	4	MO
MYRBETRIQ TB24 25MG	3	MO
MYRBETRIQ TB24 50MG	3	MO
<i>oxybutynin chloride er tb24 10mg</i>	2	MO
<i>oxybutynin chloride er tb24 15mg</i>	2	MO
<i>oxybutynin chloride er tb24 5mg</i>	2	MO
<i>oxybutynin chloride syrp 5mg/5ml</i>	2	MO
<i>oxybutynin chloride tabs 5mg</i>	2	MO
<i>tolterodine tartrate er cp24 2mg</i>	4	MO
<i>tolterodine tartrate er cp24 4mg</i>	4	MO
<i>tolterodine tartrate tabs 1mg</i>	4	MO
<i>tolterodine tartrate tabs 2mg</i>	4	MO
<i>tropium chloride tabs 20mg</i>	2	MO
<b><i>Benign Prostatic Hypertrophy Agents</i></b>		
<i>alfuzosin hcl er tb24 10mg</i>	2	MO
<i>doxazosin mesylate tabs 1mg</i>	2	MO
<i>doxazosin mesylate tabs 2mg</i>	2	MO
<i>doxazosin mesylate tabs 4mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tabs 8mg</i>	2	MO
<i>dutasteride caps 0.5mg</i>	4	MO
<i>finasteride tabs 5mg</i>	2	MO
<i>silodosin caps 4mg</i>	3	MO
<i>silodosin caps 8mg</i>	3	MO
<i>tamsulosin hydrochloride caps 0.4mg</i>	2	MO
<i>terazosin hcl caps 10mg</i>	2	MO
<i>terazosin hcl caps 1mg</i>	2	MO
<i>terazosin hcl caps 5mg</i>	2	MO
<i>terazosin hydrochloride caps 2mg</i>	2	MO
<b>Genitourinary Agents, Other</b>		
<i>acetic acid 0.25% soln 0.25%</i>	1	
<i>bethanechol chloride tabs 10mg</i>	3	
<i>bethanechol chloride tabs 25mg</i>	3	
<i>bethanechol chloride tabs 50mg</i>	3	
<i>bethanechol chloride tabs 5mg</i>	3	
ELMIRON CAPS 100MG	4	
THIOLA EC TBEC 100MG	5	MO
THIOLA EC TBEC 300MG	5	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>ala-cort crea 2.5%</i>	2	
<i>alclometasone dipropionate crea 0.05%</i>	3	
<i>alclometasone dipropionate oint 0.05%</i>	3	
<i>augmented betamethasone dipropionate crea 0.05%</i>	2	
<i>augmented betamethasone dipropionate lotn 0.05%</i>	4	
<i>augmented betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone dipropionate crea 0.05%</i>	3	
<i>betamethasone dipropionate lotn 0.05%</i>	3	
<i>betamethasone dipropionate oint 0.05%</i>	4	
<i>betamethasone valerate crea 0.1%</i>	3	
<i>betamethasone valerate lotn 0.1%</i>	3	
<i>betamethasone valerate oint 0.1%</i>	3	
<i>clobetasol propionate e crea 0.05%</i>	4	
<i>clobetasol propionate emollient crea 0.05%</i>	4	
<i>clobetasol propionate emollient foam 0.05%</i>	4	
<i>clobetasol propionate crea 0.05%</i>	4	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel 0.05%</i>	4	
<i>clobetasol propionate liqd 0.05%</i>	4	
<i>clobetasol propionate lotn 0.05%</i>	4	
<i>clobetasol propionate oint 0.05%</i>	4	
<i>clobetasol propionate sham 0.05%</i>	4	

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<i>clobetasol propionate soln 0.05%</i>	4	
<i>clodan sham 0.05%</i>	4	
<i>cormax scalp application soln 0.05%</i>	4	
CORTIFOAM FOAM 10%	4	
<i>cortisone acetate tabs 25mg</i>	2	
<i>deltasone tabs 20mg</i>	2	
DEPO-MEDROL INJ 20MG/ML	4	
<i>desonide crea 0.05%</i>	4	
<i>desonide gel 0.05%</i>	4	
<i>desonide lotn 0.05%</i>	4	
<i>desonide oint 0.05%</i>	4	
<i>dexamethasone 10-day dose pack tbpk 1.5mg</i>	4	
<i>dexamethasone 13-day dose pack tbpk 1.5mg</i>	4	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	4	
<i>dexamethasone intensol conc 1mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	2	
<i>dexamethasone sodium phosphate inj 20mg/5ml</i>	2	
<i>dexamethasone sodium phosphate inj 4mg/ml</i>	2	
<i>dexamethasone elix 0.5mg/5ml</i>	2	
<i>dexamethasone tabs 0.5mg</i>	2	
<i>dexamethasone tabs 0.75mg</i>	2	
<i>dexamethasone tabs 1.5mg</i>	2	
<i>dexamethasone tabs 1mg</i>	2	
<i>dexamethasone tabs 2mg</i>	2	
<i>dexamethasone tabs 4mg</i>	2	
<i>dexamethasone tabs 6mg</i>	2	
<i>fludrocortisone acetate tabs 0.1mg</i>	2	MO
<i>fluocinolone acetonide crea 0.01%</i>	4	
<i>fluocinolone acetonide crea 0.025%</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	4	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide emulsified base crea 0.05%</i>	3	
<i>fluocinonide crea 0.05%</i>	3	
<i>fluocinonide crea 0.1%</i>	3	QL (120 GM per 30 days)
<i>fluocinonide gel 0.05%</i>	3	
<i>fluocinonide oint 0.05%</i>	3	
<i>fluocinonide soln 0.05%</i>	3	
<i>fluticasone propionate crea 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	3	
<i>halcinonide crea 0.1%</i>	4	
<i>halobetasol propionate foam 0.05%</i>	5	

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<i>halobetasol propionate oint 0.05%</i>	4	
HALOG SOLN 0.1%	4	
<i>hydrocortisone butyrate crea 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	4	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone valerate crea 0.2%</i>	3	QL (60 GM per 30 days)
<i>hydrocortisone valerate oint 0.2%</i>	3	
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone lotn 2.5%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	
<i>hydrocortisone tabs 10mg</i>	2	
<i>hydrocortisone tabs 20mg</i>	2	
<i>hydrocortisone tabs 5mg</i>	2	
KENALOG-10 INJ 10MG/ML	4	
KENALOG-40 INJ 40MG/ML	4	
LEXETTE FOAM 0.05%	5	
<i>lokara lotn 0.05%</i>	4	
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone sodium succinate inj 500mg</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	
MILLIPRED DP TBPK 5MG	4	
<i>mometasone furoate crea 0.1%</i>	2	
<i>mometasone furoate oint 0.1%</i>	2	
<i>mometasone furoate soln 0.1%</i>	3	
<i>prednicarbate oint 0.1%</i>	4	
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	
<i>prednisolone soln 15mg/5ml</i>	2	
<i>prednisone intensol conc 5mg/ml</i>	2	
<i>prednisone soln 5mg/5ml</i>	2	
<i>prednisone tabs 10mg</i>	2	
<i>prednisone tabs 1mg</i>	2	
<i>prednisone tabs 2.5mg</i>	2	
<i>prednisone tabs 20mg</i>	2	
<i>prednisone tabs 50mg</i>	2	
<i>prednisone tabs 5mg</i>	2	
<i>prednisone tbpk 10mg</i>	2	
<i>prednisone tbpk 10mg</i>	2	
<i>prednisone tbpk 5mg</i>	2	
<i>prednisone tbpk 5mg</i>	2	
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG	4	

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-MEDROL INJ 2GM	4	
<i>tovet foam 0.05%</i>	4	
<i>triamcinolone acetonide crea 0.025%</i>	2	
<i>triamcinolone acetonide crea 0.1%</i>	2	
<i>triamcinolone acetonide crea 0.5%</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
<i>triamcinolone acetonide lotn 0.025%</i>	2	
<i>triamcinolone acetonide lotn 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%</i>	2	
<i>triamcinolone acetonide oint 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	
<i>triderm crea 0.5%</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin inj 10000unit</i>	4	PA
<i>desmopressin acetate inj 4mcg/ml</i>	4	
<i>desmopressin acetate soln 0.01%</i>	4	
<i>desmopressin acetate soln 0.01%</i>	4	MO
<i>desmopressin acetate tabs 0.1mg</i>	3	MO
<i>desmopressin acetate tabs 0.2mg</i>	3	MO
GENOTROPIN MINISQUICK INJ 0.2MG	4	PA MO
GENOTROPIN MINISQUICK INJ 0.4MG	5	PA MO
GENOTROPIN MINISQUICK INJ 0.6MG	5	PA MO
GENOTROPIN MINISQUICK INJ 0.8MG	5	PA MO
GENOTROPIN MINISQUICK INJ 1.2MG	5	PA MO
GENOTROPIN MINISQUICK INJ 1.4MG	5	PA MO
GENOTROPIN MINISQUICK INJ 1.6MG	5	PA MO
GENOTROPIN MINISQUICK INJ 1.8MG	5	PA MO
GENOTROPIN MINISQUICK INJ 1MG	5	PA MO
GENOTROPIN MINISQUICK INJ 2MG	5	PA MO
GENOTROPIN INJ 12MG	5	PA MO
GENOTROPIN INJ 5MG	5	PA MO
INCRELEX INJ 40MG/4ML	5	PA MO
<i>novarel inj 10000unit</i>	4	PA
NOVAREL INJ 5000UNIT	4	PA
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA MO
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA MO
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA MO
<i>pregnyl w/diluent benzyl alcohol/nacl inj 10000unit</i>	4	PA
STIMATE SOLN 1.5MG/ML	5	MO
ZORBTIVE INJ 8.8MG	5	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM TABS 300MG	5	QL (120 EA per 30 days) PA MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<i>Anabolic Steroids</i>		
ANADROL-50 TABS 50MG	5	PA
<i>oxandrolone tabs 10mg</i>	5	QL (60 EA per 30 days) PA
<i>oxandrolone tabs 2.5mg</i>	3	QL (240 EA per 30 days) PA
<i>Androgens</i>		
ANDRODERM PT24 2MG/24HR	3	PA MO
ANDRODERM PT24 4MG/24HR	3	PA MO
<i>androxy tabs 10mg</i>	4	PA
<i>danazol caps 100mg</i>	4	
<i>danazol caps 200mg</i>	4	
<i>danazol caps 50mg</i>	4	
<i>testosterone cypionate inj 100mg/ml</i>	4	PA
<i>testosterone cypionate inj 200mg/ml</i>	4	PA
<i>testosterone cypionate inj 200mg/ml</i>	4	PA
<i>testosterone enanthate inj 200mg/ml</i>	4	PA
TESTOSTERONE PUMP GEL 1%	4	PA MO
<i>testosterone pump gel 1.62%</i>	4	PA MO
<i>testosterone topical solution soln 30mg/act</i>	4	PA MO
<i>testosterone gel 1.62%</i>	4	PA MO
<i>testosterone gel 20.25mg/1.25gm</i>	4	PA MO
TESTOSTERONE GEL 25MG/2.5GM	4	PA MO
<i>testosterone gel 40.5mg/2.5gm</i>	4	PA MO
TESTOSTERONE GEL 50MG/5GM	4	PA MO
<i>testosterone soln 30mg/act</i>	4	PA MO
<i>Estrogens</i>		
<i>altavera tabs 30mcg; 0.15mg</i>	2	MO
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>alyacen 7/7/7 tabs 0; 0</i>	2	MO
<i>amethia lo tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>amethia tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>apri tabs 0.15mg; 30mcg</i>	2	MO
<i>aranelle tabs 0; 0</i>	4	MO
<i>ashlyna tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>aubra tabs 20mcg; 0.1mg</i>	2	MO
<i>aviane tabs 20mcg; 0.1mg</i>	2	MO
<i>balziva tabs 35mcg; 0.4mg</i>	2	MO
<i>bekyree tabs 0; 0</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	4	MO
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	MO
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	MO
<i>briellyn tabs 35mcg; 0.4mg</i>	2	MO
<i>camrese lo tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>camrese tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>caziant tabs 0; 0</i>	2	MO
<i>chateal tabs 0.03mg; 0.15mg</i>	2	MO
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	MO
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	2	MO
<i>cyclafem 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>cyclafem 7/7/7 tabs 0; 0</i>	2	MO
<i>cyred tabs 0.15mg; 30mcg</i>	2	MO
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>dasetta 7/7/7 tabs 0; 0</i>	2	MO
<i>daysee tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>delyla tabs 20mcg; 0.1mg</i>	2	MO
<i>desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg</i>	2	MO
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	2	MO
<i>dotti pttw 0.025mg/24hr</i>	4	MO
<i>dotti pttw 0.0375mg/24hr</i>	4	MO
<i>dotti pttw 0.05mg/24hr</i>	4	MO
<i>dotti pttw 0.075mg/24hr</i>	4	MO
<i>dotti pttw 0.1mg/24hr</i>	4	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	2	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	2	MO
ELESTRIN GEL 0.06%	4	MO
<i>elinest tabs 30mcg; 0.3mg</i>	2	MO
<i>emoquette tabs 0.15mg; 30mcg</i>	2	MO
<i>enpresse-28 tabs 0; 0</i>	2	MO
<i>enskyce tabs 0.15mg; 0.03mg</i>	2	MO
<i>estarylla tabs 35mcg; 0.25mg</i>	2	MO
<i>estradiol valerate inj 20mg/ml</i>	4	
<i>estradiol valerate inj 40mg/ml</i>	4	
<i>estradiol crea 0.1mg/gm</i>	4	MO
<i>estradiol pttw 0.025mg/24hr</i>	4	MO
<i>estradiol pttw 0.0375mg/24hr</i>	4	MO
<i>estradiol pttw 0.05mg/24hr</i>	4	MO
<i>estradiol pttw 0.075mg/24hr</i>	4	MO
<i>estradiol pttw 0.1mg/24hr</i>	4	MO
<i>estradiol ptwk 0.025mg/24hr</i>	4	MO
<i>estradiol ptwk 0.05mg/24hr</i>	4	MO

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<i>estradiol ptwk 0.06mg/24hr</i>	4	MO
<i>estradiol ptwk 0.075mg/24hr</i>	4	MO
<i>estradiol ptwk 0.1mg/24hr</i>	4	MO
<i>estradiol ptwk 37.5mcg/24hr</i>	4	MO
<i>estradiol tabs 0.5mg</i>	4	MO
<i>estradiol tabs 1mg</i>	4	MO
<i>estradiol tabs 2mg</i>	4	MO
<i>estradiol tabs 10mcg</i>	4	MO
ESTRING RING 2MG	4	QL (1 EA per 90 days) MO
<i>estropipate tabs 0.75mg</i>	4	MO
<i>estropipate tabs 1.5mg</i>	4	MO
<i>estropipate tabs 3mg</i>	4	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	2	MO
<i>falmina tabs 20mcg; 0.1mg</i>	2	MO
<i>femynor tabs 35mcg; 0.25mg</i>	2	MO
<i>fyavolv tabs 2.5mcg; 0.5mg</i>	4	MO
<i>fyavolv tabs 5mcg; 1mg</i>	4	MO
<i>gianvi tabs 3mg; 0.02mg</i>	2	MO
<i>gildagia tabs 35mcg; 0.4mg</i>	2	
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	2	MO
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	4	MO
IMVEXXY MAINTENANCE PACK INST 10MCG	3	PA MO
IMVEXXY MAINTENANCE PACK INST 4MCG	3	PA MO
IMVEXXY STARTER PACK INST 10MCG	3	PA MO
IMVEXXY STARTER PACK INST 4MCG	3	PA MO
<i>introvale tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days) MO
<i>isibloom tabs 0.15mg; 30mcg</i>	2	MO
<i>jevantique lo tabs 2.5mcg; 0.5mg</i>	4	MO
<i>jinteli tabs 5mcg; 1mg</i>	4	MO
<i>jolessa tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days) MO
<i>juleber tabs 0.15mg; 30mcg</i>	2	MO
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	2	MO
<i>junel 1/20 tabs 20mcg; 1mg</i>	2	MO
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	MO
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	MO
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	4	MO
<i>kariva tabs 0; 0</i>	2	MO
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>kelnor 1/50 tabs 50mcg; 1mg</i>	2	MO
<i>kimidess tabs 0; 0</i>	2	MO
<i>kurvelo tabs 0.03mg; 0.15mg</i>	2	MO
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	2	MO
<i>larin 1/20 tabs 20mcg; 1mg</i>	2	MO

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<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	4	MO
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	MO
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	MO
<i>larissia tabs 20mcg; 0.1mg</i>	2	MO
<i>leena tabs 0; 0</i>	4	MO
<i>lessina tabs 20mcg; 0.1mg</i>	2	MO
<i>levonest tabs 0; 0</i>	2	MO
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	2	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days) MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	4	QL (91 EA per 91 days) MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	2	MO
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	2	MO
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	2	MO
<b>LO LOESTRIN FE TABS 10MCG; 75MG; 1MG</b>	4	MO
<i>loryna tabs 3mg; 0.02mg</i>	2	MO
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	2	MO
<i>lutra tabs 20mcg; 0.1mg</i>	2	MO
<i>marlissa tabs 0.03mg; 0.15mg</i>	2	MO
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	2	MO
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	2	MO
<i>microgestin 24 fe tabs 20mcg; 75mg; 1mg</i>	4	
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	2	MO
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	MO
<i>mili tabs 35mcg; 0.25mg</i>	2	MO
<i>mono-linyah tabs 35mcg; 0.25mg</i>	2	MO
<i>mononessa tabs 35mcg; 0.25mg</i>	2	MO
<i>myzilra tabs 0; 0</i>	2	MO
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	2	MO
<i>necon 1/35 tabs 35mcg; 1mg</i>	2	
<i>necon 1/50-28 tabs 50mcg; 1mg</i>	2	
<i>necon 10/11-28 tabs 35mcg; 0</i>	2	
<i>necon 7/7/7 tabs 0; 0</i>	2	MO
<i>nikki tabs 3mg; 0.02mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	4	MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg</i>	4	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	4	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	2	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	2	MO
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	2	MO

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<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	2	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>nortrel 7/7/7 tabs 0; 0</i>	2	MO
<i>ocella tabs 3mg; 0.03mg</i>	2	MO
<i>orsythia tabs 20mcg; 0.1mg</i>	2	MO
<i>philith tabs 35mcg; 0.4mg</i>	2	MO
<i>pimtrea tabs 0; 0</i>	2	MO
<i>pirmella 1/35 tabs 35mcg; 1mg</i>	2	MO
<i>pirmella 7/7/7 tabs 0; 0</i>	2	MO
<i>portia-28 tabs 0.03mg; 0.15mg</i>	2	MO
PREMARIN CREA 0.625MG/GM	4	MO
PREMARIN TABS 0.3MG	3	MO
PREMARIN TABS 0.45MG	4	MO
PREMARIN TABS 0.625MG	4	MO
PREMARIN TABS 0.9MG	4	MO
PREMARIN TABS 1.25MG	4	MO
PREMPHASE TABS 0.625MG; 5MG	4	MO
PREMPRO TABS 0.3MG; 1.5MG	4	MO
PREMPRO TABS 0.45MG; 1.5MG	4	MO
PREMPRO TABS 0.625MG; 2.5MG	4	MO
PREMPRO TABS 0.625MG; 5MG	4	MO
<i>previfem tabs 35mcg; 0.25mg</i>	2	MO
<i>quasense tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days) MO
<i>rajani tabs 3mg; 0.02mg; 0.451mg</i>	2	MO
<i>reclipsen tabs 0.15mg; 0.03mg</i>	2	MO
<i>setlakin tabs 0.03mg; 0.15mg</i>	4	QL (91 EA per 91 days) MO
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	2	MO
<i>sronyx tabs 20mcg; 0.1mg</i>	2	MO
<i>syeda tabs 3mg; 0.03mg</i>	2	MO
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	4	MO
<i>tarina fe 1/20 tabs 20mcg; 75mg; 1mg</i>	2	MO
<i>tri-estarylla tabs 0; 0</i>	2	MO
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	4	MO
<i>tri-linyah tabs 0; 0</i>	2	MO
<i>tri-lo-estarylla tabs 0; 0</i>	2	MO
<i>tri-lo-marzia tabs 0; 0</i>	2	MO
<i>tri-lo-sprintec tabs 0; 0</i>	2	MO
<i>tri-mili tabs 0; 0</i>	2	MO
<i>tri-previfem tabs 0; 0</i>	2	MO
<i>tri-sprintec tabs 0; 0</i>	2	MO
<i>tri-vylibra tabs 0; 0</i>	2	MO
<i>trinessa lo tabs 0; 0</i>	2	MO
<i>trinessa tabs 0; 0</i>	2	MO

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<i>trivora-28 tabs 0; 0</i>	2	MO
<i>velivet tabs 0; 0</i>	2	MO
<i>vienva tabs 20mcg; 0.1mg</i>	2	MO
<i>violele tabs 0; 0</i>	2	MO
<i>vyfemla tabs 35mcg; 0.4mg</i>	2	MO
<i>vylibra tabs 35mcg; 0.25mg</i>	2	MO
<i>wera tabs 35mcg; 0.5mg</i>	2	MO
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	4	MO
<i>yuvafem tabs 10mcg</i>	4	MO
<i>zarah tabs 3mg; 0.03mg</i>	2	MO
<i>zenchent fe chew 35mcg; 0; 0.4mg</i>	2	
<i>zenchent tabs 35mcg; 0.4mg</i>	2	MO
<i>zovia 1/35e tabs 35mcg; 1mg</i>	2	MO
<i>zovia 1/50e tabs 50mcg; 1mg</i>	2	
<i>zumandimine tabs 3mg; 0.03mg</i>	2	MO
<b>Progesterone Agonists/Antagonists</b>		
ELLA TABS 30MG	3	
<b>Progestins</b>		
<i>camila tabs 0.35mg</i>	2	MO
<i>deblitane tabs 0.35mg</i>	2	MO
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
<i>errin tabs 0.35mg</i>	2	MO
<i>heather tabs 0.35mg</i>	2	MO
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	PA
HYDROXYPROGESTERONE CAPROATE INJ 250MG/ML	5	PA
<i>incassia tabs 0.35mg</i>	2	MO
<i>jencycla tabs 0.35mg</i>	2	MO
<i>jolivette tabs 0.35mg</i>	2	MO
<i>levonorgestrel tabs 1.5mg</i>	2	
<i>lyza tabs 0.35mg</i>	2	MO
MAKENA INJ 275MG/1.1ML	5	PA
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate tabs 10mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 2.5mg</i>	2	MO
<i>medroxyprogesterone acetate tabs 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml</i>	4	PA
<i>megestrol acetate susp 625mg/5ml</i>	4	PA MO
<i>megestrol acetate tabs 20mg</i>	4	PA
<i>megestrol acetate tabs 40mg</i>	4	PA
<i>my way tabs 1.5mg</i>	2	
<i>nora-be tabs 0.35mg</i>	2	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO

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<i>norethindrone tabs 0.35mg</i>	2	MO
<i>norlyroc tabs 0.35mg</i>	2	MO
<i>progesterone inj 50mg/ml</i>	2	
<i>sharobel tabs 0.35mg</i>	2	MO
<i>tulana tabs 0.35mg</i>	2	MO
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA TABS 60MG	3	QL (30 EA per 30 days) PA MO
<i>raloxifene hydrochloride tabs 60mg</i>	3	MO
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium inj 100mcg/5ml</i>	5	
<i>levothyroxine sodium inj 100mcg</i>	5	
<i>levothyroxine sodium inj 200mcg/5ml</i>	5	
<i>levothyroxine sodium inj 200mcg</i>	5	
<i>levothyroxine sodium inj 500mcg/5ml</i>	5	
<i>levothyroxine sodium inj 500mcg</i>	5	
<i>levothyroxine sodium tabs 100mcg</i>	2	MO
<i>levothyroxine sodium tabs 112mcg</i>	2	MO
<i>levothyroxine sodium tabs 125mcg</i>	2	MO
<i>levothyroxine sodium tabs 137mcg</i>	2	MO
<i>levothyroxine sodium tabs 150mcg</i>	2	MO
<i>levothyroxine sodium tabs 175mcg</i>	2	MO
<i>levothyroxine sodium tabs 200mcg</i>	2	MO
<i>levothyroxine sodium tabs 25mcg</i>	2	MO
<i>levothyroxine sodium tabs 300mcg</i>	2	MO
<i>levothyroxine sodium tabs 50mcg</i>	2	MO
<i>levothyroxine sodium tabs 75mcg</i>	2	MO
<i>levothyroxine sodium tabs 88mcg</i>	2	MO
LEVOXYL TABS 100MCG	4	MO
LEVOXYL TABS 112MCG	4	MO
LEVOXYL TABS 125MCG	4	MO
LEVOXYL TABS 137MCG	4	MO
LEVOXYL TABS 150MCG	4	MO
LEVOXYL TABS 175MCG	4	MO
LEVOXYL TABS 200MCG	4	MO
LEVOXYL TABS 25MCG	4	MO
LEVOXYL TABS 50MCG	4	MO
LEVOXYL TABS 75MCG	4	MO
LEVOXYL TABS 88MCG	4	MO
<i>liothyronine sodium inj 10mcg/ml</i>	4	
<i>liothyronine sodium tabs 25mcg</i>	3	MO
<i>liothyronine sodium tabs 50mcg</i>	3	MO
<i>liothyronine sodium tabs 5mcg</i>	3	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>		

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<b><i>Hormonal Agents, Suppressant (Adrenal)</i></b>		
ISTURISA TABS 10MG	5	PA MO
ISTURISA TABS 1MG	5	PA MO
ISTURISA TABS 5MG	5	PA MO
LYSODREN TABS 500MG	3	
<b><i>Hormonal Agents, Suppressant (Pituitary)</i></b>		
<b><i>Hormonal Agents, Suppressant (Pituitary)</i></b>		
BYNFEZIA PEN INJ 2500MCG/ML	5	PA MO
<i>cabergoline tabs 0.5mg</i>	4	
FIRMAGON INJ 120MG/VIAL	5	QL (4 EA per 365 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	QL (1 EA per 84 days) PA
MYCAPSSA CPDR 20MG	5	PA MO
<i>octreotide acetate inj 1000mcg/ml</i>	5	PA MO
<i>octreotide acetate inj 100mcg/ml</i>	3	PA MO
<i>octreotide acetate inj 200mcg/ml</i>	3	PA MO
<i>octreotide acetate inj 500mcg/ml</i>	5	PA MO
<i>octreotide acetate inj 50mcg/ml</i>	3	PA MO
ORIAHNN CPPK 300MG; 1MG; 0.5MG	5	QL (56 EA per 28 days) PA
ORILISSA TABS 150MG	5	QL (30 EA per 30 days) PA
ORILISSA TABS 200MG	5	QL (60 EA per 30 days) PA
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ML per 30 days) PA MO
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ML per 30 days) PA MO
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ML per 30 days) PA MO
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 MO
SOMAVERT INJ 15MG	5	PA MO
SOMAVERT INJ 20MG	5	PA MO
SOMAVERT INJ 25MG	5	PA MO
SOMAVERT INJ 30MG	5	PA MO
SUPPRELIN LA INJ 50MG	5	QL (1 EA per 365 days) PA

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Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOLN 2MG/ML	5	
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRIPTODUR INJ 22.5MG	5	QL (1 EA per 168 days) PA
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg</i>	2	MO
<i>methimazole tabs 5mg</i>	2	MO
<i>propylthiouracil tabs 50mg</i>	3	MO
<b>Immunological Agents</b>		
<i>Angioedema Agents</i>		
BERINERT INJ 500UNIT	5	PA
FIRAZYR INJ 30MG/3ML	5	PA
<i>icatibant acetate inj 30mg/3ml</i>	5	PA
KALBITOR INJ 10MG/ML	5	PA
RUCONEST INJ 2100UNIT	5	PA
<i>Immune Suppressants</i>		
AZASAN TABS 100MG	4	B/D MO
AZASAN TABS 75MG	4	B/D MO
<i>azathioprine inj 100mg</i>	2	B/D
<i>azathioprine tabs 50mg</i>	3	B/D MO
BENLYSTA INJ 120MG	5	PA
BENLYSTA INJ 200MG/ML	5	PA MO
BENLYSTA INJ 200MG/ML	5	PA MO
BENLYSTA INJ 400MG	5	PA
<i>cyclosporine modified caps 100mg</i>	3	B/D MO
<i>cyclosporine modified caps 25mg</i>	3	B/D MO
<i>cyclosporine modified caps 50mg</i>	3	B/D MO
<i>cyclosporine modified soln 100mg/ml</i>	3	B/D MO
<i>cyclosporine caps 100mg</i>	4	B/D MO
<i>cyclosporine caps 25mg</i>	4	B/D MO
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL MINI INJ 50MG/ML	5	PA MO
ENBREL SURECLICK INJ 50MG/ML	5	PA MO
ENBREL INJ 25MG/0.5ML	5	PA MO
ENBREL INJ 25MG/0.5ML	5	PA MO
ENBREL INJ 25MG	5	PA MO
ENBREL INJ 50MG/ML	5	PA MO
<i>everolimus tabs 0.25mg</i>	5	B/D
<i>everolimus tabs 0.5mg</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tabs 0.75mg</i>	5	B/D
<i>gengraf caps 100mg</i>	3	B/D MO
<i>gengraf caps 25mg</i>	3	B/D MO
<i>gengraf caps 50mg</i>	3	B/D
<i>gengraf soln 100mg/ml</i>	3	B/D MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA MO
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	PA MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	PA MO
HUMIRA PEN-PS/UV STARTER INJ 0	5	PA MO
HUMIRA PEN-PS/UV STARTER INJ 40MG/0.8ML	5	PA MO
HUMIRA PEN INJ 40MG/0.4ML	5	PA MO
HUMIRA PEN INJ 40MG/0.8ML	5	PA MO
HUMIRA INJ 10MG/0.1ML	5	PA MO
HUMIRA INJ 10MG/0.2ML	5	PA MO
HUMIRA INJ 20MG/0.2ML	5	PA MO
HUMIRA INJ 20MG/0.4ML	5	PA MO
HUMIRA INJ 40MG/0.4ML	5	PA MO
HUMIRA INJ 40MG/0.8ML	5	PA MO
INFLECTRA INJ 100MG	5	PA
<i>methotrexate sodium inj 1gm/40ml</i>	2	
<i>methotrexate sodium inj 250mg/10ml</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>methotrexate tabs 2.5mg</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	3	B/D MO
<i>mycophenolate mofetil inj 500mg</i>	2	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D MO
<i>mycophenolate mofetil tabs 500mg</i>	3	B/D MO
<i>mycophenolic acid dr tbec 180mg</i>	4	B/D MO
<i>mycophenolic acid dr tbec 360mg</i>	4	B/D MO
NULOJIX INJ 250MG	5	PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL (4 ML per 28 days) PA MO
ORENCIA INJ 125MG/ML	5	PA MO
ORENCIA INJ 250MG	5	PA MO
ORENCIA INJ 50MG/0.4ML	5	PA MO
ORENCIA INJ 87.5MG/0.7ML	5	PA MO
PROGRAF INJ 5MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF PACK 0.2MG	5	B/D MO
PROGRAF PACK 1MG	5	B/D MO
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days) PA MO
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days) PA MO
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days) PA MO
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days) PA MO
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days) PA MO
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days) PA MO
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days) PA MO
RASUVO INJ 27.5MG/0.55ML	4	QL (2.2 ML per 28 days) PA
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days) PA MO
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days) PA MO
RENFLEXIS INJ 100MG	5	PA
SANDIMMUNE SOLN 100MG/ML	4	B/D MO
SIMPONI INJ 100MG/ML	5	PA MO
SIMPONI INJ 100MG/ML	5	PA MO
SIMPONI INJ 50MG/0.5ML	5	PA MO
SIMPONI INJ 50MG/0.5ML	5	PA MO
<i>sirolimus soln 1mg/ml</i>	5	B/D MO
<i>sirolimus tabs 0.5mg</i>	4	B/D MO
<i>sirolimus tabs 1mg</i>	4	B/D MO
<i>sirolimus tabs 2mg</i>	5	B/D MO
SKYRIZI INJ 75MG/0.83ML	5	PA MO
<i>tacrolimus caps 0.5mg</i>	2	B/D MO
<i>tacrolimus caps 1mg</i>	2	B/D MO
<i>tacrolimus caps 5mg</i>	4	B/D MO
TREXALL TABS 10MG	4	
TREXALL TABS 15MG	4	
TREXALL TABS 5MG	4	
TREXALL TABS 7.5MG	4	
XATMEP SOLN 2.5MG/ML	4	
ZORTRESS TABS 0.25MG	5	B/D MO
ZORTRESS TABS 0.5MG	5	B/D MO
ZORTRESS TABS 0.75MG	5	B/D MO
ZORTRESS TABS 1MG	5	B/D MO
<b><i>Immunizing Agents, Passive</i></b>		
ATGAM INJ 50MG/ML	5	
BIVIGAM INJ 10GM/100ML	5	PA
BIVIGAM INJ 5GM/50ML	5	PA
<i>carimune nanofiltered inj 12gm</i>	5	PA
<i>carimune nanofiltered inj 6gm</i>	5	PA
CUVITRU INJ 10GM/50ML	5	PA
CUVITRU INJ 1GM/5ML	5	PA
CUVITRU INJ 2GM/10ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CUVITRU INJ 4GM/20ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML	5	PA
FLEBOGAMMA DIF INJ 10GM/100ML	5	PA
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	PA
FLEBOGAMMA DIF INJ 20GM/200ML	5	PA
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA
FLEBOGAMMA DIF INJ 5GM/50ML	5	PA
GAMASTAN INJ 0	3	PA
GAMASTAN INJ 0	3	PA
GAMASTAN INJ 0	3	PA
<i>gammagard liquid inj 10gm/100ml</i>	5	PA
<i>gammagard liquid inj 1gm/10ml</i>	5	PA
<i>gammagard liquid inj 2.5gm/25ml</i>	5	PA
<i>gammagard liquid inj 20gm/200ml</i>	5	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA
<i>gammagard liquid inj 5gm/50ml</i>	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA
GAMMAKED INJ 10GM/100ML	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAKED INJ 2.5GM/25ML	5	PA
GAMMAKED INJ 20GM/200ML	5	PA
GAMMAKED INJ 5GM/50ML	5	PA
GAMMAPLEX INJ 10GM/100ML	5	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 20GM/200ML	5	PA
GAMMAPLEX INJ 20GM/400ML	5	PA
GAMMAPLEX INJ 5GM/100ML	5	PA
GAMMAPLEX INJ 5GM/50ML	5	PA
GAMUNEX-C INJ 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 2.5GM/25ML	5	PA
GAMUNEX-C INJ 20GM/200ML	5	PA
GAMUNEX-C INJ 40GM/400ML	5	PA
GAMUNEX-C INJ 5GM/50ML	5	PA
HEPAGAM B INJ 0	5	B/D
HIZENTRA INJ 10GM/50ML	5	PA
HIZENTRA INJ 1GM/5ML	5	PA
HIZENTRA INJ 1GM/5ML	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HYPERHEP B S/D INJ 0	5	B/D
HYPERRAB INJ 1500UNIT/5ML	3	B/D
HYPERRAB INJ 300UNIT/ML	3	B/D
HYPERRAB INJ 900UNIT/3ML	3	B/D
HYPERRHO S/D MINI-DOSE INJ 250UNIT	4	
HYPERRHO S/D INJ 1500UNIT	4	
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	4	
NABI-HB INJ 0	5	B/D
OCTAGAM INJ 10GM/100ML	5	PA
OCTAGAM INJ 10GM/200ML	5	PA
OCTAGAM INJ 1GM/20ML	5	PA
OCTAGAM INJ 2.5GM/50ML	5	PA
OCTAGAM INJ 20GM/200ML	5	PA
OCTAGAM INJ 25GM/500ML	5	PA
OCTAGAM INJ 2GM/20ML	5	PA
OCTAGAM INJ 30GM/300ML	5	PA
OCTAGAM INJ 5GM/100ML	5	PA
OCTAGAM INJ 5GM/50ML	5	PA
PANZYGA INJ 10GM/100ML	5	PA
PANZYGA INJ 1GM/10ML	5	PA
PANZYGA INJ 2.5GM/25ML	5	PA
PANZYGA INJ 20GM/200ML	5	PA
PANZYGA INJ 30GM/300ML	5	PA
PANZYGA INJ 5GM/50ML	5	PA
PRIVIGEN INJ 10GM/100ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
PRIVIGEN INJ 40GM/400ML	5	PA
PRIVIGEN INJ 5GM/50ML	5	PA
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
XEMBIFY INJ 10GM/50ML	5	PA
XEMBIFY INJ 1GM/5ML	5	PA
XEMBIFY INJ 2GM/10ML	5	PA
XEMBIFY INJ 4GM/20ML	5	PA
<b>Immunomodulators</b>		
ACTEMRA ACTPEN INJ 162MG/0.9ML	4	PA MO
ACTEMRA INJ 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA MO
ACTIMMUNE INJ 2000000UNIT/0.5ML	5	PA MO

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Drug Name	Drug Tier	Requirements/Limits
ARCALYST INJ 220MG	5	PA MO
ENSPRYNG INJ 120MG/ML	5	PA MO
ENTYVIO INJ 300MG	5	PA
GAMIFANT INJ 10MG/2ML	5	PA
GAMIFANT INJ 50MG/10ML	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
ILARIS INJ 150MG	5	QL (2 EA per 28 days) PA
<i>leflunomide tabs 10mg</i>	3	MO
<i>leflunomide tabs 20mg</i>	3	MO
LEMTRADA INJ 12MG/1.2ML	5	PA
<i>olumiant tabs 1mg</i>	4	PA MO
OLUMIANT TABS 2MG	4	PA MO
RINVOQ TB24 15MG	5	PA MO
SIMPONI ARIA INJ 50MG/4ML	5	PA MO
SYLVANT INJ 100MG	5	PA
SYLVANT INJ 400MG	5	PA
UPLIZNA INJ 100MG/10ML	5	PA
XELJANZ XR TB24 11MG	5	PA MO
XELJANZ XR TB24 22MG	5	PA MO
XELJANZ TABS 10MG	5	PA MO
XELJANZ TABS 5MG	5	PA MO
<b>Vaccines</b>		
ACTHIB INJ 0	3	
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	3	
BEXSERO INJ 0	3	
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	
DAPTACEL INJ 23MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 5lfu/0.5ml</i>	3	
ENGRIX-B INJ 10MCG/0.5ML	3	B/D
ENGRIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0	3	
GARDASIL 9 INJ 0	3	
GARDASIL INJ 0	3	
GARDASIL INJ 0	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
MENHIBRIX INJ 2.5MCG; 5MCG; 5MCG	3	
MENOMUNE-A/C/Y/W-135 INJ 0	3	
MENQUADFI INJ 0	3	
MENVEO INJ 0	3	
PEDIARIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 0; 5LFU/0.5ML	3	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSR 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
STAMARIL INJ 0	3	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	3	
TRUMENBA INJ 0	3	
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
YF-VAX INJ 0	3	
ZOSTAVAX INJ 19400UNT/0.65ML	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Aminosalicylates</i>		
APRISO CP24 0.375GM	3	MO
<i>balsalazide disodium caps 750mg</i>	4	
<i>mesalamine dr tbec 1.2gm</i>	3	MO
MESALAMINE DR TBEC 800MG	3	
<i>mesalamine er cp24 0.375gm</i>	2	MO
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine kit 4gm</i>	4	
<i>mesalamine supp 1000mg</i>	5	
SFROWASA ENEM 4GM/60ML	4	
<i>Glucocorticoids</i>		
BUDESONIDE ER TB24 9MG	5	
<i>budesonide cpep 3mg</i>	4	
<i>colocort enem 100mg/60ml</i>	4	
<i>hydrocortisone enem 100mg/60ml</i>	4	
ORTIKOS CP24 6MG	5	
ORTIKOS CP24 9MG	5	
<i>Sulfonamides</i>		
<i>sulfasalazine tabs 500mg</i>	2	MO
<i>sulfasalazine tbec 500mg</i>	2	MO
<b>Metabolic Bone Disease Agents</b>		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium soln 70mg/75ml</i>	4	MO
<i>alendronate sodium tabs 10mg</i>	2	MO
<i>alendronate sodium tabs 35mg</i>	2	MO
<i>alendronate sodium tabs 40mg</i>	4	
<i>alendronate sodium tabs 5mg</i>	2	MO
<i>alendronate sodium tabs 70mg</i>	2	QL (4 EA per 28 days) MO
<i>calcitonin-salmon soln 200unit/act</i>	2	QL (3.7 ML per 30 days) MO
<i>calcitriol caps 0.25mcg</i>	2	MO
<i>calcitriol caps 0.5mcg</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol soln 1mcg/ml</i>	4	MO
<i>doxercalciferol caps 0.5mcg</i>	4	MO
<i>doxercalciferol caps 1mcg</i>	4	MO
<i>doxercalciferol caps 2.5mcg</i>	4	MO
<i>etidronate disodium tabs 200mg</i>	4	
<i>etidronate disodium tabs 400mg</i>	4	
FORTEO INJ 600MCG/2.4ML	5	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO
MIACALCIN INJ 200UNIT/ML	5	
NATPARA INJ 100MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJ 25MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJ 50MCG	5	QL (2 EA per 28 days) PA MO
NATPARA INJ 75MCG	5	QL (2 EA per 28 days) PA MO
<i>pamidronate disodium inj 30mg/10ml</i>	2	
<i>pamidronate disodium inj 30mg</i>	2	
<i>pamidronate disodium inj 6mg/ml</i>	2	
<i>pamidronate disodium inj 90mg/10ml</i>	2	
<i>pamidronate disodium inj 90mg</i>	2	
<i>paricalcitol caps 1mcg</i>	4	MO
<i>paricalcitol caps 2mcg</i>	4	MO
<i>paricalcitol caps 4mcg</i>	4	MO
<i>paricalcitol inj 2mcg/ml</i>	4	
PARICALCITOL INJ 5MCG/ML	4	
PROLIA INJ 60MG/ML	4	QL (2 ML per 365 days)
TERIPARATIDE INJ 620MCG/2.48ML	5	PA MO
TYMLOS INJ 3120MCG/1.56ML	5	PA MO
XGEVA INJ 120MG/1.7ML	5	PA
<i>zoledronic acid inj 4mg/100ml</i>	2	
<i>zoledronic acid inj 4mg/5ml</i>	2	
<i>zoledronic acid inj 4mg</i>	5	
<i>zoledronic acid inj 5mg/100ml</i>	4	
<b>Miscellaneous Therapeutic Agents</b>		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS PADS 70%	3	
<i>alcohol preps pads 70%</i>	3	
<i>amino acid inj 50mg/ml; 50mg/ml</i>	4	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	4	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	4	B/D

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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	4	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	4	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	4	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	4	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	4	B/D
ASSURE ID SAFETY PEN NEEDLES 30G X 3/16" MISC	3	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 30G X 5/16" MISC	3	QL (200 EA per 30 days)
ASSURE ID SAFETY PEN NEEDLES 31G X 3/16" MISC	3	QL (200 EA per 30 days)
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/0.3ML/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/0.5ML/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/1ML/27G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/1ML/29G X 12.7MM MISC	3	QL (200 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE/1ML/31G X 15/64" MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-AFINE/0.3ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/0.5ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE ULTRA-FINE/1ML/31G X 6MM MISC	3	QL (200 EA per 30 days)
CINRYZE INJ 500UNIT	5	PA
CLINOLIPID INJ 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	5	B/D
CURITY GAUZE PADS 2"X2" PADS	3	
<i>deferoxamine mesylate inj 2gm</i>	4	B/D
<i>deferoxamine mesylate inj 500mg</i>	4	B/D
DOJOLVI LIQD 100%	5	PA MO
DROPSAFE SAFETY PEN NEEDLES/31G X 5/16" MISC	3	QL (200 EA per 30 days)
DROPSAFE SAFTEY PEN NEEDLES/31G X 1/4" MISC	3	QL (200 EA per 30 days)
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16" MISC	3	QL (200 EA per 30 days)
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16" MISC	3	QL (200 EA per 30 days)
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	3	QL (200 EA per 30 days)
ENDARI PACK 5GM	5	PA
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days)
FIRDAPSE TABS 10MG	5	QL (240 EA per 30 days) PA
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	4	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	4	B/D
GIVLAARI INJ 189MG/ML	5	PA
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>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</i>	4	B/D
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16" MISC	3	QL (200 EA per 30 days)
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2" MISC	3	QL (200 EA per 30 days)
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16" MISC	3	QL (200 EA per 30 days)
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
<i>intralipid inj 20gm/100ml</i>	4	B/D
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>levocarnitine soln 1gm/10ml</i>	4	MO
<i>levocarnitine tabs 330mg</i>	4	MO
<i>methergine tabs 0.2mg</i>	2	
<i>methylergonovine maleate tabs 0.2mg</i>	2	
MYALEPT INJ 11.3MG	5	PA MO
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	4	B/D
<i>nutrilipid inj 20gm/100ml</i>	4	B/D
OMNIPOD 10 PACK MISC	3	QL (30 EA per 30 days)
OMNIPOD 5 PACK MISC	3	QL (30 EA per 30 days)
OMNIPOD DASH 5 PACK MISC	3	QL (30 EA per 30 days)
OMNIPOD DASH SYSTEM KIT	3	QL (1 EA per 365 days)
OMNIPOD STARTER KIT KIT	3	QL (1 EA per 365 days)
PALFORZIA INITIAL DOSE ESCALATION CSPK 0	5	PA
PALFORZIA LEVEL 10 CSPK 0	5	PA
PALFORZIA LEVEL 11 (MAINTENANCE) PACK 300MG	5	PA MO
PALFORZIA LEVEL 11 (TITRATION) PACK 300MG	5	PA
PALFORZIA LEVEL 1 CSPK 1MG	5	PA
PALFORZIA LEVEL 2 CSPK 1MG	5	PA
PALFORZIA LEVEL 3 CSPK 0	5	PA
PALFORZIA LEVEL 4 CSPK 20MG	5	PA
PALFORZIA LEVEL 5 CSPK 20MG	5	PA
PALFORZIA LEVEL 6 CSPK 20MG	5	PA
PALFORZIA LEVEL 7 CSPK 0	5	PA
PALFORZIA LEVEL 8 CSPK 0	5	PA
PALFORZIA LEVEL 9 CSPK 100MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PHYSIOLYTE SOLN 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	4	
PHYSIOSOL IRRIGATION SOLN 30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	4	
PREMASOL 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; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>premasol inj 56meq/l; 320mg/100ml; 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</i>	4	B/D
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	4	B/D
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
RUZURGI TABS 10MG	5	QL (300 EA per 30 days) PA MO
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate inj 10%; 10%</i>	5	
SPINRAZA INJ 12MG/5ML	5	PA MO
<i>sterile water irrigation plastic bottle soln 0</i>	2	
<i>sterile water irrigation w/hanger soln 0</i>	2	
<i>sterile water irrigation soln 0</i>	2	
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	4	B/D
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	4	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	4	B/D
ULTICARE MICRO PEN NEEDLES/31G X 1/4" MISC	3	QL (200 EA per 30 days)
ULTICARE MICRO PEN NEEDLES/31G X 5/16" MISC	3	QL (200 EA per 30 days)
ULILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
ULILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
UNIFINE PENTIPS 33GX4MM MISC	3	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS 33GX4MM MISC	3	QL (200 EA per 30 days)
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VILTEPSO INJ 250MG/5ML	5	PA
VISTOGARD PACK 10GM	5	
VISTOGARD PACK 10GM	5	
<b>Ophthalmic Agents</b>		
<b><i>Ophthalmic Prostaglandin and Prostanamide Analogs</i></b>		
<i>bimatoprost soln 0.03%</i>	3	QL (5 ML per 30 days) MO
DURYSTA INJ 10MCG	5	
<i>latanoprost soln 0.005%</i>	1	MO
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days) MO
VYZULTA SOLN 0.024%	4	QL (5 ML per 25 days) MO
ZIOPTAN SOLN 0.015MG/ML	4	QL (30 EA per 30 days) MO
<b><i>Ophthalmic Agents, Other</i></b>		
<i>atropine sulfate soln 1%</i>	3	MO
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	4	
BEOVU SOLN 6MG/0.05ML	5	
<i>cyclopentolate hcl soln 1%</i>	2	MO
<i>cyclopentolate hcl soln 2%</i>	2	MO
<i>cyclopentolate hcl soln 2%</i>	2	MO
<i>cyclopentolate hydrochloride soln 0.5%</i>	2	MO
<i>cyclopentolate hydrochloride soln 1%</i>	2	MO
CYSTADROPS SOLN 0.37%	5	QL (20 ML per 28 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days) PA MO
EYLEA SOLN 2MG/0.05ML	5	PA
EYLEA SOSY 2MG/0.05ML	5	PA
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml</i>	3	
OXERVATE SOLN 0.002%	5	QL (56 ML per 28 days) PA
<i>polycin oint 500unit/gm; 10000unit/gm</i>	4	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	2	
<i>proparacaine hcl soln 0.5%</i>	3	
RESTASIS EMUL 0.05%	3	MO
RHOPRESSA SOLN 0.02%	3	QL (2.5 ML per 25 days) ST MO
TEPEZZA INJ 500MG	5	PA
XIIDRA SOLN 5%	4	QL (60 EA per 30 days) MO
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl soln 0.05%</i>	2	
BEPREVE SOLN 1.5%	4	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl soln 0.05%</i>	3	
<i>olopatadine hcl soln 0.1%</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
PAZEO SOLN 0.7%	4	
<b>Ophthalmic Anti-inflammatories</b>		
ALREX SUSP 0.2%	4	
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	4	
BLEPHAMIDE SUSP 0.2%; 10%	4	
<i>bromfenac soln 0.09%</i>	2	
<i>bromfenac soln 0.09%</i>	2	
<i>dexamethasone sodium phosphate soln 0.1%</i>	3	
<i>diclofenac sodium soln 0.1%</i>	4	
DUREZOL EMUL 0.05%	3	
FLAREX SUSP 0.1%	3	
<i>flurbiprofen sodium soln 0.03%</i>	2	
FML FORTE SUSP 0.25%	3	
INVELTYS SUSP 1%	4	
<i>ketorolac tromethamine soln 0.4%</i>	3	
<i>ketorolac tromethamine soln 0.5%</i>	2	
LOTEMAX SM GEL 0.38%	4	QL (20 GM per 365 days)
LOTEMAX GEL 0.5%	4	QL (20 GM per 365 days)

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LOTEMAX OINT 0.5%	4	QL (14 GM per 365 days)
<i>loteprednol etabonate susp 0.5%</i>	2	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>prednisolone acetate p-f susp 1%</i>	4	
<i>prednisolone acetate susp 1%</i>	4	
<i>prednisolone sodium phosphate soln 1%</i>	3	
PROLENSA SOLN 0.07%	4	QL (12 ML per 365 days)
<i>sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%</i>	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	4	
TRIESENCE INJ 40MG/ML	4	
ZYLET SUSP 0.5%; 0.3%	4	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide er cp12 500mg</i>	4	MO
<i>acetazolamide tabs 125mg</i>	2	MO
<i>acetazolamide tabs 250mg</i>	2	MO
ALPHAGAN P SOLN 0.1%	3	MO
<i>apraclonidine soln 0.5%</i>	3	
AZOPT SUSP 1%	3	MO
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETIMOL SOLN 0.25%	4	MO
BETIMOL SOLN 0.5%	4	MO
<i>brimonidine tartrate soln 0.15%</i>	4	MO
<i>brimonidine tartrate soln 0.2%</i>	3	MO
<i>carteolol hcl soln 1%</i>	4	MO
COMBIGAN SOLN 0.2%; 0.5%	3	MO
<i>dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml</i>	3	MO
<i>dorzolamide hcl soln 2%</i>	3	MO
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	3	MO
<i>levobunolol hcl soln 0.5%</i>	2	MO
<i>methazolamide tabs 25mg</i>	4	MO
<i>methazolamide tabs 50mg</i>	4	MO
<i>metipranolol soln 0.3%</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE SOLR 0.125%	4	MO
<i>pilocarpine hcl soln 1%</i>	4	MO
<i>pilocarpine hcl soln 2%</i>	4	MO
<i>pilocarpine hcl soln 4%</i>	4	MO
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (2.5 ML per 25 days) MO
SIMBRINZA SUSP 0.2%; 1%	4	MO
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	4	MO
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	4	MO
<i>timolol maleate soln 0.25%</i>	2	MO
<i>timolol maleate soln 0.5%</i>	2	MO
<i>timolol maleate soln 0.5%</i>	4	MO
<b>Otic Agents</b>		
<i>Otic Agents</i>		
<i>acetic acid/aluminum acetate soln 2%; 0</i>	2	
<i>acetic acid soln 2%</i>	2	
CIPRODEX SUSP 0.3%; 0.1%	4	
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	2	
<i>flac oil 0.01%</i>	4	
<i>fluocinolone acetonide ear drops oil 0.01%</i>	4	
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ASMANEX HFA AERO 100MCG/ACT	4	QL (26 GM per 30 days) MO
ASMANEX HFA AERO 200MCG/ACT	4	QL (26 GM per 30 days) MO
ASMANEX HFA AERO 50MCG/ACT	4	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days) MO
<i>azelastine hydrochloride/fluticasone propionate susp 137mcg/act; 50mcg/act</i>	4	QL (23 GM per 30 days)
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide susp 0.25mg/2ml</i>	4	QL (120 ML per 30 days) B/D MO
<i>budesonide susp 0.5mg/2ml</i>	4	QL (120 ML per 30 days) B/D MO
<i>budesonide susp 1mg/2ml</i>	4	QL (120 ML per 30 days) B/D MO
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) MO
DYMISTA SUSP 137MCG/ACT; 50MCG/ACT	4	QL (23 GM per 30 days)
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL (60 EA per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT	3	QL (24 GM per 30 days) MO
FLOVENT HFA AERO 220MCG/ACT	3	QL (24 GM per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
<i>flunisolide soln 0.025%</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate susp 50mcg/act</i>	2	
<i>mometasone furoate susp 50mcg/act</i>	4	QL (34 GM per 30 days)
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA MO
QVAR REDHALER AERB 40MCG/ACT	3	QL (21.2 GM per 30 days) MO
QVAR REDHALER AERB 80MCG/ACT	3	QL (21.2 GM per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	2	
<b>Antihistamines</b>		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>cetirizine hydrochloride soln 1mg/ml</i>	2	
<i>cycloheptadine hydrochloride tabs 4mg</i>	4	PA
<i>dexchlorpheniramine maleate syrp 2mg/5ml</i>	4	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	2	
<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	
<i>olopatadine hcl soln 0.6%</i>	4	QL (30.5 GM per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast sodium chew 4mg</i>	2	MO
<i>montelukast sodium chew 5mg</i>	2	MO
<i>montelukast sodium pack 4mg</i>	4	MO
<i>montelukast sodium tabs 10mg</i>	2	MO
<i>zafirlukast tabs 10mg</i>	4	MO
<i>zafirlukast tabs 20mg</i>	4	MO
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AERS 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	QL (540 ML per 30 days) B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide soln 0.02%</i>	2	QL (312.5 ML per 30 days) B/D MO
<i>ipratropium bromide soln 0.03%</i>	4	MO
<i>ipratropium bromide soln 0.06%</i>	4	MO
LONHALA MAGNAIR REFILL KIT SOLN 25MCG/ML	5	QL (60 ML per 30 days) MO
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (8 GM per 28 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (8 GM per 28 days) MO
<b><i>Bronchodilators, Sympathomimetic</i></b>		
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (48 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate nebu 0.083%</i>	2	QL (525 ML per 30 days) B/D MO
<i>albuterol sulfate nebu 0.63mg/3ml</i>	2	QL (375 ML per 30 days) B/D MO
<i>albuterol sulfate nebu 1.25mg/3ml</i>	2	QL (375 ML per 30 days) B/D MO
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL (100 EA per 30 days) B/D MO
<i>albuterol sulfate syrp 2mg/5ml</i>	4	MO
<i>albuterol sulfate tabs 2mg</i>	4	MO
<i>albuterol sulfate tabs 4mg</i>	4	MO
<i>aliskiren tabs 150mg</i>	2	MO
<i>aliskiren tabs 300mg</i>	2	MO
EPINEPHRINE INJ 0.15MG/0.3ML	3	
<i>epinephrine inj 0.3mg/0.3ml</i>	3	
EPIPEN 2-PAK INJ 0.3MG/0.3ML	3	
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	3	
<i>isoproterenol hydrochloride inj 0.2mg/ml</i>	4	
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	4	QL (540 ML per 30 days) B/D MO
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D MO
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml</i>	4	QL (540 ML per 30 days) B/D MO
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	QL (540 ML per 30 days) B/D MO
<i>levalbuterol hydrochloride nebu 1.25mg/3ml</i>	4	QL (270 ML per 30 days) B/D MO
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	3	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	4	QL (90 EA per 30 days) B/D MO
<i>metaproterenol sulfate syrp 10mg/5ml</i>	4	MO
<i>metaproterenol sulfate tabs 10mg</i>	4	MO
<i>metaproterenol sulfate tabs 20mg</i>	4	MO
PERFOROMIST NEBU 20MCG/2ML	4	QL (120 ML per 30 days) B/D MO
PROAIR DIGIHALER AEPB 108MCG/ACT	3	QL (2 EA per 30 days) MO
PROAIR HFA AERS 108MCG/ACT	3	QL (17 GM per 30 days) MO
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days) MO
PROVENTIL HFA AERS 108MCG/ACT	4	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days) MO
VENTOLIN HFA AERS 108MCG/ACT	3	QL (48 GM per 30 days) MO
XOPENEX CONCENTRATE NEBU 1.25MG/0.5ML	4	QL (90 EA per 30 days) B/D MO

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Drug Name	Drug Tier	Requirements/Limits
XOPENEX HFA AERO 45MCG/ACT	4	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML	4	QL (540 ML per 30 days) B/D MO
XOPENEX NEBU 0.63MG/3ML	4	QL (540 ML per 30 days) B/D MO
XOPENEX NEBU 1.25MG/3ML	4	QL (270 ML per 30 days) B/D MO
<b><i>Cystic Fibrosis Agents</i></b>		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 25MG	5	PA MO
KALYDECO PACK 50MG	5	PA MO
KALYDECO PACK 75MG	5	PA MO
KALYDECO TABS 150MG	5	PA MO
ORKAMBI PACK 125MG; 100MG	5	QL (56 EA per 28 days) PA MO
ORKAMBI PACK 188MG; 150MG	5	QL (56 EA per 28 days) PA MO
ORKAMBI TABS 125MG; 100MG	5	QL (112 EA per 28 days) PA MO
ORKAMBI TABS 125MG; 200MG	5	QL (112 EA per 28 days) PA MO
PULMOZYME SOLN 1MG/ML	5	PA MO
SYMDEKO TBPB 75MG; 50MG	5	QL (56 EA per 28 days) PA MO
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days) MO
<i>tobramycin nebu 300mg/5ml</i>	5	B/D MO
TRIKAFTA TBPB 100MG; 0; 50MG	4	QL (84 EA per 28 days) PA MO
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>		
<i>aminophylline inj 25mg/ml</i>	2	
DALIRESP TABS 250MCG	4	PA MO
DALIRESP TABS 500MCG	4	PA MO
<i>theophylline anhydrous cr tb12 300mg</i>	3	MO
<i>theophylline cr tb12 100mg</i>	3	MO
<i>theophylline cr tb12 200mg</i>	3	MO
<i>theophylline er tb12 300mg</i>	3	MO
<i>theophylline er tb12 450mg</i>	3	MO
<i>theophylline er tb24 400mg</i>	4	MO
<i>theophylline er tb24 600mg</i>	4	MO
<i>theophylline/d5w inj 5%; 0.8mg/ml</i>	2	
<b><i>Pulmonary Antihypertensives</i></b>		
ADEMPAS TABS 0.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 1.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 1MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 2.5MG	5	QL (90 EA per 30 days) PA MO
ADEMPAS TABS 2MG	5	QL (90 EA per 30 days) PA MO
<i>alyq tabs 20mg</i>	5	QL (60 EA per 30 days) PA MO
<i>ambrisentan tabs 10mg</i>	5	QL (30 EA per 30 days) PA MO
<i>ambrisentan tabs 5mg</i>	5	QL (30 EA per 30 days) PA MO
<i>epoprostenol sodium inj 0.5mg</i>	5	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA MO
ORENITRAM TBCR 0.125MG	4	PA MO
ORENITRAM TBCR 0.25MG	5	PA MO
ORENITRAM TBCR 1MG	5	PA MO
ORENITRAM TBCR 2.5MG	5	PA MO
ORENITRAM TBCR 5MG	5	PA MO
<i>sildenafil citrate tabs 20mg</i>	3	QL (90 EA per 30 days) PA MO
<i>sildenafil inj 10mg/12.5ml</i>	5	PA
<i>tadalafil tabs 20mg</i>	5	QL (60 EA per 30 days) PA MO
TREPROSTINIL INJ 100MG/20ML	5	PA
TREPROSTINIL INJ 200MG/20ML	5	PA
TREPROSTINIL INJ 20MG/20ML	5	PA
TREPROSTINIL INJ 50MG/20ML	5	PA
VELETRI INJ 0.5MG	5	PA
VELETRI INJ 1.5MG	5	PA
VENTAVIS SOLN 10MCG/ML	5	QL (270 ML per 30 days) PA MO
VENTAVIS SOLN 20MCG/ML	5	QL (270 ML per 30 days) PA MO
<b><i>Pulmonary Fibrosis Agents</i></b>		
ESBRIET TABS 267MG	5	PA MO
ESBRIET TABS 801MG	5	PA MO
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>acetylcysteine soln 10%</i>	4	B/D
<i>acetylcysteine soln 20%</i>	4	B/D
ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days) MO
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days) MO
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days) MO
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days) MO
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days) MO
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days) MO
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 500MG	5	PA
DULERA AERO 5MCG/ACT; 100MCG/ACT	4	QL (17.6 GM per 30 days) MO
DULERA AERO 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days) MO
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
ESBRIET CAPS 267MG	5	PA MO
FASENRA PEN INJ 30MG/ML	5	PA MO
FASENRA INJ 30MG/ML	5	PA MO
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA MO
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA MO
OFEV CAPS 100MG	5	PA MO
OFEV CAPS 150MG	5	PA MO
PROLASTIN-C INJ 1000MG	5	PA
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (24 GM per 30 days) MO
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days) MO
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days) MO
TRELEGY ELLIPTA AEPB 100MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 100mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 250mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 500mcg/dose; 50mcg/dose</i>	3	QL (60 EA per 30 days) MO
XOLAIR INJ 150MG/ML	5	PA
XOLAIR INJ 150MG	5	PA
XOLAIR INJ 75MG/0.5ML	5	PA
ZEMAIRA INJ 1000MG	5	PA
<b>Skeletal Muscle Relaxants</b>		
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tabs 250mg</i>	5	PA
<i>chlorzoxazone tabs 500mg</i>	4	PA
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	2	PA
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	2	PA
<i>succinylcholine chloride inj 20mg/ml</i>	2	
<b>Sleep Disorder Agents</b>		
<i>GABA Receptor Modulators</i>		
<i>zaleplon caps 10mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon caps 5mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg</i>	3	QL (30 EA per 30 days)
<i>zolpidem tartrate tabs 5mg</i>	3	QL (30 EA per 30 days)
<i>Sleep Disorders, Other</i>		
BELSOMRA TABS 10MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 15MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 20MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 5MG	3	QL (30 EA per 30 days)
HETLIOZ CAPS 20MG	5	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	4	QL (30 EA per 30 days) PA MO
<i>pentobarbital sodium inj 50mg/ml</i>	4	PA
<i>ramelteon tabs 8mg</i>	2	QL (30 EA per 30 days)
XYREM SOLN 500MG/ML	4	QL (540 ML per 30 days) PA

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Drug Name	Drug Tier	Requirements/Limits
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	5	QL (540 ML per 30 days) PA

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This formulary was updated on 11/01/2020. For more recent information or other questions, please contact Farm Bureau Health Plans at 866-643-6924 or TTY users, 711. Our hours of operation are 8 a.m. to 8 p.m. local time, 7 days a week October 1 – March 31 during which time our automated phone system may answer your call on Thanksgiving and Christmas day. April 1 – September 30 our hours are 8 a.m. to 8 p.m., Monday – Friday. Our automated phone system may answer your call on weekends and federal holidays. You may also visit our website at [www.fbhealthplans.com/part-d](http://www.fbhealthplans.com/part-d).

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