

**Plan Year 2021**



## **CCHP Senior Value Program (HMO) 東華實惠 (HMO) 計劃**

### **2021 Formulary (List of Covered Drugs) 藥物表(保障藥物一覽表)**

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

HPMS Approved Formulary File Submission ID 00021599, Version Number 8

This formulary was updated on 11/20/2020. For more recent information or other questions, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681- 8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare).



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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Chinese Community Health Plan (CCHP). When it refers to “plan” or “our plan,” it means CCHP Senior Value Program (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 11/20/20.

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 CCHP Senior Value Program (HMO) Formulary?**

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

## **Can the Formulary (drug list) change?**

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CCHP Senior Value Program (HMO)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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 CCHP Senior Value Program (HMO)'s Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/20/2020. To get updated information about the drugs covered by CCHP Senior Value Program (HMO), please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year non-maintenance changes to the formulary, we will send an errata sheet to you. You can also find the changes on our website at [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare).

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

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

### **Medical Condition**

The formulary begins on page 3. 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-Misc. If you know what your drug is used for, look for the category name in the list that begins on page number 1. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page I-1. 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?**

CCHP Senior Value Program (HMO) 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:** CCHP Senior Value Program (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CCHP Senior Value Program (HMO) before you fill your prescriptions. If you don't get approval, CCHP Senior Value Program (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CCHP Senior Value Program (HMO) limits the amount of the drug that CCHP Senior Value Program (HMO) will cover. For example, CCHP Senior Value Program (HMO) provides 60 tablets per prescription for SAVELLA. This may be in addition to a standard one-month or three-month supply.
- **Select Insulin (SI):** For certain insulin medications, CCHP Senior Value Program (HMO) limits the member copay to \$35 per month supply and up to \$105 per three-month supply that is covered.
- **Step Therapy:** In some cases, CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Value Program (HMO) 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document 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 CCHP Senior Value Program (HMO) 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 CCHP Senior Value Program (HMO)'s formulary?" on the bottom of this page for information about how to request an exception.

## **What are over-the-counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. CCHP Senior Value Program (HMO) pays for certain OTC drugs.

FREESTYLE LITE METER	MEDISENSE CONTROL SOLUTION
FREESTYLE FREEDOM LITE METER	LANCETS AND LANCET DEVICES
FREESTYLE LITE TEST STRIPS	NICOTINE PATCHES
FREESTYLE INSULINX METER	LANCET KIT
FREESTYLE INSULINX TEST STRIPS	KETOTIFEN FUMARATE OPHTHALMIC
FREESTYLE CONTROL SOLUTION	SOLUTION 0.025%
PRECISION XTRA METER	ARTIFICIAL TEARS
PRECISION XTRA TEST STRIPS	POLYETHYLENE GLYCOL 3350

CCHP Senior Value Program (HMO) will provide these OTC drugs at no cost to you. The cost to CCHP Senior Value Program (HMO) of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

## **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 CCHP Senior Value Program (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CCHP Senior Value Program (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CCHP Senior Value Program (HMO).
- You can ask CCHP Senior Value Program (HMO) 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 CCHP Senior Value Program (HMO)'s Formulary?**

You can ask CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

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

## **For more information**

For more detailed information about your CCHP Senior Value Program (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CCHP Senior Value Program (HMO), 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>.

## **CCHP Senior Value Program (HMO)'s Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by CCHP Senior Value Program (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The information in the Requirements/Limits column tells you if CCHP Senior Value Program (HMO) has any special requirements for coverage of your drug.

- **Limited Distribution (LD):** These drugs are restricted to certain pharmacies by the Food and Drug Administration. These drugs may only be available at certain pharmacies. For more information, consult your Provider and Pharmacy Directory or call Member Services at 1-888-775-7888, seven days a week from 8:00 a.m. to 8:00 p.m. TTY users should call 1-877-681-8898.
- **Non-Mail-Order Drug (NM):** These drugs are limited to a 30-day supply for both Retail and Mail Order pharmacies.
- **Prior Authorization (PA):** Prior Authorization may apply for these drugs. This means that you (or your physician) will need to get approval from CCHP Senior Value Program (HMO) before you fill your prescription. If you don't get approval, CCHP Senior Value Program (HMO) may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA\_BvD):** These drugs may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from CCHP Senior Value Program (HMO) to determine whether the drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCHP Senior Value Program (HMO) may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA\_NSO):** If this drug is new to the member, you (or your physician) are required to get prior authorization from CCHP Senior Value Program (HMO) before you fill your prescription for this drug. Without prior approval, CCHP Senior Value Program (HMO) may not cover this drug.
- **Quantity Limits (QL):** For certain drugs, CCHP Senior Value Program (HMO) limits the amount of the drug that is covered. This could include a: per fill, daily, monthly, or yearly limitation.
- **Step Therapy (ST):** In some cases, CCHP Senior Value Program (HMO) 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, CCHP Senior Value Program (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Value Program (HMO) will then cover Drug B.

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Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4980 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL (390 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	4	QL (4 per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	2	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	2	QL (10 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (240 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML	2	PA BvD
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	2	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Fentora)	4	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	2	QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	4	QL (5400 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (5400 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	2	QL (390 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg</i>	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i> (Norco)	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Ibudone)	2	QL (480 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	2	QL (480 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone injection syringe 2 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (2400 per 30 days)
<i>hydromorphone oral tablet 2 mg</i> (Dilaudid)	2	QL (450 per 30 days)
<i>hydromorphone oral tablet 4 mg</i> (Dilaudid)	2	QL (240 per 30 days)
<i>hydromorphone oral tablet 8 mg</i> (Dilaudid)	2	QL (120 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	QL (30 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	2	QL (240 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	4	QL (60 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	4	PA; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	3	QL (240 per 30 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	3	QL (120 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (360 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	2	PA
<i>meperidine oral solution 50 mg/5 ml</i>	4	
<i>meperidine oral tablet 100 mg</i> (Demerol)	2	QL (360 per 30 days)
<i>meperidine oral tablet 50 mg</i>	2	QL (720 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	4	
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (3600 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	2	QL (360 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (180 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	PA BvD
<i>morphine intravenous syringe 2 mg/ml</i>	4	PA BvD
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> (Kadian)	2	QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 40 mg</i> (Kadian)	4	QL (60 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (900 per 30 days)
<b>MORPHINE ORAL TABLET 15 MG, 30 MG</b>	2	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	2	QL (120 per 30 days)
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	3	QL (60 per 30 days)
<b>NUCYNTA ORAL TABLET 100 MG, 75 MG</b>	4	QL (180 per 30 days)
<b>NUCYNTA ORAL TABLET 50 MG</b>	4	QL (360 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (360 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (270 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (5400 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>	2	QL (180 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	QL (360 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	QL (360 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	QL (360 per 30 days)
<i>primlev oral tablet 10-300 mg</i>	4	QL (390 per 30 days)
PRIMLEV ORAL TABLET 5-300 MG, 7.5-300 MG	4	QL (390 per 30 days)
<i>tramadol oral tablet 100 mg</i>	2	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	2	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (360 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	QL (390 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium topical gel 1 %</i>	(Arthritis Pain (diclofenac))	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	(Solaraze)	2	PA NSO
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i>	(Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i>	(Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>		2	
<i>etodolac oral capsule 200 mg, 300 mg</i>		2	
<i>etodolac oral tablet 400 mg</i>	(Lodine)	2	
<i>etodolac oral tablet 500 mg</i>		2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>		2	
<i>flurbiprofen oral tablet 100 mg</i>		1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>		1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	(Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	(IBU)	1	
<b>INDOCIN ORAL SUSPENSION 25 MG/5 ML</b>		3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		2	
<i>indomethacin oral capsule, extended release 75 mg</i>		2	
<i>ketorolac injection cartridge 15 mg/ml</i>		2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>		2	
<i>ketorolac injection syringe 15 mg/ml</i>		2	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>		2	
<i>ketorolac oral tablet 10 mg</i>		2	QL (20 per 5 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	(Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	(Relafen)	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	(Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>		1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg</i>	1	
<i>sulindac oral tablet 200 mg</i>	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	2	
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	QL (50 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	3	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	3	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	ST

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (2 per 2 days)
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i>	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	3	
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol)	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	2	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	2	
<i>triazolam oral tablet 0.125 mg</i>	2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 500 mg/2 ml</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>streptomycin intramuscular recon soln 1 gram</i>	4	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<b>Antibacterials, Miscellaneous</b>		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	4	
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML	2	
CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	2	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	
DALVANCE INTRAVENOUS SOLUTION 500 MG	5	NM; NDS

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>daptomycin intravenous recon soln 500 mg</i>	(Cubicin)	5	NM; NDS
<i>lincomycin injection solution 300 mg/ml</i>	(Lincocin)	2	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	(Zyvox)	5	PA; NM; NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	(Zyvox)	5	PA; NM; NDS
<i>linezolid oral tablet 600 mg</i>	(Zyvox)	2	PA
<i>methenamine hippurate oral tablet 1 gram</i>	(Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	(Metro I.V.)	2	
<i>metronidazole oral capsule 375 mg</i>	(Flagyl)	2	
<i>metronidazole oral tablet 250 mg</i>		1	
<i>metronidazole oral tablet 500 mg</i>	(Flagyl)	1	
MONUROL ORAL PACKET 3 GRAM		4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	(Macrochantin)	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	(Macrobid)	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	(Furadantin)	2	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>		2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG		5	PA; NM; NDS; QL (6 per 15 days)
SIVEXTRO ORAL TABLET 200 MG		5	PA; NM; NDS; QL (6 per 15 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG		5	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>		1	
<i>vancomycin in 0.9 % sodium chl intravenous piggyback 1 gram/200 ml</i>		2	
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>		2	
<i>vancomycin oral capsule 125 mg</i>	(Vancocin)	4	QL (56 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	(Vancocin)	5	NM; NDS
XIFAXAN ORAL TABLET 200 MG		4	QL (9 per 3 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (60 per 30 days)
<b>Cephalosporins</b>		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	2	
<i>cefixime oral capsule 400 mg</i> (Suprax)	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> (Tazicef)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	4	
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	ST; NM; NDS; QL (20 per 5 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 500 mg</i>	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	3	
<i>erythromycin oral tablet 500 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg, 500 mg</i> (Ery-Tab)	3	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	2	
<i>aztreonam injection recon soln 2 gram</i> (Azactam)	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	4	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	2	
<i>meropenem intravenous recon soln 500 mg</i> (Merrem)	2	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	2	
<i>ampicillin sodium injection recon soln 125 mg</i>	3	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin injection recon soln 10 gram, 2 gram</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	
<i>oxacillin injection recon soln 10 gram</i>	2	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	3	
<i>penicillin g sodium injection recon soln 5 million unit</i>	3	
<i>penicillin gk 5 million unit p/f,latex-free 5 million unit (Pfizerpen-G)</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	4	
<b>Quinolones</b>		
AVELOX IN NAACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i> (Avelox in NaCl (iso-osmotic))	4	
<i>ofloxacin oral tablet 400 mg</i>	2	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; NDS
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	4	
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	5	PA NSO; NM; NDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NM; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NM; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	4	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	3	
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	3	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG, 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 30 unit</i>	2	PA BvD
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	NM; NDS
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA NSO; NM; NDS
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NSO; NM; NDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA NSO; NM; NDS
<i>carboplatin intravenous solution 10 mg/ml</i> (Paraplatin)	2	
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	5	NM; NDS
<i>cisplatin intravenous solution 1 mg/ml</i>	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	4	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	3	PA BvD
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	PA BvD
<i>cytarabine injection solution 20 mg/ml</i>	2	PA BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	2	
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	5	NM; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>daunorubicin intravenous recon soln</i> 20 mg	2	
<i>daunorubicin intravenous solution</i> 5 <i>mg/ml</i>	2	
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i> 50 (Dacogen) <i>mg</i>	5	NM; NDS
<i>docetaxel intravenous solution</i> 160 <i>mg/8 ml (20 mg/ml)</i>	5	NM; NDS
<i>docetaxel intravenous solution</i> 20 <i>mg/2 ml (10 mg/ml), 80 mg/8 ml (10</i> <i>mg/ml)</i>	3	
<i>docetaxel intravenous solution</i> 20 (Taxotere) <i>mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	NM; NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	5	NM; NDS
<i>doxorubicin intravenous recon soln</i> (Adriamycin) <i>50 mg</i>	2	PA BvD
<i>doxorubicin intravenous solution</i> 10 (Adriamycin) <i>mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50</i> <i>mg/25 ml</i>	2	PA BvD
<i>doxorubicin, peg-liposomal</i> (Doxil) <i>intravenous suspension 2 mg/ml</i>	5	NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	3	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epirubicin intravenous recon soln</i> 200 mg, 50 mg	2	
<i>epirubicin intravenous solution</i> 200 mg/100 ml (Elevance)	2	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet</i> 100 mg, 150 mg, 25 mg (Tarceva)	5	PA NSO; NM; NDS
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	5	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution</i> 20 mg/ml (Toposar)	2	
<i>exemestane oral tablet</i> 25 mg (Aromasin)	2	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	NM; NDS
FIRMAGON 120 MG VIAL INNER,SUV 120 MG	3	PA NSO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	3	PA NSO
<i>fludarabine intravenous recon soln</i> 50 mg	2	
<i>fludarabine intravenous solution</i> 50 mg/2 ml	2	
<i>fluorouracil intravenous solution</i> 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	2	PA BvD
<i>flutamide oral capsule</i> 125 mg	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	PA NSO; NM; NDS
<i>gemcitabine intravenous recon soln</i> 1 gram, 2 gram, 200 mg	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	NM; NDS
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA NSO; NM; NDS
<i>idarubicin intravenous solution 1 mg/ml (Idamycin PFS)</i>	2	
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram (Ifex)</i>	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg, 400 mg (Gleevec)</i>	5	PA NSO; NM; NDS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA NSO; NM; NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEUKERAN ORAL TABLET 2 MG	3	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA NSO; NM; NDS
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	5	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
<i>mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	2	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	NM; NDS
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (14 per 21 days)
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NM; NDS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NM; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NM; NDS; QL (10 per 21 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (30 per 30 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	NM; NDS
<i>romidepsin intravenous recon soln 10 (Istodax) mg/2 ml</i>	5	PA NSO; NM; NDS
<i>romidepsin intravenous solution 5 mg/ml</i>	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA NSO; NM; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	NM; NDS
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA NSO; NM; NDS
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
<i>temsirolimus intravenous recon soln</i> (Torisel) <i>30 mg/3 ml (10 mg/ml) (first)</i>	5	NM; NDS
<i>thiotepa injection recon soln 100 mg,</i> (Tepadina) <i>15 mg</i>	3	
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>topotecan intravenous recon soln 4</i> (Hycamtin) <i>mg</i>	2	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	3	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	NM; NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	5	PA NSO; NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA NSO
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	4	PA BvD
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA NSO; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA NSO; NM; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	4	
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS

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
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS
ZYTIGA ORAL TABLET 500 MG	5	PA NSO; NM; NDS
<b>Anticholinergic Agents</b>		
<b>Antimuscarinics/Antispasmodics</b>		
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML	5	NM; NDS
BANZEL ORAL TABLET 200 MG	3	
BANZEL ORAL TABLET 400 MG	5	NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	PA NSO
BRIVIACT ORAL SOLUTION 10 MG/ML	4	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA NSO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Eptitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS; QL (360 per 30 days)
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	PA NSO; NM; NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA NSO; NM; NDS
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal Starter (Blue) Kit)	4	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Lamictal Starter (Orange) Kit)	4	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Lamictal Starter (Green) Kit)	4	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	4	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	
LYRICA ORAL SOLUTION 20 MG/ML	3	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	3	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	PA NSO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA NSO
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	4	PA NSO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	5	NM; NDS
VIMPAT ORAL SOLUTION 10 MG/ML	5	NM; NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	NM; NDS; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	PA NSO; NM; NDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	PA NSO
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	PA NSO; NM; NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	ST; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	

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Drug Name	Drug Tier	Requirements/Limits
galantamine oral solution 4 mg/ml	2	
galantamine oral tablet 12 mg, 4 mg, 8 mg	2	
memantine oral capsule, sprinkle, er (Namenda XR) 24hr 14 mg, 21 mg, 28 mg, 7 mg	3	
memantine oral solution 2 mg/ml	2	
memantine oral tablet 10 mg, 5 mg (Namenda)	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr (Exelon)	2	ST
<b>Antidepressants</b>		
<b>Antidepressants</b>		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	4	ST
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg (Celexa)	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg (Anafranil)	2	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	4	ST
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxepin oral concentrate 10 mg/ml</i>	2	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	ST; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	ST
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	2	ST
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	3	ST
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine oral tablet 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating</i> (Remeron SolTab) <i>15 mg, 30 mg, 45 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg</i>	4	
<i>nefazodone oral tablet 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	2	
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	ST
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	2	
VIIORYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (30 per 30 days)
VIIORYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30 per 30 days)
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	
CYCLOSET ORAL TABLET 0.8 MG	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> (Glucophage)	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> (Glucophage XR)	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	2	
<i>repaglinide oral tablet 0.5 mg</i>	1	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	4	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
<b>Insulins</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	SI
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	SI
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	SI
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SI

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SI
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> (Glucotrol XL)	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	3	PA BvD
<i>casprofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	5	NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>econazole topical cream 1 %</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
ERTACZO TOPICAL CREAM 2 %	4	
EXELDERM TOPICAL CREAM 1 %	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>fluconazole oral tablet 150 mg</i> (Diflucan)	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	2	PA
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	4	PA
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical foam 2 %</i> (Extina)	2	
<i>ketoconazole topical shampoo 2 %</i>	2	
MENTAX TOPICAL CREAM 1 %	4	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i> (Mycamine)	4	
<i>miconazole-3 vaginal suppository 200 mg</i>	4	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i> (Naftin)	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA; NM; NDS

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
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	2	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> (Noxafil)	5	PA; NM; NDS
SPORANOX ORAL SOLUTION 10 MG/ML	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i> (Vfend IV)	2	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet 200 mg</i> (Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet 50 mg</i> (Vfend)	3	PA
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	3	
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	3	
<b>Antihistamines</b>		
<b>Antihistamines</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>cetirizine oral solution 1 mg/ml</i> (All Day Allergy (cetirizine))	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i> (Promethazine VC)	2	
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		

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Drug Name	Drug Tier	Requirements/Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 140 MG/ML, 70 MG/ML	4	PA; QL (1 per 30 days)
<i>dihydroergotamine injection solution</i> (D.H.E.45) <i>1 mg/ml</i>	2	
<i>dihydroergotamine nasal spray,non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	3	QL (16 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	2	QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; QL (9 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (36 per 60 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (36 per 60 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (36 per 60 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	2	QL (36 per 60 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	3	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (5 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (18 per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	2	QL (18 per 30 days)
ZOMIG NASAL SPRAY,NON- AEROSOL 2.5 MG	4	QL (16 per 30 days)
ZOMIG NASAL SPRAY,NON- AEROSOL 5 MG	4	QL (12 per 30 days)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid injection solution 100 mg/ml</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
RIFAMATE ORAL CAPSULE 300-150 MG	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA BvD; QL (1 per 7 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (3 per 2 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	2	PA BvD; QL (3 per 2 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; QL (6 per 28 days)
CESAMET ORAL CAPSULE 1 MG	4	PA
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg</i> (Zofran)	1	PA BvD
<i>ondansetron hcl oral tablet 8 mg</i>	1	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg</i>	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	4	QL (4 per 28 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	4	

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Drug Name	Drug Tier	Requirements/Limits
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	2	PA
VARUBI ORAL TABLET 90 MG	3	PA BvD
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
<i>albendazole oral tablet 200 mg</i> (Albenza)	5	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ALINIA ORAL TABLET 500 MG	3	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	
DARAPRIM ORAL TABLET 25 MG	5	NM; NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	3	PA BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	4	PA BvD
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	3	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	3	PA BvD
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	4	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	NM; NDS
<i>benztropine injection solution 1 mg/ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	3	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	3	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	3	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	3	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	3	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	3	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg,</i> (Mirapex) <i>0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended</i> (Mirapex ER) <i>release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 3 mg,</i> (Requip) <i>5 mg</i>	1	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	
<i>ropinirole oral tablet extended</i> (Requip XL) <i>release 24 hr 12 mg, 2 mg, 6 mg</i>	2	
<i>ropinirole oral tablet extended</i> <i>release 24 hr 4 mg, 8 mg</i>	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	4	ST
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	PA NSO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	PA NSO
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	4	PA NSO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	PA NSO; NM; NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	PA NSO; NM; NDS
CAPLYTA ORAL CAPSULE 42 MG	4	PA NSO; QL (30 per 30 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i>	2	
<i>clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg</i>	4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA NSO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	PA NSO; QL (60 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl injection solution</i> 2.5 mg/ml	3	
<i>fluphenazine hcl oral concentrate</i> 5 mg/ml	2	
<i>fluphenazine hcl oral elixir</i> 2.5 mg/5 ml	2	
<i>fluphenazine hcl oral tablet</i> 1 mg, 10 mg, 2.5 mg, 5 mg	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol decanoate intramuscular</i> (Haldol Decanoate) <i>solution</i> 100 mg/ml	2	
<i>haloperidol decanoate intramuscular</i> <i>solution</i> 100 mg/ml (1 ml)	2	
<i>haloperidol decanoate intramuscular</i> (Haldol Decanoate) <i>solution</i> 50 mg/ml	2	
<i>haloperidol decanoate intramuscular</i> <i>solution</i> 50 mg/ml(1ml)	2	
<i>haloperidol lactate injection solution</i> (Haldol) 5 mg/ml	2	
<i>haloperidol lactate intramuscular</i> <i>syringe</i> 5 mg/ml	2	
<i>haloperidol lactate oral concentrate</i> 2 mg/ml	2	
<i>haloperidol oral tablet</i> 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	PA NSO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	4	PA NSO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA NSO; QL (30 per 30 days)
<i>loxapine succinate oral capsule</i> 10 mg, 25 mg, 5 mg, 50 mg	2	
<i>molindone oral tablet</i> 10 mg, 25 mg, 5 mg	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS
<i>olanzapine intramuscular recon soln</i> (Zyprexa) 10 mg	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet, disintegrating</i> (Zyprexa Zydis) 10 mg, 15 mg, 20 mg, 5 mg	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> (Invega)	2	PA NSO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	5	PA NSO; NM; NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA NSO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	PA NSO
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA NSO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	PA NSO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, (Geodon) 40 mg, 60 mg, 80 mg</i>	2	
<i>ziprasidone mesylate intramuscular (Geodon) recon soln 20 mg/ml (final conc.)</i>	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	2	
<i>abacavir oral tablet 300 mg (Ziagen)</i>	2	
<i>abacavir-lamivudine oral tablet 600- (Epzicom) 300 mg</i>	2	
<i>abacavir-lamivudine-zidovudine oral (Trizivir) tablet 300-150-300 mg</i>	2	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg (Reyataz)</i>	4	
<i>atazanavir oral capsule 200 mg, 300 (Reyataz) mg</i>	3	
ATRIPLA ORAL TABLET 600- 200-300 MG	5	NM; NDS; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIKTARVY ORAL TABLET 50-200-25 MG	5	NM; NDS; QL (30 per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS; QL (30 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	2	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS; QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg (Sustiva)</i>	3	
<i>efavirenz oral tablet 600 mg (Sustiva)</i>	3	
<i>emtricitabine oral capsule 200 mg (Emtriva)</i>	3	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg (Lexiva)</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg</i> (Epivir)	2	
<i>lamivudine oral tablet 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	4	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	2	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS; QL (30 per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	NM; NDS
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	4	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	3	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS; QL (30 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	5	NM; NDS; QL (30 per 30 days)
SYMFI ORAL TABLET 600-300-300 MG	5	NM; NDS; QL (30 per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS; QL (30 per 30 days)
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG	4	
TIVICAY ORAL TABLET 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS; QL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
<b>Antivirals, Miscellaneous</b>		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; NM; NDS
<b>Hcv Antivirals</b>		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	NM; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	PA; NM; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; NM; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	NM; NDS
<i>ribavirin oral capsule 200 mg</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NM; NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	2	QL (51 per 17 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	2	QL (34 per 17 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	2	QL (28 per 17 days)
<i>enoxaparin subcutaneous syringe</i> 30 (Lovenox) mg/0.3 ml	2	QL (11 per 17 days)
<i>enoxaparin subcutaneous syringe</i> 40 (Lovenox) mg/0.4 ml	2	QL (14 per 17 days)
<i>enoxaparin subcutaneous syringe</i> 60 (Lovenox) mg/0.6 ml	2	QL (21 per 17 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	NM; NDS
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	NM; NDS
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i> 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	PA BvD
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	PA BvD
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	PA BvD
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	PA BvD
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	PA BvD
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	2	PA BvD
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 (Jantoven) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
<b>Blood Formation Modifiers</b>		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; NM; NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA BvD
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA BvD; NM; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA BvD
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; NDS
<b>Hematologic Agents, Miscellaneous</b>		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	3	
ZONTIVITY ORAL TABLET 2.08 MG	4	PA
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA
CLINIMIX 4.25%-D25W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	2	
<i>dextrose 5%-water iv soln single use</i>	2	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	PA
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg</i>	1	
<i>methyldopa oral tablet 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NM; NDS
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	3	PA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil oral tablet, ir</i> (Tarka) <i>- er, biphasic 24hr 2-180 mg, 2-240</i> <i>mg, 4-240 mg</i>	2	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone intravenous solution 50</i> <i>mg/ml</i>	2	
<i>amiodarone oral tablet 100 mg, 400</i> (Pacerone) <i>mg</i>	2	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule</i> (Norpace) <i>100 mg, 150 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250</i> (Tikosyn) <i>mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150</i> <i>mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200</i> <i>mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	2	
<i>pacerone oral tablet 100 mg, 400 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>procainamide injection solution 100</i> <i>mg/ml, 500 mg/ml</i>	3	
<i>procainamide intravenous syringe</i> <i>100 mg/ml</i>	3	
<i>propafenone oral capsule,extended</i> (Rythmol SR) <i>release 12 hr 225 mg, 325 mg, 425</i> <i>mg</i>	2	
<i>propafenone oral tablet 150 mg, 225</i> <i>mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet</i> <i>extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg,</i> <i>300 mg</i>	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400</i> <i>mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg,</i> (Tenormin) <i>50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	4	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>propranolol oral tablet 60 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 200 mg</i> (Verelan PM)	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
DEMSEER ORAL CAPSULE 250 MG	5	NM; NDS
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	2	QL (30 per 30 days)
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	2	
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	
<i>digoxin oral tablet 125 mcg (0.125 mg)</i> (Digitek)	2	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	4	ST; QL (2 per 15 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr 2-Pak)	3	QL (2 per 15 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	4	ST; QL (2 per 15 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (EpiPen 2-Pak)	3	QL (2 per 15 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (2 per 15 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (2 per 15 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; NM; NDS
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML)	4	
<i>metyrosine oral capsule 250 mg</i> (Demser)	5	NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)	3	
<b>Dihydropyridines</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	2	
<i>nifedipine oral capsule 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 25.5 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
<b>Dyslipidemics</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	
<i>amlodipine-atorvastatin oral tablet</i> (Caduet) 10-10 mg, 10-20 mg, 10-40 mg, 10- 80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	3	
<i>amlodipine-atorvastatin oral tablet</i> 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	3	
<i>atorvastatin oral tablet 10 mg, 20</i> (Lipitor) <i>mg, 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral</i> (Questran) <i>powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4</i> <i>gram</i>	2	
<i>cholestyramine light packet 4 gram</i>	2	
<i>colesevelam oral powder in packet</i> (WelChol) <i>3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	3	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-</i> (Vytorin 10-10) <i>10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-</i> (Vytorin 10-20) <i>20 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-</i> (Vytorin 10-40) <i>40 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-</i> (Vytorin 10-80) <i>80 mg</i>	2	
<i>fenofibrate micronized oral capsule</i> <i>130 mg, 134 mg, 200 mg, 43 mg, 67</i> <i>mg</i>	2	
<i>fenofibrate nanocrystallized oral</i> (Tricor) <i>tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral capsule 150 mg, 50</i> (Lipofen) <i>mg</i>	4	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibrate oral tablet 40 mg</i> (Fenoglide)	4	
<i>fenofibric acid (choline) oral</i> (Trilipix) <i>capsule, delayed release(dr/ec) 135</i> <i>mg, 45 mg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	4	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; NM; NDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	
<i>pravastatin oral tablet 10 mg, 80 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	1	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	
<i>simvastatin oral tablet 5 mg</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	PA
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Vasodilators</b>		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	4	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (28 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	5	PA; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	4	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	2	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	2	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg</i> (Ritalin LA)	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i> (Ritalin LA)	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NM; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NM; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46), 240 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NM; NDS
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>camila oral tablet 0.35 mg</i>	2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Bekyree (28))	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Gianvi (28))	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	2	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	3	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Aubra EQ)	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Levora-28)	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i> (Amethyst (28))	2	
<i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> (Introvale)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Wymzya Fe)	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> (Kaitlib Fe)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri-Mili)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Femynor)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<b>NUVARING VAGINAL RING 0.12-0.015 MG/24 HR</b>	3	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	4	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tulana oral tablet 0.35 mg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	3	
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	2	
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i> (Soriatane)	3	
<i>acitretin oral capsule 17.5 mg</i>	5	NM; NDS
<i>acyclovir topical cream 5 %</i> (Zovirax)	4	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydroloc)	2	
<i>ammonium lactate topical lotion 12 %</i> (Geri-Hydroloc)	2	
<i>azelaic acid topical gel 15 %</i> (Finacea)	3	
AZELEX TOPICAL CREAM 20 %	4	PA
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	
<i>calcipotriene topical ointment 0.005 %</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
CONDYLOX TOPICAL GEL 0.5 %	4	
DENAVIR TOPICAL CREAM 1 %	3	
<i>doxepin topical cream 5 %</i> (Prudoxin)	4	
FINACEA TOPICAL FOAM 15 %	3	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	3	
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	4	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Claravis)	2	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS
PICATO TOPICAL GEL 0.015 %	5	NM; NDS; QL (3 per 10 days)
PICATO TOPICAL GEL 0.05 %	5	NM; NDS; QL (2 per 10 days)
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	NM; NDS; QL (30 per 15 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XERESE TOPICAL CREAM 5-1 %	4	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	4	
<b>Dermatological Antibacterials</b>		
clindamycin phosphate topical foam (Evoclin) 1 %	2	
clindamycin phosphate topical gel 1 %	2	
clindamycin phosphate topical lotion (Cleocin T) 1 %	2	
clindamycin phosphate topical solution 1 % (Cleocin T)	2	
clindamycin phosphate topical swab (Clindacin ETZ) 1 %	2	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Neuac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	2	
clindamycin-tretinoin topical gel 1.2-0.025 % (Veltin)	2	
ery pads topical swab 2 %	2	
erythromycin with ethanol topical gel 2 % (Erygel)	2	
erythromycin with ethanol topical solution 2 %	2	
erythromycin-benzoyl peroxide topical gel 3-5 % (Benzamycin)	2	
gentamicin topical cream 0.1 %	2	
gentamicin topical ointment 0.1 %	2	
metronidazole topical cream 0.75 % (MetroCream)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	2	
metronidazole topical lotion 0.75 % (MetroLotion)	2	
mupirocin calcium topical cream 2 %	2	
mupirocin topical ointment 2 % (Centany)	2	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	
neuac topical gel 1.2 %(1 % base) -5 %	2	
selenium sulfide topical lotion 2.5 %	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	2	
<i>ssd topical cream 1 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>ala-cort topical cream 1 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	2	
<i>amcinonide topical lotion 0.1 %</i>	4	
<i>amcinonide topical ointment 0.1 %</i>	3	
APEXICON E TOPICAL CREAM 0.05 %	4	PA
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
CAPEX TOPICAL SHAMPOO 0.01 %	4	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clodan)	2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	4	PA
CLODAN TOPICAL SHAMPOO 0.05 %	2	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
DESONATE TOPICAL GEL 0.05 %	3	PA
<i>desonide topical cream 0.05 %</i> (Tridesilon)	2	
<i>desonide topical gel 0.05 %</i> (Desonate)	3	PA
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %</i> (Topicort)	3	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %</i> (Topicort)	4	
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	2	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	
<i>diflorasone topical ointment 0.05 %</i>	2	
<i>fluocinolone 0.01% body oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	2	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 %</i> (Halog)	4	PA
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HALOG TOPICAL CREAM 0.1 %	4	PA
HALOG TOPICAL OINTMENT 0.1 %	4	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
PANDEL TOPICAL CREAM 0.1 %	4	PA
<i>pimecrolimus topical cream 1 %</i> (Elidel)	3	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	2	
<i>triamcinolone acetonide topical cream 0.025 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TRIDESILON TOPICAL CREAM 0.05 %	2	PA
ULTRAVATE TOPICAL LOTION 0.05 %	4	
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	2	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	4	PA
<i>avita topical cream 0.025 %</i>	2	PA
<i>avita topical gel 0.025 %</i>	2	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	4	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	2	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
<b>Scabicides And Pediculicides</b>		
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lindane topical shampoo 1 %</i>	2	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
SKLICE TOPICAL LOTION 0.5 %	4	QL (117 per 15 days)
<b>Devices</b>		
<b>Devices</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	3	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	3	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	3	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ulitet Insulin Syringe)	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Advocate Syringes)	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	3	
OMNIPOD DASH 5 PACK POD	3	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	3	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	2	
<b>Enzyme</b>		
<b>Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
CHENODAL ORAL TABLET 250 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	5	PA; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	PA; NM; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NM; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	ST
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	ST
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Kuvan)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	5	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; NDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000 - 84,000 UNIT, 25,000-79,000 - 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000 - 168,000 UNIT, 5,000-17,000 - 24,000 UNIT	4	ST
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS; QL (60 per 30 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	
LASTACAPT OPHTHALMIC (EYE) DROPS 0.25 %	4	
<i>olopatadine nasal spray,non-aerosol</i> (Patanase) 0.6 %	2	
<i>olopatadine ophthalmic (eye) drops</i> (Pataday) 0.1 %	2	ST
<i>olopatadine ophthalmic (eye) drops</i> (Pataday) 0.2 %	3	ST
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	4	ST; QL (2.5 per 30 days)
<i>proparacaine ophthalmic (eye) drops</i> (Alcaine) 0.5 %	2	
<b>Eye, Ear, Nose, Throat Anti- Infectives Agents</b>		
<i>acetic acid otic (ear) solution</i> 2 %	2	
<i>acetic acid-aluminum acetate otic (ear) drops</i> 2 %	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment</i> (Baciguent) 500 unit/gram	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i> 500-10,000 unit/gram (Polycin)	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	ST
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i> 0.3 % (Ciloxan)	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i> 0.3-0.1 % (Ciprodex)	3	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>erythromycin ophthalmic (eye) ointment</i> 5 mg/gram (0.5 %)	2	
<i>gatifloxacin ophthalmic (eye) drops</i> (Zymaxid) 0.5 %	2	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	3	
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</b>	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polymyxin b sulf-trimethoprim</i> (Polytrim) <i>ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>sulfacetamide sodium ophthalmic</i> (Bleph-10) <i>(eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic</i> <i>(eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone</i> <i>ophthalmic (eye) drops 10 %-0.23 %</i> <i>(0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops</i> (Tobrex) <i>0.3 %</i>	2	
<i>tobramycin-dexamethasone</i> (TobraDex) <i>ophthalmic (eye) drops,suspension</i> <i>0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	4	ST; QL (50 per 15 days)
<i>bromfenac ophthalmic (eye) drops</i> <i>0.09 %</i>	2	
<i>dexamethasone sodium phosphate</i> <i>ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i> <i>drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol</i> <i>25 mcg (0.025 %)</i>	2	QL (50 per 15 days)
<i>fluocinolone acetonide oil otic (ear)</i> (DermOtic Oil) <i>drops 0.01 %</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	2	QL (32 per 15 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	QL (3 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	3	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	2	ST; QL (34 per 15 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	4	ST; QL (25 per 15 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	QL (3 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	4	ST; QL (9.8 per 15 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	4	ST; QL (17.4 per 15 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	PA; ST; QL (60 per 30 days)
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	4	ST; QL (12.2 per 15 days)

## **Gastrointestinal Agents**

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
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	4	ST; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	3	
<i>famotidine intravenous solution 10 mg/ml</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i> (Prevacid)	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	2	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i> (AcipHex)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
<b>Gastrointestinal Agents, Other</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	4	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	4	
<i>dicyclomine intramuscular solution 10 mg/ml</i> (Bentyl)	2	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	PA; ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; ST
<i>propantheline oral tablet 15 mg</i>	3	
PYLERA ORAL CAPSULE 140-125-125 MG	4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA; ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	4	PA; ST
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	2	
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
<b>Laxatives</b>		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
OSMOPREP ORAL TABLET 1.5 GRAM	4	
<i>peg 3350-electrolytes oral recon soln</i> (GaviLyte-G) 236-22.74-6.74 -5.86 gram	2	
<i>peg-electrolyte soln oral recon soln</i> (GaviLyte-N) 420 gram	2	
<i>trilyte with flavor packets oral recon soln</i> 420 gram	2	
<b>Phosphate Binders</b>		
<i>calcium acetate(phosphat bind) oral capsule</i> 667 mg	2	
<i>calcium acetate(phosphat bind) oral tablet</i> 667 mg	2	
<i>sevelamer carbonate oral powder in packet</i> 0.8 gram, 2.4 gram (Renvela)	3	
<i>sevelamer carbonate oral tablet</i> 800 mg (Renvela)	3	
<i>sevelamer hcl oral tablet</i> 400 mg	3	
<i>sevelamer hcl oral tablet</i> 800 mg (Renagel)	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	QL (180 per 30 days)
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet</i> 10 mg, 25 mg, 5 mg, 50 mg	2	
<i>darifenacin oral tablet extended release</i> 24 hr 15 mg, 7.5 mg	2	ST
<i>flavoxate oral tablet</i> 100 mg	2	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup</i> 5 mg/5 ml	2	
<i>oxybutynin chloride oral tablet</i> 5 mg	2	
<i>oxybutynin chloride oral tablet extended release</i> 24hr 10 mg, 5 mg (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release</i> 24hr 15 mg	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	4	ST

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Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	3	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	4	ST
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
LITHOSTAT ORAL TABLET 250 MG	4	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	4	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THIOLA ORAL TABLET 100 MG	4	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	5	NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	5	NM; NDS
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 500 MG	5	PA; NM; NDS
JADENU ORAL TABLET 180 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	NM; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	3	
<i>trientine oral capsule 250 mg</i> (Clovique)	5	PA; NM; NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
ANADROL-50 ORAL TABLET 50 MG	5	NM; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	PA; QL (60 per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (150 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
METHITEST ORAL TABLET 10 MG	4	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	4	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> (AndroGel)	4	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	4	PA; QL (180 per 30 days)
<b>Estrogens And Antiestrogens</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	2	
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Dotti)	2	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	4	
<i>estradiol vaginal tablet 10 mcg</i> (YuvaFem)	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Amabelz)	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	ST
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	ST
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	2	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	4	
PREMARIN INJECTION RECON SOLN 25 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	ST
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i>	2	
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>cortisone oral tablet 25 mg</i>	4	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	2	
<i>dexamethasone oral tablet 1.5 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	PA BvD
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	2	PA BvD
MILLIPRED ORAL TABLET 5 MG	4	
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	4	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	4	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	4	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 250 MG/2 ML	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	4	PA BvD
<i>triamcinolone acetonide injection</i> (Kenalog) <i>suspension 40 mg/ml</i>	3	
<b>Pituitary</b>		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin injection solution 4</i> (DDAVP) <i>mcg/ml</i>	2	
<i>desmopressin nasal spray,non- aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2</i> (DDAVP) <i>mg</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),</i> <i>500 mcg/ml (1 ml)</i>	2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NM; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
STIMATE NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	NM; NDS
<b>Progestins</b>		
CRINONE VAGINAL GEL 4 %, 8 %	3	PA
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	5	PA NSO; NM; NDS
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	2	
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>syringe 150 mg/ml</i>	2	
<i>medroxyprogesterone oral tablet 10</i> (Provera) <i>mg, 2.5 mg, 5 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
<b>Thyroid And Antithyroid Agents</b>		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	2	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	2	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	3	
THYROLAR-2 ORAL TABLET 25-100 MCG	3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	3	
TIROSINT ORAL CAPSULE 13 MCG	4	
<b>Immunological Agents</b>		
<b>Immunological Agents</b>		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	5	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	4	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) <i>mg</i>	2	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; NM; NDS; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus (immunosuppressive) oral (Zortress) tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	3	PA NSO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA; NM; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA; NM; NDS
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %)	5	PA; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 20 GRAM/200 ML (10 %)	5	PA; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	PA BvD
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	PA BvD
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil (hcl)</i> (CellCept Intravenous) <i>intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule</i> (CellCept) <i>250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral</i> (CellCept) <i>suspension for reconstitution 200</i> <i>mg/ml</i>	2	PA BvD
<i>mycophenolate mofetil oral tablet</i> (CellCept) <i>500 mg</i>	2	PA BvD
<i>mycophenolate sodium oral</i> (Myfortic) <i>tablet, delayed release (dr/ec) 180</i> <i>mg, 360 mg</i>	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO- INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NM; NDS; QL (30 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	5	NM; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	3	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	2	PA BvD
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	5	PA BvD; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; NDS; QL (15 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 1 MG	3	PA NSO
<b>Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	PA; AGE (Min 9 Years and Max 45 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	PA; AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 62 DU/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	PA BvD
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	PA BvD
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alose tron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	4	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	5	PA; NM; NDS; QL (30 per 30 days)
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	3	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	3	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	PA
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
LACTATED RINGERS IRRIGATION SOLUTION	2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	
<i>ringer's irrigation solution</i>	2	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i>	4	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	PA BvD
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> (Sensipar)	3	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxercalciferol intravenous solution</i> (Hectorol) 4 mcg/2 ml	2	PA BvD
<i>doxercalciferol oral capsule</i> 0.5 mcg, 1 mcg, 2.5 mcg	2	PA BvD
<i>etidronate disodium oral tablet</i> 200 mg	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	PA; NM; NDS; QL (2.4 per 28 days)
<i>ibandronate intravenous solution</i> 3 mg/3 ml	2	PA BvD
<i>ibandronate intravenous syringe</i> 3 (Boniva) mg/3 ml	2	PA BvD
<i>ibandronate oral tablet</i> 150 mg (Boniva)	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	PA BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (30 per 30 days)
<i>pamidronate intravenous solution</i> 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)	2	PA BvD
<i>pamidronate intravenous solution</i> 60 mg/10 ml (6 mg/ml)	4	PA BvD
<i>paricalcitol hemodialysis port injection solution</i> 2 mcg/ml	2	PA BvD
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	PA BvD
<i>paricalcitol oral capsule</i> 1 mcg, 2 (Zemplar) mcg	2	PA BvD
<i>paricalcitol oral capsule</i> 4 mcg	2	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA
<i>risedronate oral tablet</i> 150 mg, 35 (Actonel) mg, 5 mg	2	
<i>risedronate oral tablet</i> 30 mg, 35 mg (12 pack), 35 mg (4 pack)	2	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>teriparatide subcutaneous pen injector 20 mcg/dose - 620 mcg/2.48 ml</i>	5	PA; NM; NDS; QL (2.48 per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NM; NDS
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	ST
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	2	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	4	
ELMIRON ORAL CAPSULE 100 MG	3	
<i>fomepizole intravenous solution 1 gram/ml</i>	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	ST
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	ST
<i>guanidine oral tablet 125 mg</i>	3	
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	3	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 (Vistaril) mg, 50 mg</i>	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	NM; NDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 500 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral (Carnitor) solution 100 mg/ml</i>	2	PA BvD
<i>levocarnitine oral tablet 330 mg (Carnitor)</i>	2	PA BvD
<i>levoleucovorin calcium intravenous (Fusilev) recon soln 50 mg</i>	5	NM; NDS
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	5	NM; NDS
<i>mesna intravenous solution 100 (Mesnex) mg/ml</i>	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
<i>pyridostigmine bromide oral syrup (Mestinon) 60 mg/5 ml</i>	4	
<i>pyridostigmine bromide oral tablet (Mestinon) 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet (Mestinon Timespan) extended release 180 mg</i>	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	QL (30 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
TYBOST ORAL TABLET 150 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	ST
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	3	QL (5 per 30 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	ST
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (5 per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	QL (5 per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	ST
<i>timolol maleate ophthalmic (eye)</i> (Timoptic) <i>drops 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye)</i> (Istalol) <i>drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	4	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	3	QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	ST; QL (30 per 30 days)
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>d10 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	2	
<i>dextrose 10 % and 0.2 % nacl</i> <i>intravenous parenteral solution</i>	3	
<i>dextrose 5 %-lactated ringers</i> <i>intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride</i> <i>intravenous parenteral solution</i>	2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35- 20-5 MEQ/20 ML	2	
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD; QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	2	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (21.2 per 30 days)
<b>Antileukotrienes</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	

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Drug Name	Drug Tier	Requirements/Limits
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	2	
zileuton oral tablet, er multiphase 12 hr 600 mg	4	
ZYFLO ORAL TABLET 600 MG	4	
<b>Bronchodilators</b>		
albuterol 5 mg/ml solution 5 mg/ml	2	PA BvD
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	1	
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	4	PA BvD
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	ST
ipratropium bromide inhalation solution 0.02 %	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	2	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	2	PA BvD
<i>metaproterenol oral syrup 10 mg/5 ml</i>	4	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	4	PA BvD
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	4	ST
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	NM; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (120 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+-)/20 ML	5	NM; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	NM; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i> (Soma)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg (Fexmid)</i>	2	
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg (Dantrium)</i>	2	
<i>metaxall oral tablet 800 mg</i>	2	
<i>metaxalone oral tablet 400 mg</i>	4	
<i>metaxalone oral tablet 800 mg (Metaxall)</i>	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>methocarbamol oral tablet 750 mg (Robaxin-750)</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg (Zanaflex)</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	2	
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)</i>	2	PA; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)</i>	2	QL (30 per 30 days)
<b>HETLIOZ ORAL CAPSULE 20 MG</b>	5	PA; NM; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg (Provigil)</i>	2	PA; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg (Rozerem)</i>	4	QL (30 per 30 days)
<b>SUNOSI ORAL TABLET 150 MG, 75 MG</b>	5	PA; NM; NDS; QL (30 per 30 days)
<b>XYREM ORAL SOLUTION 500 MG/ML</b>	5	PA; NM; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg (Ambien)</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 5 mg (Ambien)</i>	2	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS
<i>alyq oral tablet 20 mg</i>	5	PA; NM; NDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NM; NDS
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	5	PA BvD; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS; QL (200 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; NM; NDS

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Chinese Community Health Plan:

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

If you need these services, contact CCHP Member Services.

If you believe that CCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with us in person, by phone, by mail, or by fax at:

CCHP Member Services  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, TTY 1-877-681-8898  
Fax 1-415-397-2129

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

U.S. Department of Health and Human Services  
200 Independence Avenue SW.  
Room 509F, HHH Building  
Washington, DC 20201,  
1-800-368-1019, 800-537-7697 (TDD)

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

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- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
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  - 合格的翻譯員
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如果您需要此類服務，請聯絡華人保健計劃 (CCHP)

如果您認為華人保健計劃 (CCHP) 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, 聽力殘障人士電話 1-877-681-8898  
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

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Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
  - Intérpretes de lenguaje de señas capacitados.
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Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services  
445 Grant Ave, Suite 700, San Francisco, CA 94108  
1-888-775-7888, TTY 1-877-681-8898  
Fax 1-415-397-2129.

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U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

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**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

**Arabic:**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (TTY: 1-877-681-8898).

**Hindi:** ध्यान दः यद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-775 7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

**Armenian:** Ուշադրութեամբ խոսելու համար հայերեն, արաբական և անգլերեն կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-888-775-7888 (TTY (հեռատիպ)՝ 1-877-681-8898):

**Punjabi:** ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

**Cambodian:** ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺ អាចមានសំរាប់បម្រើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-775-7888 (TTY: 1-877-681-8898)។

**Hmong:** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

**Thai:** 注意: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

**Persian (Farsi):**

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.

**Lao (Laotian):**

ຄວາມສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດຕິດຕໍ່ເບີຂ້າງລຸ່ມນີ້ ເພື່ອຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໄດ້.

ໂທຫາເບີ 1-888-775-7888 (TTY: 1-877-681-8898).



445 Grant Avenue, Suite 700, San Francisco, CA 94108 | Tel 1-415-955-8800 | Fax 1-415-955-8818 | [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare)

This formulary was updated on 11/20/2020. For more recent information or other questions, please contact Chinese Community Health Plan Member Services at 1-888-775-7888 or, for TTY users, 1-877-681- 8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit [www.cchphealthplan.com/medicare](http://www.cchphealthplan.com/medicare).

The formulary, pharmacy network, and provider network may change at any time. You will receive notice when necessary.