Charter + Rx (HMO), Sound + Rx (HMO) and Peak + Rx (HMO)

2018 Formulary

(List of Covered Drugs)

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

This formulary was updated on 07/27/2017.

For more recent information or other questions, please contact Soundpath Health Customer Service at 1-866-789-7747 or, for TTY users, 711, 8 am to 8 pm, Monday – Friday and 8 am to 8 pm, Monday – Sunday October 1 through February 14, or visit www.soundpathhealth.com.

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 Soundpath Health. When it refers to "plan" or "our plan," it means Charter + Rx (HMO), Sound + Rx (HMO) and Peak + Rx (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 01/01/2018. 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, 2019, and from time to time during the year.

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What is the Charter + Rx, Sound + Rx and Peak + Rx Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of 01/01/2018. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 145. 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?

Soundpath Health 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 150 Tablets per prescription for Metformin HCL 500mg. This may be in addition to a standard one-month or three-month supply.

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

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

You can ask us 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 Charter + Rx, Sound + Rx and Peak + Rx's formulary?" on page 4 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. Our plan pays for certain OTC drugs. We will provide these OTC drugs at no cost to you. The cost to Soundpath Health of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay does not count for the coverage gap).

COVERED OVER-THE-COUNTER (OTC) DRUGS*

Generic Name	(Reference Brand Name**)	Dosage Form
cetirizine hydrochloride	(Zyrtec)	Chewable Tablets, Solution, Tablets
cetirizine hydrochloride/ pseudoephedrine hydrochloride	(Zyrtec-D)	12 Hour Tablets
loratadine	(Claritin)	Solution, Tablets
loratadine/ pseudoephedrine sulfate	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
ketotifen fumarate	(Zaditor)	Drops

*With a valid prescription and billed to the plan at the time of service.
**For reference purposes only. Does not indicate that the Brand Name drug is covered.

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 Customer Service and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by us.

You can ask us 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 Charter + Rx, Sound + Rx and Peak + Rx's Formulary?

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

You can ask us to cover a drug even if it is not 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, we

limit the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Current members who are outside of their transition period may experience circumstances that involve changing from one treatment setting to another (level of care change). For example, you are moved from a hospital to a skilled nursing facility and are accompanied by a discharge list of medications from the hospital formulary. If you experience a level of care change beyond the first 90 days of membership and need a drug that is not on our formulary or if your ability to get your drugs is limited, we may cover a 31-day emergency supply while you pursue a formulary exception. This policy only applies to Part D covered Drugs covered by a network pharmacy unless you qualify for out-of-network access.

For more information

For more detailed information about your Charter + Rx, Sound + Rx and Peak + Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Charter + Rx, Sound + Rx and Peak + Rx, 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.

Charter + Rx, Sound + Rx and Peak + Rx's Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by Charter + Rx, Sound + Rx and Peak + Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 145.

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

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

Drugs are grouped into one of five tiers – 1, 2, 3, 4 or 5. The Drug Tier column tells you the tier your drug is in. The tier determines how much you will pay for your drug. Your cost also depends on how much of a supply you get. For example, here is a list of the five tiers and the copay for a one-month (31-day) supply at a network pharmacy.

Tier 1: Preferred Generic Drugs –	$2.00 (Charter + Rx & Sound + Rx) $3.00 (Peak + Rx)
Tier 2: Generic Drugs –	$12.00 (Charter + Rx & Sound + Rx) $14.00 (Peak + Rx)
Tier 3: Preferred Brand Drugs –	$47.00
Tier 4: Non-Preferred Drugs –	50%
Tier 5: Specialty Drugs (limited to 31-day supply) –	30%

The following Utilization Management abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
B/D	Part B versus Part D Administrative Prior Authorization	This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
EA		Each
PA	Prior Authorization	Soundpath Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Soundpath Health before you fill your prescriptions. If you don't get approval, Soundpath Health may not cover the drug.
QL	Quantity Limit	For certain drugs, Soundpath Health limits the amount of the drug that Soundpath Health will cover. For example, Soundpath Health provides 150 tablets per prescription for Metformin HCL 500mg. This may be in addition to a standard one month or three month supply.
ST	Step Therapy	In some cases, Soundpath Health 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, Soundpath Health may not cover drug B unless you try Drug A first. If Drug A does not work for you, Soundpath Health will then cover Drug B.

Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
celecoxib caps 100mg	2	QL (60 EA per 30 days)
celecoxib caps 200mg	2	QL (60 EA per 30 days)
celecoxib caps 400mg	2	QL (60 EA per 30 days)
celecoxib caps 50mg	2	QL (60 EA per 30 days)
diclofenac potassium tabs 50mg	4	
diclofenac sodium dr tbec 25mg	4	
diclofenac sodium dr tbec 50mg	4	
diclofenac sodium dr tbec 75mg	4	
diclofenac sodium er tb24 100mg	4	
diclofenac sodium xr tb24 100mg	4	
diclofenac sodium/misoprostol tbec 50mg; 200mcg	4	
diclofenac sodium/misoprostol tbec 75mg; 200mcg	4	
diclofenac sodium gel 3%	2	
diflunisal tabs 500mg	2	
etodolac er tb24 400mg	2	
etodolac er tb24 500mg	2	
etodolac er tb24 600mg	2	
etodolac caps 200mg	2	
etodolac caps 300mg	2	
etodolac tabs 400mg	2	
etodolac tabs 500mg	2	
FENOPROFEN CALCIUM CAPS 400MG	4	
fenoprofen calcium tabs 600mg	4	
flurbiprofen tabs 100mg	2	
flurbiprofen tabs 50mg	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg	1	
ibuprofen tabs 600mg	1	
ibuprofen tabs 800mg	1	
indomethacin er cpcr 75mg	4	PA
indomethacin sr cpcr 75mg	4	PA
indomethacin caps 25mg	4	PA
indomethacin caps 50mg	4	PA
INDOMETHACIN INJ 1MG	4	PA
ketoprofen er cp24 200mg	4	
ketoprofen caps 50mg	2	
ketoprofen caps 75mg	2	
ketorolac tromethamine inj 15mg/ml	4	PA
ketorolac tromethamine inj 300mg/10ml	4	PA
ketorolac tromethamine inj 30mg/ml	4	PA
ketorolac tromethamine inj 30mg/ml	4	PA

Name	Drug Tier	Requirements/Limits
ketorolac tromethamine inj 30mg/ml	4	PA
ketorolac tromethamine tabs 10mg	4	QL (20 EA per 30 days) PA
meclofenamate sodium caps 100mg	4	
meclofenamate sodium caps 50mg	4	
mefenamic acid caps 250mg	4	
meloxicam susp 7.5mg/5ml	2	
meloxicam tabs 15mg	1	
meloxicam tabs 7.5mg	1	
nabumetone tabs 500mg	2	
nabumetone tabs 750mg	2	
naproxen dr tbec 375mg	1	
naproxen dr tbec 500mg	1	
naproxen sodium cr tb24 375mg	2	
naproxen sodium er tb24 375mg	2	
naproxen sodium tabs 275mg	2	
naproxen sodium tabs 550mg	2	
naproxen susp 125mg/5ml	2	
naproxen tabs 250mg	1	
naproxen tabs 375mg	1	
naproxen tabs 500mg	1	
oxaprozin tabs 600mg	2	
piroxicam caps 10mg	2	
piroxicam caps 20mg	2	
sulindac tabs 150mg	1	
sulindac tabs 200mg	1	
tolmetin sodium caps 400mg	2	
tolmetin sodium tabs 200mg	4	
tolmetin sodium tabs 600mg	4	
Opioid Analgesics, Long-acting		
buprenorphine hcl inj 0.3mg/ml	4	
buprenorphine hcl inj 0.3mg/ml	4	
BUPRENORPHINE PTWK 10MCG/HR	3	QL (4 EA per 28 days)
BUPRENORPHINE PTWK 15MCG/HR	3	QL (4 EA per 28 days)
BUPRENORPHINE PTWK 20MCG/HR	3	QL (4 EA per 28 days)
BUPRENORPHINE PTWK 5MCG/HR	3	QL (4 EA per 28 days)
BUPRENORPHINE PTWK 7.5MCG/HR	3	QL (4 EA per 28 days)
BUTRANS PTWK 10MCG/HR	3	QL (4 EA per 28 days)
BUTRANS PTWK 15MCG/HR	3	QL (4 EA per 28 days)
BUTRANS PTWK 20MCG/HR	3	QL (4 EA per 28 days)
BUTRANS PTWK 5MCG/HR	3	QL (4 EA per 28 days)
BUTRANS PTWK 7.5MCG/HR	3	QL (4 EA per 28 days)
EMBEDA CPCR 100MG; 4MG	5	
EMBEDA CPCR 20MG; 0.8MG	3	

Name	Drug Tier	Requirements/Limits
EMBEDA CPCR 30MG; 1.2MG	3	
EMBEDA CPCR 50MG; 2MG	3	
EMBEDA CPCR 60MG; 2.4MG	3	
EMBEDA CPCR 80MG; 3.2MG	5	
fentanyl pt72 100mcg/hr	4	
fentanyl pt72 12mcg/hr	4	
fentanyl pt72 25mcg/hr	4	
fentanyl pt72 37.5mcg/hr	4	
fentanyl pt72 50mcg/hr	4	
fentanyl pt72 62.5mcg/hr	4	
fentanyl pt72 75mcg/hr	4	
fentanyl pt72 87.5mcg/hr	5	
hydromorphone hcl er t24a 12mg	4	
hydromorphone hcl er t24a 16mg	5	
hydromorphone hcl er t24a 32mg	5	
hydromorphone hcl er t24a 8mg	4	
hydromorphone hydrochloride er t24a 32mg	5	
INFUMORPH 200 INJ 10MG/ML	4	
INFUMORPH 500 INJ 25MG/ML	4	
levorphanol tartrate tabs 2mg	5	
methadone hcl intensol conc 10mg/ml	2	
methadone hcl conc 10mg/ml	2	
methadone hcl inj 10mg/ml	4	
methadone hcl soln 10mg/5ml	2	
methadone hcl soln 5mg/5ml	2	
methadone hcl tabs 10mg	2	
methadone hcl tabs 5mg	2	
methadose sugar-free conc 10mg/ml	2	
methadose conc 10mg/ml	2	
morphine sulfate cr tbcr 60mg	2	
morphine sulfate er cp24 100mg	5	
morphine sulfate er cp24 10mg	4	
morphine sulfate er cp24 120mg	4	
morphine sulfate er cp24 20mg	4	
morphine sulfate er cp24 30mg	4	
morphine sulfate er cp24 30mg	4	
morphine sulfate er cp24 45mg	4	
morphine sulfate er cp24 50mg	4	
morphine sulfate er cp24 60mg	4	
morphine sulfate er cp24 60mg	4	
morphine sulfate er cp24 75mg	4	
morphine sulfate er cp24 80mg	4	
morphine sulfate er cp24 90mg	4	

Name	Drug Tier	Requirements/Limits
morphine sulfate er tbcr 100mg	2	
morphine sulfate er tbcr 15mg	2	
morphine sulfate er tbcr 200mg	2	
morphine sulfate er tbcr 30mg	2	
morphine sulfate er tbcr 60mg	2	
oxymorphone hydrochloride er tb12 10mg	4	
oxymorphone hydrochloride er tb12 15mg	4	
oxymorphone hydrochloride er tb12 20mg	4	
oxymorphone hydrochloride er tb12 30mg	4	
oxymorphone hydrochloride er tb12 40mg	4	
oxymorphone hydrochloride er tb12 5mg	4	
oxymorphone hydrochloride er tb12 7.5mg	4	
tramadol hcl er tb24 100mg	2	
tramadol hcl er tb24 100mg	2	
tramadol hcl er tb24 200mg	2	
tramadol hcl er tb24 200mg	2	
tramadol hcl er tb24 300mg	2	
tramadol hcl er tb24 300mg	2	
Opioid Analgesics, Short-acting		
ABSTRAL SUBL 100MCG	5	PA
ABSTRAL SUBL 200MCG	5	PA
ABSTRAL SUBL 300MCG	5	PA
ABSTRAL SUBL 400MCG	5	PA
ABSTRAL SUBL 600MCG	5	PA
ABSTRAL SUBL 800MCG	5	PA
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	1	
acetaminophen/codeine tabs 300mg; 15mg	2	
acetaminophen/codeine tabs 300mg; 30mg	2	
acetaminophen/codeine tabs 300mg; 60mg	2	
ascomp/codeine caps 325mg; 50mg; 40mg; 30mg	4	PA
aspirin-caffeine-dihydrocodeine caps 356.4mg; 30mg; 16mg	2	
butalbital compound/codeine caps 325mg; 50mg; 40mg; 30mg	4	PA
butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg	4	PA
butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg	4	PA
butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg	4	PA
butorphanol tartrate inj 1mg/ml	4	
butorphanol tartrate inj 2mg/ml	4	
butorphanol tartrate soln 10mg/ml	2	
codeine sulfate tabs 15mg	2	

Name	Drug Tier	Requirements/Limits
codeine sulfate tabs 30mg	2	
codeine sulfate tabs 60mg	2	
codeine/acetaminophen tabs 300mg; 15mg	2	
codeine/acetaminophen tabs 300mg; 30mg	2	
codeine/acetaminophen tabs 300mg; 60mg	2	
duramorph inj 0.5mg/ml	2	
duramorph inj 1mg/ml	2	
endocet tabs 325mg; 10mg	2	
endocet tabs 325mg; 2.5mg	2	
endocet tabs 325mg; 5mg	2	
endocet tabs 325mg; 7.5mg	2	
endodan tabs 325mg; 4.835mg	2	
fentanyl citrate oral transmucosal lpop 1200mcg	5	PA
fentanyl citrate oral transmucosal lpop 1600mcg	5	PA
fentanyl citrate oral transmucosal lpop 200mcg	4	PA
fentanyl citrate oral transmucosal lpop 400mcg	4	PA
fentanyl citrate oral transmucosal lpop 600mcg	5	PA
fentanyl citrate oral transmucosal lpop 800mcg	5	PA
fentanyl citrate inj 1000mcg/20ml	4	B/D
fentanyl citrate inj 1000mcg/20ml	4	B/D
fentanyl citrate inj 100mcg/2ml	4	B/D
fentanyl citrate inj 100mcg/2ml	4	B/D
fentanyl citrate inj 100mcg/2ml	4	B/D
fentanyl citrate inj 2500mcg/50ml	4	B/D
fentanyl citrate inj 250mcg/5ml	4	B/D
fentanyl citrate inj 250mcg/5ml	4	B/D
fentanyl citrate inj 500mcg/10ml	4	B/D
FENTORA TABS 100MCG	5	PA
FENTORA TABS 200MCG	5	PA
FENTORA TABS 400MCG	5	PA
FENTORA TABS 600MCG	5	PA
FENTORA TABS 800MCG	5	PA
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	2	
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg	2	
hydrocodone bitartrate/acetaminophen tabs 300mg; 5mg	2	
hydrocodone bitartrate/acetaminophen tabs 300mg; 7.5mg	2	
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	2	
hydrocodone/acetaminophen soln 500mg/15ml; 7.5mg/15ml	2	
hydrocodone/acetaminophen tabs 325mg; 10mg	2	
hydrocodone/acetaminophen tabs 325mg; 5mg	2	
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	
hydrocodone/ibuprofen tabs 10mg; 200mg	2	

Name	Drug Tier	Requirements/Limits
hydrocodone/ibuprofen tabs 2.5mg; 200mg	2	
hydrocodone/ibuprofen tabs 5mg; 200mg	2	
hydrocodone/ibuprofen tabs 7.5mg; 200mg	2	
hydromorphone hcl dosette inj 2mg/ml	2	
hydromorphone hcl dosette inj 2mg/ml	2	
hydromorphone hcl inj 10mg/ml	2	
hydromorphone hcl inj 1mg/ml	2	
hydromorphone hcl inj 2mg/ml	2	
hydromorphone hcl inj 4mg/ml	2	
hydromorphone hcl inj 50mg/5ml	2	
hydromorphone hcl liqd 1mg/ml	2	
hydromorphone hcl tabs 2mg	2	
hydromorphone hcl tabs 4mg	2	
hydromorphone hcl tabs 8mg	2	
ibudone tabs 5mg; 200mg	2	
LAZANDA SOLN 100MCG/ACT	5	PA
LAZANDA SOLN 300MCG/ACT	5	PA
LAZANDA SOLN 400MCG/ACT	5	PA
lorcet hd tabs 325mg; 10mg	2	
lorcet plus tabs 325mg; 7.5mg	2	
lorcet tabs 325mg; 5mg	2	
lortab tabs 325mg; 10mg	2	
lortab tabs 325mg; 5mg	2	
lortab tabs 325mg; 7.5mg	2	
morphine sulfate inj 0.5mg/ml	2	
morphine sulfate inj 10mg/ml	2	
morphine sulfate inj 150mg/30ml	2	B/D
morphine sulfate inj 15mg/ml	2	
morphine sulfate inj 1mg/ml	2	
morphine sulfate inj 1mg/ml	2	B/D
morphine sulfate inj 2mg/ml	2	
morphine sulfate inj 4mg/ml	2	
morphine sulfate inj 8mg/ml	2	
morphine sulfate soln 100mg/5ml	2	
morphine sulfate soln 10mg/5ml	2	
morphine sulfate soln 20mg/5ml	2	
morphine sulfate tabs 15mg	2	
morphine sulfate tabs 30mg	2	
nalbuphine hcl inj 10mg/ml	4	
nalbuphine hcl inj 20mg/ml	4	
oxycodone hcl caps 5mg	2	
oxycodone hcl conc 100mg/5ml	4	
oxycodone hcl soln 5mg/5ml	2	

Name	Drug Tier	Requirements/Limits
oxycodone hcl tabs 10mg	2	
oxycodone hcl tabs 15mg	2	
oxycodone hcl tabs 20mg	2	
oxycodone hcl tabs 30mg	2	
oxycodone hcl tabs 5mg	2	
oxycodone/acetaminophen soln 325mg/5ml; 5mg/5ml	2	
oxycodone/acetaminophen tabs 325mg; 10mg	2	
oxycodone/acetaminophen tabs 325mg; 2.5mg	2	
oxycodone/acetaminophen tabs 325mg; 5mg	2	
oxycodone/acetaminophen tabs 325mg; 7.5mg	2	
oxycodone/aspirin tabs 325mg; 4.835mg	2	
oxycodone/ibuprofen tabs 400mg; 5mg	2	
oxymorphone hydrochloride tabs 10mg	2	
oxymorphone hydrochloride tabs 5mg	2	
pentazocine/naloxone hcl tabs 0.5mg; 50mg	4	PA
PRIMLEV TABS 300MG; 10MG	5	
PRIMLEV TABS 300MG; 5MG	4	
PRIMLEV TABS 300MG; 7.5MG	4	
reprexain tabs 10mg; 200mg	2	
ROXICET SOLN 325MG/5ML; 5MG/5ML	4	
SUBSYS LIQD 100MCG	5	PA
SUBSYS LIQD 1200MCG	5	PA
SUBSYS LIQD 1600MCG	5	PA
SUBSYS LIQD 200MCG	5	PA
SUBSYS LIQD 400MCG	5	PA
SUBSYS LIQD 600MCG	5	PA
SUBSYS LIQD 800MCG	5	PA
tramadol hcl tabs 50mg	1	
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	
vicodin es tabs 300mg; 7.5mg	2	
vicodin hp tabs 300mg; 10mg	2	
vicodin tabs 300mg; 5mg	2	
xylon tabs 10mg; 200mg	2	
Anesthetics		
Local Anesthetics		
glydo gel 2%	2	
lidocaine and tetracaine cream crea 7%; 7%	4	
lidocaine hcl jelly gel 2%	2	
lidocaine hcl/dextrose inj 7.5%; 5%	4	
lidocaine hcl gel 2%	2	
lidocaine hcl gel 2%	2	
lidocaine hcl inj 0.5%	2	
lidocaine hcl inj 0.5%	2	

Name	Drug Tier	Requirements/Limits
lidocaine hcl inj 1%	2	
lidocaine hcl inj 1%	2	
lidocaine hcl inj 1.5%	2	
lidocaine hcl inj 2%	2	
lidocaine hcl inj 2%	2	
lidocaine hcl inj 2%	2	
lidocaine hcl inj 4%	2	
lidocaine hcl soln 4%	2	
lidocaine hcl soln 4%	1	
lidocaine viscous soln 2%	1	
lidocaine/epinephrine inj 1:100000; 1%	1	
lidocaine/epinephrine inj 1:100000; 2%	1	
lidocaine/epinephrine inj 1:100000; 2%	1	
lidocaine/epinephrine inj 1:100000; 2%	1	
lidocaine/epinephrine inj 1:100000; 2%	1	
lidocaine/epinephrine inj 1:200000; 0.5%	1	
lidocaine/epinephrine inj 1:200000; 1.5%	1	
lidocaine/epinephrine inj 1:200000; 2%	1	
lidocaine/epinephrine inj 1:50000; 2%	1	
lidocaine/prilocaine crea 2.5%; 2.5%	2	QL (30 GM per 30 days)
lidocaine oint 5%	4	
lidocaine ptch 5%	4	PA
PLIAGLIS CREA 7%; 7%	4	
xylocaine dental inj 1:100000; 2%	1	
xylocaine dental inj 1:50000; 2%	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr tbec 333mg	2	
disulfiram tabs 250mg	2	
disulfiram tabs 500mg	2	
VIVITROL INJ 380MG	5	PA
Opioid Dependence Treatments		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	3	QL (360 EA per 30 days)
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	3	QL (90 EA per 30 days)
buprenorphine hcl subl 2mg	2	
buprenorphine hcl subl 8mg	2	
naltrexone hcl tabs 50mg	2	
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days)
SUBOXONE FILM 2MG; 0.5MG	3	QL (360 EA per 30 days)
SUBOXONE FILM 4MG; 1MG	3	QL (180 EA per 30 days)
SUBOXONE FILM 8MG; 2MG	3	QL (90 EA per 30 days)
ZUBSOLV SUBL 0.7MG; 0.18MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBL 1.4MG; 0.36MG	4	QL (360 EA per 30 days)

Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBL 2.9MG; 0.71MG	4	QL (180 EA per 30 days)
ZUBSOLV SUBL 5.7MG; 1.4MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBL 8.6MG; 2.1MG	4	QL (60 EA per 30 days)
Opioid Reversal Agents		
naloxone hcl inj 0.4mg/ml	2	
naloxone hcl inj 2mg/2ml	2	
naloxone hcl inj 4mg/10ml	2	
NARCAN LIQD 4MG/0.1ML	3	
Smoking Cessation Agents		
buproban tb12 150mg	2	QL (60 EA per 30 days)
bupropion hcl sr tb12 150mg	2	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH PAK TABS 1MG	3	QL (504 EA per 365 days)
CHANTIX STARTING MONTH PAK TABS 0	3	QL (504 EA per 365 days)
CHANTIX TABS 0.5MG	3	QL (504 EA per 365 days)
CHANTIX TABS 1MG	3	QL (504 EA per 365 days)
NICOTROL INHALER INHA 10MG	4	QL (2688 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	3	QL (360 ML per 365 days)
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml	2	
amikacin sulfate inj 500mg/2ml	2	
gentak oint 0.3%	2	
gentamicin sulfate pediatric inj 10mg/ml	2	
gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1.4mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%	2	
gentamicin sulfate crea 0.1%	2	
gentamicin sulfate inj 10mg/ml	2	
gentamicin sulfate inj 10mg/ml	2	
gentamicin sulfate inj 40mg/ml	2	
gentamicin sulfate oint 0.1%	2	
gentamicin sulfate oint 0.3%	2	
gentamicin sulfate soln 0.3%	1	
isotonic gentamicin inj 0.8mg/ml; 0.9%	2	
neomycin sulfate tabs 500mg	2	
neomycin/polymyxin b sulfates soln 40mg/ml; 200000unit/ml	2	
paromomycin sulfate caps 250mg	2	
streptomycin sulfate inj 1gm	4	

Name	Drug Tier	Requirements/Limits
tobramycin sulfate inj 1.2gm/30ml	2	
tobramycin sulfate inj 1.2gm	2	
tobramycin sulfate inj 1.2gm	2	
tobramycin sulfate inj 10mg/ml	2	
tobramycin sulfate inj 40mg/ml	2	
tobramycin sulfate inj 80mg/2ml	2	
tobramycin sulfate soln 0.3%	1	
TOBREX OINT 0.3%	4	
Antibacterials, Other		
ALTABAX OINT 1%	4	
baciim inj 50000unit	2	
bacitracin inj 50000unit	2	
bacitracin oint 500unit/gm	2	
BACTROBAN NASAL OINT 2%	4	
CENTANY AT KIT 2%	4	
chloramphenicol sodium succinate inj 1gm	4	
CLEOCIN SUPP 100MG	4	
clindacin etz pledgets swab 1%	2	
clindacin-p swab 1%	2	
clindamycin hcl caps 150mg	2	
clindamycin hcl caps 300mg	2	
clindamycin hcl caps 75mg	2	
clindamycin palmitate hcl solr 75mg/5ml	2	
clindamycin phosphate add-vantage inj 150mg/ml	2	
clindamycin phosphate add-vantage inj 900mg/6ml	2	
clindamycin phosphate in d5w inj 300mg/50ml; 5%	2	
clindamycin phosphate in d5w inj 600mg/50ml; 5%	2	
clindamycin phosphate in d5w inj 900mg/50ml; 5%	2	
clindamycin phosphate pharmacy bulk package inj 150mg/ml	2	
clindamycin phosphate crea 2%	2	
clindamycin phosphate foam 1%	4	
clindamycin phosphate gel 1%	2	
clindamycin phosphate inj 150mg/ml	2	
clindamycin phosphate inj 300mg/2ml	2	
clindamycin phosphate inj 600mg/4ml	2	
clindamycin phosphate inj 9000mg/60ml	2	
clindamycin phosphate inj 900mg/6ml	2	
clindamycin phosphate lotn 1%	2	
clindamycin phosphate soln 1%	2	
clindamycin phosphate swab 1%	2	
clindamycin inj 900mg/6ml	2	
CLINDESSE CREA 2%	4	
colistimethate sodium inj 150mg	4	

Name	Drug Tier	Requirements/Limits
CORTISPORIN CREA 0.5%; 3.5MG/GM; 10000UNIT/GM	4	
CORTISPORIN OINT 400UNIT/GM; 1%; 0.5%; 5000UNIT/GM	4	
DALVANCE INJ 500MG	5	
daptomycin inj 500mg	5	
FLAGYL ER TB24 750MG	4	
lincomycin hcl inj 300mg/ml	2	
linezolid inj 600mg/300ml	4	
linezolid susr 100mg/5ml	5	QL (1800 ML per 28 days)
linezolid tabs 600mg	5	QL (56 EA per 28 days)
mafenide acetate pack 5%	4	
methenamine hippurate tabs 1gm	2	
METRO IV INJ 500MG/100ML; 0.74%	4	
metronidazole in nacl 0.79% inj 500mg/100ml; 0.79%	2	
metronidazole vaginal gel 0.75%	2	
metronidazole caps 375mg	2	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%	2	
metronidazole gel 1%	2	
metronidazole lotn 0.75%	2	
metronidazole tabs 250mg	2	
metronidazole tabs 500mg	2	
MONUROL PACK 5.631GM	4	
mupirocin calcium crea 2%	2	
mupirocin crea 2%	2	
mupirocin oint 2%	2	
neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	2	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	2	
nitrofurantoin macrocrystals caps 100mg	4	QL (360 EA per 365 days)
nitrofurantoin macrocrystals caps 25mg	4	QL (1440 EA per 365 days)
nitrofurantoin macrocrystals caps 50mg	4	QL (720 EA per 365 days)
nitrofurantoin monohydrate/macrocrystals caps 100mg	4	QL (180 EA per 365 days)
nitrofurantoin monohydrate caps 100mg	4	QL (180 EA per 365 days)
nitrofurantoin caps 100mg	4	QL (360 EA per 365 days)
nitrofurantoin susp 25mg/5ml	4	QL (7200 ML per 365 days)
NORITATE CREA 1%	5	
ORBACTIV INJ 400MG	5	
polymyxin b sulfate inj 500000unit	2	
PRIMSOL SOLN 50MG/5ML	4	

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Name	Drug Tier	Requirements/Limits
rosadan crea 0.75%	2	
rosadan gel 0.75%	2	
silver sulfadiazine crea 1%	2	
SIVEXTRO INJ 200MG	5	QL (6 EA per 30 days)
SIVEXTRO TABS 200MG	5	QL (6 EA per 30 days)
ssd crea 1%	2	
SULFAMYLON CREA 85MG/GM	4	
SYNERCID INJ 350MG; 150MG	5	
tigecycline inj 50mg	5	
trimethoprim tabs 100mg	1	
vancomycin hcl in dextrose inj 5%; 1gm/200ml	2	
vancomycin hcl in dextrose inj 5%; 500mg/100ml	2	
vancomycin hcl in dextrose inj 5%; 750mg/150ml	2	
vancomycin hcl caps 125mg	2	
vancomycin hcl caps 250mg	2	
vancomycin hcl inj 1000mg	2	
vancomycin hcl inj 10gm	2	
vancomycin hcl inj 5000mg	2	
vancomycin hcl inj 500mg	2	
vancomycin hcl inj 750mg	2	
vandazole gel 0.75%	2	
VIBATIV INJ 250MG	4	
VIBATIV INJ 750MG	4	
XIFAXAN TABS 200MG	5	PA
XIFAXAN TABS 550MG	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ INJ 0.5GM; 2GM	5	
cefaclor er tb12 500mg	4	
cefaclor caps 250mg	4	
cefaclor caps 500mg	4	
cefaclor susr 125mg/5ml	4	
cefaclor susr 250mg/5ml	4	
cefaclor susr 375mg/5ml	4	
cefadroxil caps 500mg	2	
cefadroxil susr 250mg/5ml	2	
cefadroxil susr 500mg/5ml	2	
cefadroxil tabs 1gm	2	
cefazolin sodium/dextrose inj 1gm; 4%	2	
cefazolin sodium/dextrose inj 2gm; 3%	2	
cefazolin sodium inj 100gm	2	
cefazolin sodium inj 10gm	2	
cefazolin sodium inj 1gm	2	
cefazolin sodium inj 1gm	2	

Name	Drug Tier	Requirements/Limits
cefazolin sodium inj 1gm; 5%	2	
cefazolin sodium inj 20gm	2	
cefazolin sodium inj 300gm	2	
cefazolin sodium inj 500mg	2	
cefazolin inj 2gm/100ml; 4%	2	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml	2	
cefdinir susr 250mg/5ml	2	
cefepime/dextrose inj 1gm/50ml; 5%	2	
cefepime/dextrose inj 2gm/50ml; 5%	2	
cefepime inj 1gm/50ml	2	
cefepime inj 1gm	2	
cefepime inj 2gm/100ml	2	
cefepime inj 2gm	2	
cefixime susr 100mg/5ml	4	
cefixime susr 200mg/5ml	4	
cefotaxime sodium inj 10gm	2	
cefotaxime sodium inj 1gm	2	
cefotaxime sodium inj 2gm	2	
cefotaxime sodium inj 500mg	2	
cefotetan/dextrose inj 1gm; 3.58%	2	
cefotetan/dextrose inj 2gm; 2.08%	2	
cefotetan inj 10gm	2	
cefotetan inj 1gm	2	
cefotetan inj 2gm	2	
cefoxitin sodium inj 10gm	2	
cefoxitin sodium inj 1gm	2	
cefoxitin sodium inj 1gm; 4%	2	
cefoxitin sodium inj 2gm	2	
cefoxitin sodium inj 2gm; 2.2%	2	
cefpodoxime proxetil susr 100mg/5ml	2	
cefpodoxime proxetil susr 50mg/5ml	2	
cefpodoxime proxetil tabs 100mg	2	
cefpodoxime proxetil tabs 200mg	2	
cefprozil susr 125mg/5ml	2	
cefprozil susr 250mg/5ml	2	
cefprozil tabs 250mg	2	
cefprozil tabs 500mg	2	
ceftazidime/dextrose inj 1gm/50ml; 5%	2	
ceftazidime/dextrose inj 2gm/50ml; 5%	2	
ceftazidime inj 1gm	2	
ceftazidime inj 2gm	2	
ceftazidime inj 6gm	2	

Name	Drug Tier	Requirements/Limits
ceftibuten caps 400mg	4	
ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0	2	
ceftriaxone in iso-osmotic dextrose inj 40mg/ml; 0	2	
ceftriaxone sodium inj 100gm	2	
ceftriaxone sodium inj 10gm	2	
ceftriaxone sodium inj 1gm	2	
ceftriaxone sodium inj 1gm	2	
ceftriaxone sodium inj 250mg	2	
ceftriaxone sodium inj 2gm	2	
ceftriaxone sodium inj 2gm	2	
ceftriaxone sodium inj 500mg	2	
ceftriaxone/dextrose inj 1gm; 3.74%	2	
ceftriaxone/dextrose inj 2gm; 2.22%	2	
cefuroxime axetil tabs 250mg	2	
cefuroxime axetil tabs 500mg	2	
cefuroxime sodium inj 1.5gm	2	
cefuroxime sodium inj 1.5gm	2	
cefuroxime sodium inj 225gm	2	
cefuroxime sodium inj 7.5gm	2	
cefuroxime sodium inj 7.5gm	2	
cefuroxime sodium inj 750mg	2	
cefuroxime sodium inj 75gm	2	
cephalexin caps 250mg	1	
cephalexin caps 500mg	1	
cephalexin caps 750mg	1	
cephalexin susr 125mg/5ml	2	
cephalexin susr 250mg/5ml	2	
cephalexin tabs 250mg	2	
cephalexin tabs 500mg	2	
SUPRAX CAPS 400MG	3	
SUPRAX CHEW 100MG	3	
SUPRAX CHEW 200MG	3	
SUPRAX SUSR 500MG/5ML	5	
tazicef inj 1gm	2	
tazicef inj 1gm	2	
tazicef inj 2gm	2	
tazicef inj 2gm	2	
tazicef inj 6gm	2	
TEFLARO INJ 400MG	5	
TEFLARO INJ 600MG	5	
zinacef inj 1.5gm; 0	2	
zinacef inj 750mg	2	
Beta-lactam, Other		

Name	Drug Tier	Requirements/Limits
azactam in iso-osmotic dextrose inj 1gm; 0	4	
AZACTAM IN ISO-OSMOTIC DEXTROSE INJ 2GM; 0	4	
aztreonam inj 1gm	4	
aztreonam inj 2gm	4	
DORIBAX INJ 250MG	4	
DORIBAX INJ 500MG	4	
DORIPENEM INJ 250MG	4	
DORIPENEM INJ 500MG	5	
imipenem/cilastatin inj 250mg; 250mg	4	
imipenem/cilastatin inj 500mg; 500mg	4	
INVANZ INJ 1GM	4	
INVANZ INJ 1GM	4	
meropenem/sodium chloride inj 1gm/50ml; 0.9%	2	
meropenem/sodium chloride inj 500mg/50ml; 0.9%	2	
meropenem inj 1gm	2	
meropenem inj 500mg	2	
Beta-lactam, Penicillins		
amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg	2	
amoxicillin/clavulanate potassium chew 200mg; 28.5mg	2	
amoxicillin/clavulanate potassium chew 400mg; 57mg	2	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	2	
amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml	2	
amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 500mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 875mg; 125mg	2	
amoxicillin caps 250mg	1	
amoxicillin caps 500mg	1	
amoxicillin chew 125mg	1	
amoxicillin chew 250mg	1	
amoxicillin susr 125mg/5ml	1	
amoxicillin susr 200mg/5ml	1	
amoxicillin susr 250mg/5ml	1	
amoxicillin susr 400mg/5ml	1	
amoxicillin tabs 500mg	1	
amoxicillin tabs 875mg	1	
ampicillin sodium inj 10gm	2	
ampicillin sodium inj 10gm	2	
ampicillin sodium inj 125mg	2	

Name	Drug Tier	Requirements/Limits
ampicillin sodium inj 1gm	2	
ampicillin sodium inj 1gm	2	
ampicillin sodium inj 250mg	2	
ampicillin sodium inj 2gm	2	
ampicillin sodium inj 2gm	2	
ampicillin sodium inj 500mg	2	
ampicillin-sulbactam inj 10gm; 5gm	2	
ampicillin-sulbactam inj 10gm; 5gm	2	
ampicillin-sulbactam inj 10gm; 5gm	2	
ampicillin-sulbactam inj 1gm; 0.5gm	2	
ampicillin-sulbactam inj 1gm; 0.5gm	2	
ampicillin-sulbactam inj 2gm; 1gm	2	
ampicillin caps 250mg	1	
ampicillin caps 500mg	1	
ampicillin susr 125mg/5ml	1	
ampicillin susr 250mg/5ml	1	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	5	
BACTOCILL IN DEXTROSE INJ 0; 1GM/50ML	4	
BACTOCILL IN DEXTROSE INJ 0; 2GM/50ML	5	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
dicloxacillin sodium caps 250mg	2	
dicloxacillin sodium caps 500mg	2	
nafcillin sodium inj 10gm	5	
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 1gm	4	
nafcillin sodium inj 2gm	4	
nafcillin sodium inj 2gm	4	
nafcillin inj 0; 1gm/50ml	5	
nafcillin inj 0; 2gm/100ml	5	
oxacillin sodium inj 10gm	2	
oxacillin sodium inj 1gm	4	
oxacillin sodium inj 2gm	4	
penicillin g potassium in iso-osmotic dextrose inj 0; 20000unit/ml	2	
penicillin g potassium in iso-osmotic dextrose inj 0; 40000unit/ml	2	
penicillin g potassium in iso-osmotic dextrose inj 0; 60000unit/ml	2	
penicillin g potassium inj 20000000unit	2	

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Name	Drug Tier	Requirements/Limits
penicillin g potassium inj 5000000unit	2	
penicillin g sodium inj 5000000unit	5	
penicillin v potassium solr 125mg/5ml	1	
penicillin v potassium solr 250mg/5ml	1	
penicillin v potassium tabs 250mg	1	
penicillin v potassium tabs 500mg	1	
pfizerpen-g inj 5000000unit	2	
piperacillin sodium/ tazobactam sodium inj 36gm; 4.5gm	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm	2	
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	2	
piperacillin/tazobactam inj 12gm; 1.5gm	2	
piperacillin/tazobactam inj 2gm; 0.25gm	2	
piperacillin/tazobactam inj 36gm; 4.5gm	2	
piperacillin/tazobactam inj 4gm; 0.5gm	2	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML	4	
ZOSYN INJ 5%; 3GM/50ML; 0.375GM/50ML	4	
ZOSYN INJ 5%; 4GM/100ML; 0.5GM/100ML	4	
Macrolides		
AZASITE SOLN 1%	4	
azithromycin inj 500mg	2	
azithromycin pack 1gm	2	
azithromycin susr 100mg/5ml	2	
azithromycin susr 200mg/5ml	2	
azithromycin tabs 250mg	1	
azithromycin tabs 250mg	1	
azithromycin tabs 500mg	1	
azithromycin tabs 500mg	1	
azithromycin tabs 600mg	1	
clarithromycin er tb24 500mg	2	
clarithromycin susr 125mg/5ml	2	
clarithromycin susr 250mg/5ml	2	
clarithromycin tabs 250mg	2	
clarithromycin tabs 500mg	2	
DIFICID TABS 200MG	5	
ERY-TAB TBEC 250MG	3	
ERY-TAB TBEC 333MG	3	
ERY-TAB TBEC 500MG	3	
ery pads 2%	2	
ERYPED 400 SUSR 400MG/5ML	5	
erythrocin lactobionate inj 500mg	4	
ERYTHROCIN STEARATE TABS 250MG	4	
erythromycin base tabs 250mg	4	
erythromycin base tabs 500mg	4	

Name	Drug Tier	Requirements/Limits
erythromycin ethylsuccinate susr 200mg/5ml	4	
erythromycin ethylsuccinate tabs 400mg	4	
erythromycin stearate tabs 250mg	4	
erythromycin cpep 250mg	4	
erythromycin gel 2%	2	
erythromycin oint 5mg/gm	1	
erythromycin pads 2%	2	
erythromycin soln 2%	2	
ilotycin oint 5mg/gm	1	
KETEK TABS 300MG	4	
KETEK TABS 400MG	4	
PCE TBEC 333MG	4	
PCE TBEC 500MG	4	
ZMAX SUSR 2GM	4	
Quinolones		
BESIVANCE SUSP 0.6%	4	
CILOXAN OINT 0.3%	4	
ciprofloxacin er tb24 1000mg; 0	2	
ciprofloxacin er tb24 500mg; 0	2	
ciprofloxacin hcl soln 0.3%	1	
ciprofloxacin hcl tabs 100mg	1	
ciprofloxacin hcl tabs 250mg	1	
ciprofloxacin hcl tabs 500mg	1	
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	2	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	2	
ciprofloxacin inj 200mg/20ml	2	
ciprofloxacin inj 400mg/40ml	2	
ciprofloxacin soln 0.2%	2	
ciprofloxacin susr 250mg/5ml	2	
ciprofloxacin susr 500mg/5ml	2	
gatifloxacin soln 0.5%	2	
levofloxacin in 5% dextrose inj 5%; 250mg/50ml	2	
levofloxacin in d5w inj 5%; 250mg/50ml	2	
levofloxacin in d5w inj 5%; 500mg/100ml	2	
levofloxacin in d5w inj 5%; 750mg/150ml	2	
levofloxacin/dextrose inj 5%; 250mg/50ml	2	
levofloxacin inj 25mg/ml	4	
levofloxacin soln 0.5%	2	
levofloxacin soln 25mg/ml	4	
levofloxacin tabs 250mg	2	
levofloxacin tabs 500mg	2	
levofloxacin tabs 750mg	2	

Name	Drug Tier	Requirements/Limits
MOXEZA SOLN 0.5%	3	
MOXIFLOXACIN HCL INJ 400MG/250ML	4	
moxifloxacin hcl soln 0.5%	2	
moxifloxacin hcl tabs 400mg	2	
ofloxacin soln 0.3%	2	
ofloxacin soln 0.3%	2	
ofloxacin tabs 300mg	2	
ofloxacin tabs 400mg	2	
VIGAMOX SOLN 0.5%	3	
Sulfonamides		
sodium sulfacetamide lotn 10%	4	
sodium sulfacetamide soln 10%	2	
sulfacetamide sodium lotn 10%	4	
sulfacetamide sodium oint 10%	2	
sulfacetamide sodium soln 10%	2	
sulfadiazine tabs 500mg	4	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	
sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml	4	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	2	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	1	
sulfatrim pediatric susp 200mg/5ml; 40mg/5ml	2	
Tetracyclines		
demeclocycline hcl tabs 150mg	2	
demeclocycline hcl tabs 300mg	2	
DORYX MPC TBEC 120MG	4	
doxy 100 inj 100mg	2	
doxycycline hyclate dr tbec 100mg	2	
doxycycline hyclate dr tbec 150mg	2	
doxycycline hyclate dr tbec 200mg	4	
doxycycline hyclate dr tbec 50mg	4	
doxycycline hyclate dr tbec 75mg	2	
doxycycline hyclate caps 100mg	2	
doxycycline hyclate caps 50mg	2	
doxycycline hyclate inj 100mg	2	
doxycycline hyclate tabs 100mg	2	
doxycycline hyclate tabs 150mg	2	
doxycycline hyclate tabs 20mg	2	
doxycycline hyclate tabs 75mg	2	
doxycycline monohydrate caps 100mg	2	
doxycycline monohydrate caps 150mg	4	
doxycycline monohydrate caps 50mg	2	
doxycycline monohydrate caps 75mg	2	
doxycycline monohydrate tabs 100mg	2	

Name	Drug Tier	Requirements/Limits
doxycycline monohydrate tabs 150mg	2	
doxycycline monohydrate tabs 50mg	2	
doxycycline monohydrate tabs 75mg	2	
doxycycline susr 25mg/5ml	2	
minocycline hcl er tb24 135mg	2	
minocycline hcl er tb24 45mg	2	
minocycline hcl er tb24 90mg	2	
minocycline hcl caps 100mg	2	
minocycline hcl caps 50mg	2	
minocycline hcl caps 75mg	2	
minocycline hcl tabs 100mg	2	
minocycline hcl tabs 50mg	2	
minocycline hcl tabs 75mg	2	
mondoxyne nl caps 100mg	2	
mondoxyne nl caps 50mg	2	
mondoxyne nl caps 75mg	2	
morgidox 1x100mg caps 100mg	2	
morgidox 1x50mg caps 50mg	2	
morgidox 2x100mg caps 100mg	2	
tetracycline hcl caps 250mg	4	
tetracycline hcl caps 500mg	4	
tetracycline hydrochloride caps 250mg	4	
tetracycline hydrochloride caps 500mg	4	
VIBRAMYCIN SYRP 50MG/5ML	4	
Anticonvulsants		
Anticonvulsants, Other		
APTIOM TABS 200MG	5	
APTIOM TABS 400MG	5	
APTIOM TABS 600MG	5	
APTIOM TABS 800MG	5	
BRIVIACT INJ 50MG/5ML	4	
BRIVIACT SOLN 10MG/ML	5	
BRIVIACT TABS 100MG	5	
BRIVIACT TABS 10MG	5	
BRIVIACT TABS 25MG	5	
BRIVIACT TABS 50MG	5	
BRIVIACT TABS 75MG	5	
FYCOMPA SUSP 0.5MG/ML	4	
FYCOMPA TABS 10MG	5	
FYCOMPA TABS 12MG	5	
FYCOMPA TABS 2MG	4	
FYCOMPA TABS 4MG	5	
FYCOMPA TABS 6MG	5	

Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 8MG	4	
levetiracetam er tb24 500mg	2	
levetiracetam er tb24 750mg	2	
LEVETIRACETAM INJ 1000MG/100ML; 750MG/100ML	4	
LEVETIRACETAM INJ 1500MG/100ML; 540MG/100ML	4	
LEVETIRACETAM INJ 500MG/100ML; 820MG/100ML	4	
levetiracetam inj 500mg/5ml	4	
levetiracetam soln 100mg/ml	2	
levetiracetam tabs 1000mg	1	
levetiracetam tabs 250mg	1	
levetiracetam tabs 500mg	1	
levetiracetam tabs 750mg	1	
POTIGA TABS 200MG	5	
POTIGA TABS 300MG	5	
POTIGA TABS 400MG	5	
POTIGA TABS 50MG	4	
roweepra tabs 1000mg	1	
roweepra tabs 500mg	1	
roweepra tabs 750mg	1	
SPRITAM TB3D 1000MG	4	
SPRITAM TB3D 250MG	4	
SPRITAM TB3D 500MG	4	
SPRITAM TB3D 750MG	4	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	4	
ethosuximide caps 250mg	2	
ethosuximide soln 250mg/5ml	2	
LYRICA CAPS 100MG	3	QL (90 EA per 30 days)
LYRICA CAPS 150MG	3	QL (90 EA per 30 days)
LYRICA CAPS 200MG	3	QL (90 EA per 30 days)
LYRICA CAPS 225MG	3	QL (90 EA per 30 days)
LYRICA CAPS 25MG	3	QL (90 EA per 30 days)
LYRICA CAPS 300MG	3	QL (60 EA per 30 days)
LYRICA CAPS 50MG	3	QL (90 EA per 30 days)
LYRICA CAPS 75MG	3	QL (90 EA per 30 days)
LYRICA SOLN 20MG/ML	3	QL (900 ML per 30 days)
zonisamide caps 100mg	2	
zonisamide caps 25mg	2	
zonisamide caps 50mg	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clonazepam odt tbdp 0.125mg	2	QL (90 EA per 30 days)
clonazepam odt tbdp 0.25mg	2	QL (90 EA per 30 days)
clonazepam odt tbdp 0.5mg	2	QL (90 EA per 30 days)

Name	Drug Tier	Requirements/Limits
clonazepam odt tbdp 1mg	2	QL (90 EA per 30 days)
clonazepam odt tbdp 2mg	2	QL (300 EA per 30 days)
clonazepam tabs 0.5mg	1	
clonazepam tabs 1mg	1	
clonazepam tabs 2mg	1	
DIASTAT ACUDIAL GEL 10MG	4	
DIASTAT ACUDIAL GEL 20MG	4	
DIASTAT PEDIATRIC GEL 2.5MG	4	
diazepam gel 10mg	4	
diazepam gel 2.5mg	4	
diazepam gel 20mg	4	
divalproex sodium dr tbec 125mg	2	
divalproex sodium dr tbec 250mg	2	
divalproex sodium dr tbec 500mg	2	
divalproex sodium er tb24 250mg	2	
divalproex sodium er tb24 500mg	2	
divalproex sodium csdr 125mg	2	
gabapentin caps 100mg	1	
gabapentin caps 300mg	1	
gabapentin caps 400mg	1	
gabapentin soln 250mg/5ml	2	
gabapentin tabs 600mg	2	
gabapentin tabs 800mg	2	
GABITRIL TABS 12MG	4	
GABITRIL TABS 16MG	4	
ONFI SUSP 2.5MG/ML	5	
ONFI TABS 10MG	5	
ONFI TABS 20MG	5	
phenobarbital sodium inj 130mg/ml	2	PA
phenobarbital sodium inj 65mg/ml	2	PA
phenobarbital elix 20mg/5ml	2	PA
phenobarbital tabs 100mg	2	PA
phenobarbital tabs 15mg	2	PA
phenobarbital tabs 16.2mg	2	PA
phenobarbital tabs 30mg	2	PA
phenobarbital tabs 32.4mg	2	PA
phenobarbital tabs 60mg	2	PA
phenobarbital tabs 64.8mg	2	PA
phenobarbital tabs 97.2mg	2	PA
primidone tabs 250mg	2	
primidone tabs 50mg	2	
SABRIL PACK 500MG	5	PA
SABRIL TABS 500MG	5	PA

Name	Drug Tier	Requirements/Limits
tiagabine hydrochloride tabs 2mg	4	
tiagabine hydrochloride tabs 4mg	4	
valproate sodium inj 100mg/ml	4	
valproic acid caps 250mg	2	
valproic acid soln 250mg/5ml	2	
Glutamate Reducing Agents		
felbamate susp 600mg/5ml	5	
felbamate tabs 400mg	4	
felbamate tabs 600mg	4	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT 0	4	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT 0	5	
LAMICTAL STARTER/TAKING VALPROATE KIT 25MG	4	
lamotrigine er tb24 100mg	4	
lamotrigine er tb24 200mg	4	
lamotrigine er tb24 250mg	4	
lamotrigine er tb24 25mg	4	
lamotrigine er tb24 300mg	4	
lamotrigine er tb24 50mg	4	
lamotrigine odt tbdp 100mg	4	
lamotrigine odt tbdp 200mg	4	
lamotrigine odt tbdp 25mg	4	
lamotrigine odt tbdp 50mg	4	
lamotrigine titration kit 0	4	
lamotrigine titration kit 0	4	
lamotrigine titration kit 0	5	
lamotrigine chew 25mg	2	
lamotrigine chew 5mg	2	
lamotrigine tabs 100mg	1	
lamotrigine tabs 150mg	1	
lamotrigine tabs 200mg	1	
lamotrigine tabs 25mg	1	
topiramate er cs24 100mg	4	
topiramate er cs24 150mg	4	
topiramate er cs24 200mg	4	
topiramate er cs24 25mg	4	
topiramate er cs24 50mg	4	
topiramate cpsp 15mg	2	
topiramate cpsp 25mg	2	
topiramate tabs 100mg	1	
topiramate tabs 200mg	1	
topiramate tabs 25mg	1	

Name	Drug Tier	Requirements/Limits
topiramate tabs 50mg	1	
Sodium Channel Agents		
BANZEL SUSP 40MG/ML	5	
BANZEL TABS 200MG	5	
BANZEL TABS 400MG	5	
carbamazepine er cp12 100mg	2	
carbamazepine er cp12 200mg	2	
carbamazepine er cp12 300mg	2	
carbamazepine er tb12 100mg	2	
carbamazepine er tb12 200mg	2	
carbamazepine er tb12 400mg	2	
carbamazepine chew 100mg	2	
carbamazepine susp 100mg/5ml	2	
carbamazepine tabs 200mg	2	
CARBATROL CP12 100MG	4	
CARBATROL CP12 200MG	4	
CARBATROL CP12 300MG	4	
DILANTIN INFATABS CHEW 50MG	4	
DILANTIN-125 SUSP 125MG/5ML	4	
DILANTIN CAPS 100MG	4	
DILANTIN CAPS 30MG	4	
epitol tabs 200mg	2	
fosphenytoin sodium inj 100mg pe/2ml	2	
fosphenytoin sodium inj 500mg pe/10ml	2	
oxcarbazepine susp 300mg/5ml	4	
oxcarbazepine tabs 150mg	2	
oxcarbazepine tabs 300mg	2	
oxcarbazepine tabs 600mg	2	
PEGANONE TABS 250MG	4	
PHENYTEK CAPS 200MG	4	
PHENYTEK CAPS 300MG	4	
phenytoin sodium extended caps 100mg	2	
phenytoin sodium extended caps 200mg	2	
phenytoin sodium extended caps 300mg	2	
phenytoin sodium inj 50mg/ml	1	
phenytoin chew 50mg	2	
phenytoin susp 125mg/5ml	2	
TEGRETOL-XR TB12 100MG	4	
TEGRETOL-XR TB12 200MG	4	
TEGRETOL-XR TB12 400MG	4	
TEGRETOL SUSP 100MG/5ML	4	
TEGRETOL TABS 200MG	4	
VIMPAT INJ 200MG/20ML	4	

Name	Drug Tier	Requirements/Limits
VIMPAT SOLN 10MG/ML	4	
VIMPAT TABS 100MG	4	
VIMPAT TABS 150MG	4	
VIMPAT TABS 200MG	4	
VIMPAT TABS 50MG	4	
Antidementia Agents		
Antidementia Agents, Other		
ERGOLOID MESYLATES TABS 1MG	3	PA
NAMZARIC CP24 10MG; 14MG	3	QL (30 EA per 30 days)
NAMZARIC CP24 10MG; 21MG	3	QL (30 EA per 30 days)
NAMZARIC CP24 10MG; 28MG	3	QL (30 EA per 30 days)
NAMZARIC CP24 10MG; 7MG	3	QL (30 EA per 30 days)
Cholinesterase Inhibitors		
donepezil hcl tabs 10mg	1	
donepezil hcl tabs 23mg	4	
donepezil hcl tabs 5mg	1	
donepezil hcl tbdp 10mg	1	
donepezil hcl tbdp 5mg	1	
galantamine hydrobromide er cp24 16mg	2	
galantamine hydrobromide er cp24 24mg	2	
galantamine hydrobromide er cp24 8mg	2	
galantamine hydrobromide soln 4mg/ml	4	
galantamine hydrobromide tabs 12mg	2	
galantamine hydrobromide tabs 4mg	2	
galantamine hydrobromide tabs 8mg	2	
rivastigmine tartrate caps 1.5mg	2	
rivastigmine tartrate caps 3mg	2	
rivastigmine tartrate caps 4.5mg	2	
rivastigmine tartrate caps 6mg	2	
rivastigmine transdermal system pt24 13.3mg/24hr	4	
rivastigmine transdermal system pt24 4.6mg/24hr	4	
rivastigmine transdermal system pt24 9.5mg/24hr	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl titration pak tabs 0	2	
memantine hcl tabs 10mg	2	
memantine hcl tabs 5mg	2	
memantine hydrochloride soln 2mg/ml	2	
NAMENDA XR TITRATION PACK CP24 0	3	QL (56 EA per 365 days)
NAMENDA XR CP24 14MG	3	QL (30 EA per 30 days)
NAMENDA XR CP24 21MG	3	QL (30 EA per 30 days)
NAMENDA XR CP24 28MG	3	QL (30 EA per 30 days)
NAMENDA XR CP24 7MG	3	QL (30 EA per 30 days)
Antidepressants		

Name	Drug Tier	Requirements/Limits
Antidepressants, Other		
APLENZIN TB24 174MG	5	QL (30 EA per 30 days) ST
APLENZIN TB24 348MG	5	QL (30 EA per 30 days) ST
APLENZIN TB24 522MG	5	QL (30 EA per 30 days) ST
bupropion hcl er tb12 100mg	1	QL (90 EA per 30 days)
bupropion hcl er tb12 150mg	1	QL (90 EA per 30 days)
bupropion hcl er tb12 200mg	1	QL (90 EA per 30 days)
bupropion hcl sr tb12 100mg	1	QL (90 EA per 30 days)
bupropion hcl sr tb12 150mg	1	QL (90 EA per 30 days)
bupropion hcl sr tb12 200mg	1	QL (90 EA per 30 days)
bupropion hcl xl tb24 150mg	2	QL (90 EA per 30 days)
bupropion hcl xl tb24 300mg	2	QL (30 EA per 30 days)
bupropion hcl tabs 100mg	2	
bupropion hcl tabs 75mg	2	
mirtazapine odt tbdp 15mg	2	
mirtazapine odt tbdp 30mg	2	
mirtazapine odt tbdp 45mg	2	
mirtazapine tabs 15mg	2	
mirtazapine tabs 30mg	2	
mirtazapine tabs 45mg	2	
mirtazapine tabs 7.5mg	2	
Monoamine Oxidase Inhibitors		
EMSAM PT24 12MG/24HR	5	QL (30 EA per 30 days) ST
EMSAM PT24 6MG/24HR	5	QL (30 EA per 30 days) ST
EMSAM PT24 9MG/24HR	5	QL (30 EA per 30 days) ST
MARPLAN TABS 10MG	4	
phenelzine sulfate tabs 15mg	2	
tranylcypromine sulfate tabs 10mg	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hydrobromide soln 10mg/5ml	2	
citalopram hydrobromide tabs 10mg	1	
citalopram hydrobromide tabs 20mg	1	
citalopram hydrobromide tabs 40mg	1	
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
DESVENLAFAXINE ER TB24 100MG	4	QL (120 EA per 30 days) ST
desvenlafaxine er tb24 100mg	2	QL (120 EA per 30 days)
desvenlafaxine er tb24 25mg	2	QL (30 EA per 30 days)
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
DESVENLAFAXINE ER TB24 50MG	4	QL (30 EA per 30 days) ST
desvenlafaxine er tb24 50mg	2	QL (30 EA per 30 days)
duloxetine hcl cpep 20mg	2	QL (60 EA per 30 days)
duloxetine hcl cpep 30mg	2	QL (90 EA per 30 days)

Name	Drug Tier	Requirements/Limits
DULOXETINE HCL CPEP 40MG	4	QL (90 EA per 30 days)
duloxetine hcl cpep 60mg	2	QL (60 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	1	
escitalopram oxalate tabs 10mg	1	
escitalopram oxalate tabs 20mg	1	
escitalopram oxalate tabs 5mg	1	
FETZIMA TITRATION PACK C4PK 0	4	QL (56 EA per 365 days) ST
FETZIMA CP24 120MG	4	QL (30 EA per 30 days) ST
FETZIMA CP24 20MG	4	QL (30 EA per 30 days) ST
FETZIMA CP24 40MG	4	QL (30 EA per 30 days) ST
FETZIMA CP24 80MG	4	QL (30 EA per 30 days) ST
fluoxetine dr cpdr 90mg	2	QL (4 EA per 28 days)
fluoxetine hcl caps 10mg	1	
fluoxetine hcl caps 20mg	1	
fluoxetine hcl caps 40mg	1	
fluoxetine hcl soln 20mg/5ml	2	
fluoxetine hcl tabs 10mg	2	
fluoxetine hcl tabs 20mg	2	
fluoxetine hcl tabs 60mg	2	
fluoxetine caps 10mg	2	
fluoxetine caps 20mg	2	
fluvoxamine maleate er cp24 100mg	4	QL (60 EA per 30 days)
fluvoxamine maleate er cp24 150mg	4	QL (60 EA per 30 days)
fluvoxamine maleate tabs 100mg	2	
fluvoxamine maleate tabs 25mg	2	
fluvoxamine maleate tabs 50mg	2	
maprotiline hcl tabs 25mg	2	
maprotiline hcl tabs 50mg	2	
maprotiline hcl tabs 75mg	2	
nefazodone hcl tabs 100mg	4	
nefazodone hcl tabs 150mg	4	
nefazodone hcl tabs 200mg	4	
nefazodone hcl tabs 250mg	4	
nefazodone hcl tabs 50mg	4	
olanzapine/fluoxetine caps 25mg; 12mg	4	QL (30 EA per 30 days)
olanzapine/fluoxetine caps 25mg; 3mg	4	QL (90 EA per 30 days)
olanzapine/fluoxetine caps 25mg; 6mg	4	QL (90 EA per 30 days)
olanzapine/fluoxetine caps 50mg; 12mg	4	QL (30 EA per 30 days)
olanzapine/fluoxetine caps 50mg; 6mg	4	QL (30 EA per 30 days)
paroxetine hcl er tb24 12.5mg	2	PA
paroxetine hcl er tb24 25mg	2	PA
paroxetine hcl er tb24 37.5mg	2	PA
paroxetine hcl tabs 10mg	1	PA

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
paroxetine hcl tabs 20mg	1	PA
paroxetine hcl tabs 30mg	1	PA
paroxetine hcl tabs 40mg	1	PA
PAXIL SUSP 10MG/5ML	4	PA
PEXEVA TABS 10MG	4	QL (30 EA per 30 days) PA
PEXEVA TABS 20MG	4	QL (30 EA per 30 days) PA
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) PA
PEXEVA TABS 40MG	4	QL (30 EA per 30 days) PA
sertraline hcl conc 20mg/ml	2	
sertraline hcl tabs 100mg	1	
sertraline hcl tabs 25mg	1	
sertraline hcl tabs 50mg	1	
trazodone hcl tabs 100mg	2	
trazodone hcl tabs 150mg	2	
trazodone hcl tabs 300mg	2	
trazodone hcl tabs 50mg	2	
TRINTELLIX TABS 10MG	4	QL (30 EA per 30 days)
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days)
TRINTELLIX TABS 5MG	4	QL (30 EA per 30 days)
venlafaxine hcl er cp24 150mg	2	
venlafaxine hcl er cp24 37.5mg	2	
venlafaxine hcl er cp24 75mg	2	
venlafaxine hcl er tb24 150mg	2	
venlafaxine hcl er tb24 225mg	2	
venlafaxine hcl er tb24 37.5mg	2	
venlafaxine hcl er tb24 75mg	2	
venlafaxine hcl tabs 100mg	2	
venlafaxine hcl tabs 25mg	2	
venlafaxine hcl tabs 37.5mg	2	
venlafaxine hcl tabs 50mg	2	
venlafaxine hcl tabs 75mg	2	
VIIBRYD STARTER PACK KIT 0	4	QL (60 EA per 365 days)
VIIBRYD KIT 0	4	QL (60 EA per 365 days)
VIIBRYD TABS 10MG	4	QL (30 EA per 30 days)
VIIBRYD TABS 20MG	4	QL (30 EA per 30 days)
VIIBRYD TABS 40MG	4	QL (30 EA per 30 days)
Tricyclics		
amitriptyline hcl tabs 100mg	4	PA
amitriptyline hcl tabs 10mg	4	PA
amitriptyline hcl tabs 150mg	4	PA
amitriptyline hcl tabs 25mg	4	PA
amitriptyline hcl tabs 50mg	4	PA
amitriptyline hcl tabs 75mg	4	PA

Name	Drug Tier	Requirements/Limits
amoxapine tabs 100mg	2	PA
amoxapine tabs 150mg	2	PA
amoxapine tabs 25mg	2	PA
amoxapine tabs 50mg	2	PA
chlordiazepoxide/amitriptyline tabs 12.5mg; 5mg	4	PA
chlordiazepoxide/amitriptyline tabs 25mg; 10mg	4	PA
clomipramine hcl caps 25mg	4	PA
clomipramine hcl caps 50mg	4	PA
clomipramine hcl caps 75mg	4	PA
desipramine hcl tabs 100mg	2	PA
desipramine hcl tabs 10mg	2	PA
desipramine hcl tabs 150mg	2	PA
desipramine hcl tabs 25mg	2	PA
desipramine hcl tabs 50mg	2	PA
desipramine hcl tabs 75mg	2	PA
doxepin hcl caps 100mg	4	PA
doxepin hcl caps 10mg	4	PA
doxepin hcl caps 150mg	4	PA
doxepin hcl caps 25mg	4	PA
doxepin hcl caps 50mg	4	PA
doxepin hcl caps 75mg	4	PA
doxepin hcl conc 10mg/ml	4	PA
imipramine hcl tabs 10mg	4	PA
imipramine hcl tabs 25mg	4	PA
imipramine hcl tabs 50mg	4	PA
imipramine pamoate caps 100mg	4	PA
imipramine pamoate caps 125mg	4	PA
imipramine pamoate caps 150mg	4	PA
imipramine pamoate caps 75mg	4	PA
nortriptyline hcl caps 10mg	1	PA
nortriptyline hcl caps 25mg	1	PA
nortriptyline hcl caps 50mg	1	PA
nortriptyline hcl caps 75mg	1	PA
nortriptyline hcl soln 10mg/5ml	2	PA
perphenazine/amitriptyline tabs 10mg; 2mg	4	PA
perphenazine/amitriptyline tabs 10mg; 4mg	4	PA
perphenazine/amitriptyline tabs 25mg; 2mg	4	PA
perphenazine/amitriptyline tabs 25mg; 4mg	4	PA
perphenazine/amitriptyline tabs 50mg; 4mg	4	PA
protriptyline hcl tabs 10mg	2	PA
protriptyline hcl tabs 5mg	2	PA
trimipramine maleate caps 100mg	4	PA
trimipramine maleate caps 25mg	4	PA

Name	Drug Tier	Requirements/Limits
trimipramine maleate caps 50mg	4	PA
Antiemetics		
Antiemetics, Other		
AKYNZEO CAPS 300MG; 0.5MG	4	QL (2 EA per 30 days) B/D
compro supp 25mg	2	
droperidol inj 2.5mg/ml	2	
meclizine hcl tabs 12.5mg	1	PA
meclizine hcl tabs 25mg	1	PA
phenadoz supp 12.5mg	4	PA
phenadoz supp 25mg	4	PA
phenergan supp 12.5mg	4	PA
phenergan supp 25mg	4	PA
phenergan supp 50mg	4	PA
prochlorperazine edisylate inj 5mg/ml	4	
prochlorperazine maleate tabs 10mg	1	
prochlorperazine maleate tabs 5mg	1	
prochlorperazine supp 25mg	2	
promethazine hcl inj 25mg/ml	4	PA
promethazine hcl inj 50mg/ml	4	PA
promethazine hcl supp 12.5mg	4	PA
promethazine hcl supp 25mg	4	PA
promethazine hcl supp 50mg	4	PA
promethazine hcl syrp 6.25mg/5ml	4	PA
promethazine hcl tabs 12.5mg	4	PA
promethazine hcl tabs 25mg	4	PA
promethazine hcl tabs 50mg	4	PA
promethegan supp 12.5mg	4	PA
promethegan supp 25mg	4	PA
promethegan supp 50mg	4	PA
scopolamine pt72 1mg/3days	2	PA
TRANSDERM-SCOP PT72 1MG/3DAYS	4	PA
trimethobenzamide hcl caps 300mg	4	B/D
Emetogenic Therapy Adjuncts		
ALOXI INJ 0.25MG/5ML	4	
ANZEMET INJ 20MG/ML	4	
ANZEMET TABS 100MG	5	QL (5 EA per 30 days) B/D
ANZEMET TABS 50MG	4	QL (5 EA per 30 days) B/D
aprepitant caps 0	2	QL (6 EA per 30 days) B/D
aprepitant caps 125mg	2	QL (2 EA per 30 days) B/D
aprepitant caps 40mg	2	QL (1 EA per 30 days) B/D
aprepitant caps 80mg	2	QL (8 EA per 30 days) B/D
dronabinol caps 10mg	4	QL (60 EA per 30 days) PA
dronabinol caps 2.5mg	4	QL (60 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
dronabinol caps 5mg	4	QL (60 EA per 30 days) PA
EMEND SUSR 125MG	4	QL (6 EA per 30 days) B/D
granisetron hcl inj 0.1mg/ml	2	
granisetron hcl inj 1mg/ml	2	
granisetron hcl inj 1mg/ml	2	
granisetron hcl tabs 1mg	2	QL (30 EA per 30 days) B/D
ondansetron hcl inj 40mg/20ml	2	QL (120 ML per 30 days)
ondansetron hcl inj 4mg/2ml	2	QL (240 ML per 30 days)
ondansetron hcl inj 4mg/2ml	2	QL (240 ML per 30 days)
ondansetron hcl soln 4mg/5ml	2	QL (450 ML per 30 days) B/D
ondansetron hcl tabs 24mg	2	QL (14 EA per 28 days) B/D
ondansetron hcl tabs 4mg	2	B/D
ondansetron hcl tabs 8mg	2	B/D
ondansetron odt tbdp 4mg	1	B/D
ondansetron odt tbdp 8mg	1	B/D
SANCUSO PTCH 3.1MG/24HR	5	QL (2 EA per 30 days)
SYNDROS SOLN 5MG/ML	5	QL (120 ML per 30 days) PA
Antifungals		
Antifungals		
ABELCET INJ 5MG/ML	5	B/D
AMBISOME INJ 50MG	5	B/D
amphotericin b inj 50mg	4	B/D
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	
ciclodan crea 0.77%	2	
ciclodan soln 8%	2	PA
ciclopirox nail lacquer soln 8%	2	PA
ciclopirox olamine crea 0.77%	2	
ciclopirox gel 0.77%	2	
ciclopirox sham 1%	2	
ciclopirox susp 0.77%	2	
clotrimazole crea 1%	1	
clotrimazole lozg 10mg	2	
clotrimazole soln 1%	2	
CRESEMBA CAPS 186MG	5	
CRESEMBA INJ 372MG	5	
econazole nitrate crea 1%	4	
ERAXIS INJ 100MG	4	
ERAXIS INJ 50MG	5	
EXELDERM CREA 1%	4	
EXELDERM SOLN 1%	4	
fluconazole in dextrose inj 56mg/ml; 200mg/100ml	2	
fluconazole in nacl inj 100mg/50ml; 0.9%	2	

Name	Drug Tier	Requirements/Limits
fluconazole in nacl inj 200mg/100ml; 0.9%	2	
fluconazole in nacl inj 400mg/200ml; 0.9%	2	
fluconazole susr 10mg/ml	2	
fluconazole susr 40mg/ml	2	
fluconazole tabs 100mg	2	
fluconazole tabs 150mg	2	
fluconazole tabs 200mg	2	
fluconazole tabs 50mg	2	
flucytosine caps 250mg	5	
flucytosine caps 500mg	5	
griseofulvin microsize susp 125mg/5ml	2	
griseofulvin microsize tabs 500mg	4	
griseofulvin ultramicrosize tabs 125mg	4	
griseofulvin ultramicrosize tabs 250mg	4	
GYNAZOLE-1 CREA 2%	4	
itraconazole caps 100mg	4	PA
JUBLIA SOLN 10%	3	
ketoconazole crea 2%	2	
ketoconazole foam 2%	4	
ketoconazole sham 2%	1	
ketoconazole tabs 200mg	2	
ketodan foam 2%	4	
LAMISIL PACK 125MG	4	
LAMISIL PACK 187.5MG	4	
MENTAX CREA 1%	4	
miconazole 3 supp 200mg	2	
MYCAMINE INJ 100MG	5	
MYCAMINE INJ 50MG	5	
NAFTIFINE HCL CREA 1%	4	
naftifine hydrochloride crea 2%	4	
NAFTIN GEL 1%	4	
NAFTIN GEL 2%	4	
NATACYN SUSP 5%	4	
NOXAFIL INJ 300MG/16.7ML	5	
NOXAFIL SUSP 40MG/ML	5	
NOXAFIL TBEC 100MG	5	
nyamyc powd 100000unit/gm	2	
nyata powd 100000unit/gm	2	
nystatin/triamcinolone crea 100000unit/gm; 0.1%	2	
nystatin/triamcinolone oint 100000unit/gm; 0.1%	2	
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	

Name	Drug Tier	Requirements/Limits
nystatin susp 100000unit/ml	1	
nystatin tabs 500000unit	2	
nystop powd 100000unit/gm	2	
ONMEL TABS 200MG	5	PA
oxiconazole nitrate crea 1%	2	
OXISTAT LOTN 1%	4	
SPORANOX SOLN 10MG/ML	5	PA
terbinafine hcl tabs 250mg	1	QL (84 EA per 180 days)
terconazole crea 0.4%	2	
terconazole crea 0.8%	2	
terconazole supp 80mg	2	
voriconazole inj 200mg	5	
voriconazole susr 40mg/ml	5	
voriconazole tabs 200mg	4	
voriconazole tabs 50mg	4	
zazole crea 0.4%	2	
zazole crea 0.8%	2	
zazole supp 80mg	2	
Antigout Agents		
Antigout Agents		
allopurinol sodium inj 500mg	4	
allopurinol tabs 100mg	1	
allopurinol tabs 300mg	1	
COLCHICINE CAPS 0.6MG	3	
COLCHICINE TABS 0.6MG	3	
COLCRYS TABS 0.6MG	3	
KRYSTEXXA INJ 8MG/ML	5	PA
probenecid/colchicine tabs 0.5mg; 500mg	2	
probenecid tabs 500mg	2	
ULORIC TABS 40MG	3	ST
ULORIC TABS 80MG	3	ST
Antimigraine Agents		
Ergot Alkaloids		
dihydroergotamine mesylate inj 1mg/ml	5	
dihydroergotamine mesylate soln 4mg/ml	5	QL (8 ML per 30 days)
ERGOMAR SUBL 2MG	3	
ergotamine tartrate/caffeine tabs 100mg; 1mg	2	
MIGERGOT SUPP 100MG; 2MG	5	
Serotonin (5-HT) 1b/1d Receptor Agonists		
almotriptan malate tabs 12.5mg	4	QL (12 EA per 30 days)
almotriptan malate tabs 6.25mg	4	QL (12 EA per 30 days)
frovatriptan succinate tabs 2.5mg	4	QL (12 EA per 30 days)
naratriptan hcl tabs 1mg	2	QL (9 EA per 30 days)

Name	Drug Tier	Requirements/Limits
naratriptan hcl tabs 2.5mg	2	QL (9 EA per 30 days)
rizatriptan benzoate odt tbdp 10mg	2	QL (18 EA per 30 days)
rizatriptan benzoate odt tbdp 5mg	2	QL (18 EA per 30 days)
rizatriptan benzoate tabs 10mg	2	QL (18 EA per 30 days)
rizatriptan benzoate tabs 5mg	2	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (8 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	4	QL (5 ML per 30 days)
sumatriptan succinate inj 4mg/0.5ml	4	QL (8 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (5 ML per 30 days)
sumatriptan succinate tabs 100mg	1	QL (9 EA per 30 days)
sumatriptan succinate tabs 25mg	1	QL (9 EA per 30 days)
sumatriptan succinate tabs 50mg	1	QL (9 EA per 30 days)
SUMATRIPTAN SOLN 20MG/ACT	4	QL (12 EA per 30 days)
SUMATRIPTAN SOLN 5MG/ACT	4	QL (12 EA per 30 days)
zolmitriptan odt tbdp 2.5mg	2	QL (12 EA per 30 days)
zolmitriptan odt tbdp 5mg	2	QL (9 EA per 30 days)
zolmitriptan tabs 2.5mg	2	QL (12 EA per 30 days)
zolmitriptan tabs 5mg	2	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL TABS 125MG	4	
MESTINON SYRP 60MG/5ML	5	
pyridostigmine bromide er tbcr 180mg	4	
pyridostigmine bromide tabs 60mg	2	
REGONOL INJ 10MG/2ML	4	
Antimycobacterials		
Antimycobacterials, Other		
dapsone tabs 100mg	2	
dapsone tabs 25mg	2	
rifabutin caps 150mg	2	
Antituberculars		
CAPASTAT SULFATE INJ 1GM	4	
cycloserine caps 250mg	4	
ethambutol hcl tabs 100mg	2	
ethambutol hcl tabs 400mg	2	
isoniazid inj 100mg/ml	4	
isoniazid syrp 50mg/5ml	4	
isoniazid tabs 100mg	1	
isoniazid tabs 300mg	1	
PASER PACK 4GM	4	
PRIFTIN TABS 150MG	4	

Name	Drug Tier	Requirements/Limits
pyrazinamide tabs 500mg	2	
rifampin caps 150mg	2	
rifampin caps 300mg	2	
rifampin inj 600mg	4	
RIFATER TABS 50MG; 300MG; 120MG	4	
SIRTURO TABS 100MG	5	
TRECATOR TABS 250MG	4	
Antineoplastics		
Alkylating Agents		
BENDEKA INJ 100MG/4ML	5	
BICNU INJ 100MG	5	
busulfan inj 6mg/ml	5	
carboplatin inj 150mg/15ml	2	
carboplatin inj 450mg/45ml	2	
carboplatin inj 50mg/5ml	2	
carboplatin inj 600mg/60ml	2	
cisplatin inj 100mg/100ml	2	
cisplatin inj 200mg/200ml	2	
cisplatin inj 50mg/50ml	2	
CYCLOPHOSPHAMIDE CAPS 25MG	4	B/D
CYCLOPHOSPHAMIDE CAPS 50MG	4	B/D
cyclophosphamide inj 1gm	5	
cyclophosphamide inj 2gm	5	
cyclophosphamide inj 500mg	5	
dacarbazine inj 100mg	2	
dacarbazine inj 200mg	2	
EVOMELA INJ 50MG	5	
GLEOSTINE CAPS 100MG	4	
GLEOSTINE CAPS 10MG	4	
GLEOSTINE CAPS 40MG	4	
GLEOSTINE CAPS 5MG	4	
HEXALEN CAPS 50MG	5	
ifosfamide inj 1gm/20ml	4	
ifosfamide inj 1gm	4	
ifosfamide inj 3gm/60ml	4	
IFOSFAMIDE INJ 3GM	4	
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	QL (91 EA per 28 days) PA
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	QL (91 EA per 28 days) PA
LEUKERAN TABS 2MG	5	
lomustine caps 100mg	4	
lomustine caps 10mg	4	
lomustine caps 40mg	4	

Name	Drug Tier	Requirements/Limits
MATULANE CAPS 50MG	5	
melphalan hydrochloride inj 50mg	5	
MUSTARGEN INJ 10MG	5	
oxaliplatin inj 100mg/20ml	4	
oxaliplatin inj 100mg	2	
oxaliplatin inj 50mg/10ml	2	
oxaliplatin inj 50mg	5	
TEMODAR INJ 100MG	4	
TEPADINA INJ 100MG	5	PA
thiotepa inj 15mg	5	
TREANDA INJ 100MG	5	
TREANDA INJ 180MG/2ML	5	
TREANDA INJ 25MG	5	
TREANDA INJ 45MG/0.5ML	5	
VALCHLOR GEL 0.016%	5	PA
YONDELIS INJ 1MG	5	
ZANOSAR INJ 1GM	5	
Antiandrogens		
bicalutamide tabs 50mg	2	
flutamide caps 125mg	2	
nilutamide tabs 150mg	5	
XTANDI CAPS 40MG	5	PA
ZYTIGA TABS 250MG	5	PA
ZYTIGA TABS 500MG	5	PA
Antiangiogenic Agents		
POMALYST CAPS 1MG	5	PA
POMALYST CAPS 2MG	5	PA
POMALYST CAPS 3MG	5	PA
POMALYST CAPS 4MG	5	PA
REVLIMID CAPS 10MG	5	PA
REVLIMID CAPS 15MG	5	PA
REVLIMID CAPS 2.5MG	5	PA
REVLIMID CAPS 20MG	5	PA
REVLIMID CAPS 25MG	5	PA
REVLIMID CAPS 5MG	5	PA
THALOMID CAPS 100MG	5	PA
THALOMID CAPS 150MG	5	PA
THALOMID CAPS 200MG	5	PA
THALOMID CAPS 50MG	5	PA
Antiestrogens/Modifiers		
EMCYT CAPS 140MG	5	
FARESTON TABS 60MG	5	
FASLODEX INJ 250MG/5ML	5	

Name	Drug Tier	Requirements/Limits
SOLTAMOX SOLN 10MG/5ML	4	
tamoxifen citrate tabs 10mg	2	
tamoxifen citrate tabs 20mg	2	
Antimetabolites		
adrucil inj 2.5gm/50ml	2	B/D
adrucil inj 500mg/10ml	2	B/D
adrucil inj 5gm/100ml	2	B/D
ALIMTA INJ 100MG	5	
ALIMTA INJ 500MG	5	
ARRANON INJ 5MG/ML	5	
cladribine inj 10mg/10ml	5	B/D
clofarabine inj 1mg/ml	5	
cytarabine aqueous inj 100mg/ml	2	B/D
cytarabine aqueous inj 20mg/ml	2	B/D
cytarabine aqueous inj 20mg/ml	2	B/D
DEPOCYT INJ 50MG/5ML	5	
DROXIA CAPS 200MG	4	
DROXIA CAPS 300MG	4	
DROXIA CAPS 400MG	4	
floxuridine inj 0.5gm	5	B/D
fluorouracil inj 1gm/20ml	2	B/D
fluorouracil inj 2.5gm/50ml	2	B/D
fluorouracil inj 500mg/10ml	2	B/D
fluorouracil inj 5gm/100ml	2	B/D
FOLOTYN INJ 20MG/ML	5	PA
FOLOTYN INJ 40MG/2ML	5	PA
gemcitabine hcl inj 1gm	4	
gemcitabine hcl inj 200mg	4	
gemcitabine hcl inj 2gm	4	
gemcitabine inj 1gm/26.3ml	4	
gemcitabine inj 200mg/5.26ml	4	
gemcitabine inj 200mg/5.26ml	4	
gemcitabine inj 2gm/52.6ml	4	
hydroxyurea caps 500mg	2	
LONSURF TABS 6.14MG; 15MG	5	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	5	QL (80 EA per 28 days) PA
mercaptopurine tabs 50mg	2	
NIPENT INJ 10MG	5	
PURIXAN SUSP 2000MG/100ML	5	
TABLOID TABS 40MG	4	
Antineoplastics, Other		
ABRAXANE INJ 900MG; 100MG	5	
adriamycin inj 2mg/ml	2	B/D

Name	Drug Tier	Requirements/Limits
amifostine inj 500mg	5	
azacitidine inj 100mg	5	
BELEODAQ INJ 500MG	5	PA
bleomycin sulfate inj 15unit	2	B/D
bleomycin sulfate inj 30unit	2	B/D
COSMEGEN INJ 0.5MG	5	
COTELLIC TABS 20MG	5	QL (90 EA per 30 days) PA
daunorubicin hcl inj 5mg/ml	4	
DAUNOXOME INJ 2MG/ML	5	
decitabine inj 50mg	5	PA
dexrazoxane inj 250mg	5	
dexrazoxane inj 500mg	5	
DOCEFREZ INJ 20MG	5	
docetaxel inj 140mg/7ml	5	
docetaxel inj 160mg/16ml	5	
docetaxel inj 160mg/8ml	5	
docetaxel inj 200mg/10ml	4	
docetaxel inj 200mg/20ml	5	
docetaxel inj 20mg/2ml	5	
docetaxel inj 80mg/4ml	5	
docetaxel inj 80mg/8ml	5	
doxorubicin hcl liposome inj 2mg/ml	5	
doxorubicin hcl inj 10mg	2	B/D
doxorubicin hcl inj 2mg/ml	2	B/D
doxorubicin hcl inj 50mg	2	B/D
epirubicin hcl inj 200mg/100ml	2	
epirubicin hcl inj 50mg/25ml	2	
ERWINAZE INJ 10000UNIT	5	
FARYDAK CAPS 10MG	5	PA
FARYDAK CAPS 15MG	5	PA
FARYDAK CAPS 20MG	5	PA
fludarabine phosphate inj 50mg	4	
HALAVEN INJ 1MG/2ML	5	PA
IBRANCE CAPS 100MG	5	PA
IBRANCE CAPS 125MG	5	PA
IBRANCE CAPS 75MG	5	PA
idarubicin hcl inj 10mg/10ml	5	
idarubicin hcl inj 20mg/20ml	5	
idarubicin hcl inj 5mg/5ml	5	
irinotecan inj 100mg/5ml	2	
irinotecan inj 40mg/2ml	2	
irinotecan inj 500mg/25ml	2	
ISTODAX (OVERFILL) INJ 10MG	5	PA

Name	Drug Tier	Requirements/Limits
ISTODAX INJ 10MG	5	PA
IXEMPRA KIT INJ 15MG	5	
IXEMPRA KIT INJ 45MG	5	
JEVTANA INJ 60MG/1.5ML	5	PA
KISQALI TABS 200MG	5	QL (63 EA per 28 days) PA
KISQALI TABS 200MG	5	QL (63 EA per 28 days) PA
KISQALI TABS 200MG	5	QL (63 EA per 28 days) PA
leucovorin calcium inj 100mg	4	
leucovorin calcium inj 200mg	4	
leucovorin calcium inj 350mg	4	
leucovorin calcium inj 500mg	4	
leucovorin calcium inj 50mg	4	
leucovorin calcium tabs 10mg	2	
leucovorin calcium tabs 15mg	2	
leucovorin calcium tabs 25mg	2	
leucovorin calcium tabs 5mg	2	
levoleucovorin calcium inj 175mg/17.5ml	5	
levoleucovorin inj 175mg/17.5ml	5	
LEVOLEUCOVORIN INJ 175MG	5	
levoleucovorin inj 250mg/25ml	5	
levoleucovorin inj 50mg	5	
lipodox 50 inj 2mg/ml	5	
lipodox inj 2mg/ml	5	
LYNPARZA CAPS 50MG	5	PA
mitomycin inj 20mg	5	
mitomycin inj 40mg	5	
mitomycin inj 5mg	5	
mitoxantrone hcl inj 2mg/ml	2	PA
mitoxantrone hcl inj 2mg/ml	2	PA
mitoxantrone hcl inj 2mg/ml	2	PA
NERLYNX TABS 40MG	5	QL (180 EA per 30 days) PA
NINLARO CAPS 2.3MG	5	PA
NINLARO CAPS 3MG	5	PA
NINLARO CAPS 4MG	5	PA
ONCASPAR INJ 750UNIT/ML	5	
ONIVYDE INJ 43MG/10ML	5	
paclitaxel inj 100mg/16.7ml	2	
paclitaxel inj 150mg/25ml	2	
paclitaxel inj 300mg/50ml	2	
paclitaxel inj 30mg/5ml	2	
PROLEUKIN INJ 22000000UNIT	5	
RUBRACA TABS 200MG	5	QL (120 EA per 30 days) PA
RUBRACA TABS 250MG	5	QL (120 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
RUBRACA TABS 300MG	5	QL (120 EA per 30 days) PA
RYDAPT CAPS 25MG	5	QL (240 EA per 30 days) PA
SYLATRON INJ 200MCG	5	PA
SYLATRON INJ 200MCG	5	PA
SYLATRON INJ 300MCG	5	PA
SYLATRON INJ 300MCG	5	PA
SYLATRON INJ 600MCG	5	PA
SYNRIBO INJ 3.5MG	5	PA
THERACYS INJ 81MG/VIAL	5	
TICE BCG INJ 50MG	4	
TRISENOX INJ 10MG/10ML	4	
VALSTAR INJ 40MG/ML	5	
VELCADE INJ 3.5MG	5	PA
vinblastine sulfate inj 1mg/ml	2	B/D
vincasar pfs inj 1mg/ml	2	B/D
vincristine sulfate inj 1mg/ml	2	B/D
vinorelbine tartrate inj 10mg/ml	2	
vinorelbine tartrate inj 50mg/5ml	2	
ZALTRAP INJ 100MG/4ML	5	PA
ZALTRAP INJ 200MG/8ML	5	PA
ZEJULA CAPS 100MG	5	QL (90 EA per 30 days) PA
ZOLINZA CAPS 100MG	5	PA
Aromatase Inhibitors, 3rd Generation		
anastrozole tabs 1mg	1	
exemestane tabs 25mg	4	
letrozole tabs 2.5mg	1	
Enzyme Inhibitors		
ETOPOPHOS INJ 100MG	4	
etoposide inj 100mg/5ml	2	
etoposide inj 100mg/5ml	2	
etoposide inj 1gm/50ml	2	
etoposide inj 1gm/50ml	2	
etoposide inj 500mg/25ml	2	
KYPROLIS INJ 30MG	5	PA
KYPROLIS INJ 60MG	5	PA
toposar inj 100mg/5ml	2	
toposar inj 1gm/50ml	2	
toposar inj 500mg/25ml	2	
toposar inj 500mg/25ml	2	
topotecan hcl inj 4mg/4ml	5	
topotecan hcl inj 4mg	5	
ZYDELIG TABS 100MG	5	PA
ZYDELIG TABS 150MG	5	PA

Name	Drug Tier	Requirements/Limits
Molecular Target Inhibitors		
AFINITOR DISPERZ TBSO 2MG	5	PA
AFINITOR DISPERZ TBSO 3MG	5	PA
AFINITOR DISPERZ TBSO 5MG	5	PA
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 2.5MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 5MG	5	QL (30 EA per 30 days) PA
AFINITOR TABS 7.5MG	5	QL (30 EA per 30 days) PA
ALECENSA CAPS 150MG	5	QL (240 EA per 30 days) PA
ALUNBRIG TABS 30MG	5	QL (180 EA per 30 days) PA
BOSULIF TABS 100MG	5	PA
BOSULIF TABS 500MG	5	PA
CABOMETYX TABS 20MG	5	PA
CABOMETYX TABS 40MG	5	PA
CABOMETYX TABS 60MG	5	PA
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA
CAPRELSA TABS 300MG	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 0	5	PA
COMETRIQ KIT 20MG	5	PA
ERIVEDGE CAPS 150MG	5	PA
GILOTRIF TABS 20MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 30MG	5	QL (30 EA per 30 days) PA
GILOTRIF TABS 40MG	5	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA
ICLUSIG TABS 45MG	5	PA
IDHIFA TABS 100MG	5	QL (30 EA per 30 days) PA
IDHIFA TABS 50MG	5	QL (30 EA per 30 days) PA
imatinib mesylate tabs 100mg	5	PA
imatinib mesylate tabs 400mg	5	PA
IMBRUVICA CAPS 140MG	5	PA
INLYTA TABS 1MG	5	PA
INLYTA TABS 5MG	5	PA
IRESSA TABS 250MG	5	PA
JAKAFI TABS 10MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 15MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 20MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 25MG	5	QL (60 EA per 30 days) PA
JAKAFI TABS 5MG	5	QL (60 EA per 30 days) PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA

Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
MEKINIST TABS 0.5MG	5	PA
MEKINIST TABS 2MG	5	PA
NEXAVAR TABS 200MG	5	PA
ODOMZO CAPS 200MG	5	PA
SPRYCEL TABS 100MG	5	PA
SPRYCEL TABS 140MG	5	PA
SPRYCEL TABS 20MG	5	PA
SPRYCEL TABS 50MG	5	PA
SPRYCEL TABS 70MG	5	PA
SPRYCEL TABS 80MG	5	PA
STIVARGA TABS 40MG	5	PA
SUTENT CAPS 12.5MG	5	PA
SUTENT CAPS 25MG	5	PA
SUTENT CAPS 37.5MG	5	PA
SUTENT CAPS 50MG	5	PA
TAFINLAR CAPS 50MG	5	PA
TAFINLAR CAPS 75MG	5	PA
TAGRISSO TABS 40MG	5	QL (30 EA per 30 days) PA
TAGRISSO TABS 80MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 100MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 150MG	5	QL (30 EA per 30 days) PA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA
TASIGNA CAPS 150MG	5	PA
TASIGNA CAPS 200MG	5	PA
TORISEL INJ 25MG/ML	5	
TYKERB TABS 250MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 100MG	5	PA
VENCLEXTA TABS 10MG	4	PA
VENCLEXTA TABS 50MG	4	PA
VOTRIENT TABS 200MG	5	PA
XALKORI CAPS 200MG	5	PA
XALKORI CAPS 250MG	5	PA
ZELBORAF TABS 240MG	5	PA
ZYKADIA CAPS 150MG	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
ARZERRA INJ 1000MG/50ML	5	PA
ARZERRA INJ 100MG/5ML	5	PA
AVASTIN INJ 100MG/4ML	5	
AVASTIN INJ 400MG/16ML	5	
BAVENCIO INJ 200MG/10ML	5	PA

Name	Drug Tier	Requirements/Limits
BLINCYTO INJ 35MCG	5	PA
CYRAMZA INJ 100MG/10ML	5	PA
CYRAMZA INJ 500MG/50ML	5	PA
DARZALEX INJ 100MG/5ML	5	PA
DARZALEX INJ 400MG/20ML	5	PA
EMPLICITI INJ 300MG	5	PA
EMPLICITI INJ 400MG	5	PA
ERBITUX INJ 100MG/50ML	5	PA
ERBITUX INJ 200MG/100ML	5	PA
GAZYVA INJ 1000MG/40ML	5	PA
HERCEPTIN INJ 150MG	5	PA
HERCEPTIN INJ 440MG	5	PA
IMFINZI INJ 120MG/2.4ML	5	PA
IMFINZI INJ 500MG/10ML	5	PA
KADCYLA INJ 100MG	5	PA
KADCYLA INJ 160MG	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
KEYTRUDA INJ 50MG	5	PA
LARTRUVO INJ 190MG/19ML	5	PA
LARTRUVO INJ 500MG/50ML	5	PA
OPDIVO INJ 100MG/10ML	5	PA
OPDIVO INJ 40MG/4ML	5	PA
PERJETA INJ 420MG/14ML	5	PA
PORTRAZZA INJ 800MG/50ML	5	QL (100 ML per 21 days) PA
RITUXAN HYCELA INJ 23400UNT/11.7ML; 1400MG/11.7ML	5	PA
RITUXAN HYCELA INJ 26800UNT/13.4ML; 1600MG/13.4ML	5	PA
RITUXAN INJ 100MG/10ML	5	PA
RITUXAN INJ 500MG/50ML	5	PA
TECENTRIQ INJ 1200MG/20ML	5	PA
UNITUXIN INJ 17.5MG/5ML	5	
VECTIBIX INJ 100MG/5ML	5	
VECTIBIX INJ 400MG/20ML	5	
YERVOY INJ 200MG/40ML	5	PA
YERVOY INJ 50MG/10ML	5	PA
ZEVALIN Y-90 INJ 3.2MG/2ML	5	
Retinoids		
bexarotene caps 75mg	5	PA
PANRETIN GEL 0.1%	5	
TARGRETIN GEL 1%	5	PA
tretinoin caps 10mg	5	
Treatment Adjuncts		

Name	Drug Tier	Requirements/Limits
ELITEK INJ 1.5MG	5	
ELITEK INJ 7.5MG	5	
mesna inj 100mg/ml	2	
MESNEX TABS 400MG	5	
Antiparasitics		
Anthelmintics		
ALBENZA TABS 200MG	5	
BILTRICIDE TABS 600MG	3	
ivermectin tabs 3mg	2	
Antiprotozoals		
ALINIA SUSR 100MG/5ML	5	
ALINIA TABS 500MG	5	
atovaquone/proguanil hcl tabs 250mg; 100mg	2	
atovaquone/proguanil hcl tabs 62.5mg; 25mg	2	
atovaquone susp 750mg/5ml	5	
chloroquine phosphate tabs 250mg	2	
chloroquine phosphate tabs 500mg	2	
COARTEM TABS 20MG; 120MG	4	
DARAPRIM TABS 25MG	5	PA
hydroxychloroquine sulfate tabs 200mg	2	
mefloquine hcl tabs 250mg	2	
NEBUPENT SOLR 300MG	4	B/D
PENTAM 300 INJ 300MG	4	
primaquine phosphate tabs 26.3mg	2	
quinine sulfate caps 324mg	2	PA
tinidazole tabs 250mg	2	
tinidazole tabs 500mg	2	
Pediculicides/Scabicides		
EURAX CREA 10%	4	
EURAX LOTN 10%	4	
lindane lotn 1%	4	
lindane sham 1%	4	
malathion lotn 0.5%	4	
permethrin crea 5%	2	
SKLICE LOTN 0.5%	4	
ULESFIA LOTN 5%	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate inj 1mg/ml	2	
benztropine mesylate tabs 0.5mg	4	PA
benztropine mesylate tabs 1mg	4	PA
benztropine mesylate tabs 2mg	4	PA
trihexyphenidyl hcl elix 0.4mg/ml	2	PA

Name	Drug Tier	Requirements/Limits
trihexyphenidyl hcl tabs 2mg	2	PA
trihexyphenidyl hcl tabs 5mg	2	PA
Antiparkinson Agents, Other		
entacapone tabs 200mg	2	
tolcapone tabs 100mg	5	
Dopamine Agonists		
APOKYN INJ 30MG/3ML	5	QL (90 ML per 30 days) PA
bromocriptine mesylate caps 5mg	4	
bromocriptine mesylate tabs 2.5mg	4	
NEUPRO PT24 1MG/24HR	4	ST
NEUPRO PT24 2MG/24HR	4	ST
NEUPRO PT24 3MG/24HR	4	ST
NEUPRO PT24 4MG/24HR	4	ST
NEUPRO PT24 6MG/24HR	4	ST
NEUPRO PT24 8MG/24HR	4	ST
pramipexole dihydrochloride er tb24 0.375mg	4	
pramipexole dihydrochloride er tb24 0.75mg	4	
pramipexole dihydrochloride er tb24 1.5mg	4	
pramipexole dihydrochloride er tb24 2.25mg	4	
pramipexole dihydrochloride er tb24 3.75mg	4	
pramipexole dihydrochloride er tb24 3mg	4	
pramipexole dihydrochloride er tb24 4.5mg	4	
pramipexole dihydrochloride tabs 0.125mg	2	
pramipexole dihydrochloride tabs 0.25mg	2	
pramipexole dihydrochloride tabs 0.5mg	2	
pramipexole dihydrochloride tabs 0.75mg	2	
pramipexole dihydrochloride tabs 1.5mg	2	
pramipexole dihydrochloride tabs 1mg	2	
ropinirole er tb24 12mg	2	
ropinirole er tb24 2mg	2	
ropinirole er tb24 4mg	2	
ropinirole er tb24 6mg	2	
ropinirole er tb24 8mg	2	
ropinirole hcl tabs 0.25mg	1	
ropinirole hcl tabs 0.5mg	1	
ropinirole hcl tabs 1mg	1	
ropinirole hcl tabs 2mg	1	
ropinirole hcl tabs 3mg	1	
ropinirole hcl tabs 4mg	1	
ropinirole hcl tabs 5mg	1	
Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors		
carbidopa/levodopa er tbcr 25mg; 100mg	2	
carbidopa/levodopa er tbcr 50mg; 200mg	2	

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

Name	Drug Tier	Requirements/Limits
haloperidol lactate inj 5mg/ml	2	
haloperidol conc 2mg/ml	1	
haloperidol tabs 0.5mg	2	
haloperidol tabs 10mg	2	
haloperidol tabs 1mg	2	
haloperidol tabs 20mg	2	
haloperidol tabs 2mg	2	
haloperidol tabs 5mg	2	
loxapine succinate caps 10mg	2	
loxapine succinate caps 25mg	2	
loxapine succinate caps 50mg	2	
loxapine succinate caps 5mg	2	
molindone hydrochloride tabs 10mg	4	
molindone hydrochloride tabs 25mg	4	
molindone hydrochloride tabs 5mg	4	
perphenazine tabs 16mg	2	
perphenazine tabs 2mg	2	
perphenazine tabs 4mg	2	
perphenazine tabs 8mg	2	
pimozide tabs 1mg	4	
pimozide tabs 2mg	4	
thioridazine hcl tabs 100mg	4	PA
thioridazine hcl tabs 10mg	4	PA
thioridazine hcl tabs 25mg	4	PA
thioridazine hcl tabs 50mg	4	PA
thiothixene caps 10mg	2	
thiothixene caps 1mg	2	
thiothixene caps 2mg	2	
thiothixene caps 5mg	2	
trifluoperazine hcl tabs 10mg	2	
trifluoperazine hcl tabs 1mg	2	
trifluoperazine hcl tabs 2mg	2	
trifluoperazine hcl tabs 5mg	2	
2nd Generation/Atypical		
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY MAINTENA INJ 300MG	5	
ABILIFY MAINTENA INJ 400MG	5	
ABILIFY INJ 9.75MG/1.3ML	4	
aripiprazole odt tbdp 10mg	5	QL (60 EA per 30 days)
aripiprazole odt tbdp 15mg	5	QL (60 EA per 30 days)
aripiprazole soln 1mg/ml	4	QL (750 ML per 30 days)
aripiprazole tabs 10mg	4	QL (30 EA per 30 days)
aripiprazole tabs 15mg	4	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
aripiprazole tabs 20mg	4	QL (30 EA per 30 days)
aripiprazole tabs 2mg	4	QL (60 EA per 30 days)
aripiprazole tabs 30mg	4	QL (30 EA per 30 days)
aripiprazole tabs 5mg	4	QL (60 EA per 30 days)
ARISTADA INJ 1064MG/3.9ML	5	
ARISTADA INJ 441MG/1.6ML	5	
ARISTADA INJ 662MG/2.4ML	5	
ARISTADA INJ 882MG/3.2ML	5	
FANAPT TITRATION PACK TABS 0	4	QL (8 EA per 180 days) ST
FANAPT TABS 10MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 12MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 1MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 2MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 4MG	4	QL (60 EA per 30 days) ST
FANAPT TABS 6MG	5	QL (60 EA per 30 days) ST
FANAPT TABS 8MG	5	QL (60 EA per 30 days) ST
GEODON INJ 20MG	4	QL (60 EA per 30 days)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.875ML	5	
INVEGA TRINZA INJ 410MG/1.315ML	5	
INVEGA TRINZA INJ 546MG/1.75ML	5	
INVEGA TRINZA INJ 819MG/2.625ML	5	
LATUDA TABS 120MG	5	QL (30 EA per 30 days)
LATUDA TABS 20MG	5	QL (30 EA per 30 days)
LATUDA TABS 40MG	5	QL (30 EA per 30 days)
LATUDA TABS 60MG	5	QL (30 EA per 30 days)
LATUDA TABS 80MG	5	QL (60 EA per 30 days)
NUPLAZID TABS 17MG	5	QL (60 EA per 30 days) PA
olanzapine odt tbdp 10mg	2	QL (30 EA per 30 days)
olanzapine odt tbdp 15mg	2	QL (30 EA per 30 days)
olanzapine odt tbdp 20mg	2	QL (30 EA per 30 days)
olanzapine odt tbdp 5mg	2	QL (30 EA per 30 days)
olanzapine inj 10mg	2	
olanzapine tabs 10mg	1	QL (30 EA per 30 days)
olanzapine tabs 15mg	1	QL (30 EA per 30 days)
olanzapine tabs 2.5mg	1	QL (30 EA per 30 days)
olanzapine tabs 20mg	1	QL (30 EA per 30 days)
olanzapine tabs 5mg	1	QL (30 EA per 30 days)
olanzapine tabs 7.5mg	1	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
paliperidone er tb24 1.5mg	2	QL (30 EA per 30 days)
paliperidone er tb24 3mg	2	QL (30 EA per 30 days)
paliperidone er tb24 6mg	2	QL (60 EA per 30 days)
paliperidone er tb24 9mg	5	QL (30 EA per 30 days)
quetiapine fumarate er tb24 150mg	4	QL (60 EA per 30 days)
quetiapine fumarate er tb24 200mg	4	QL (90 EA per 30 days)
quetiapine fumarate er tb24 300mg	4	QL (60 EA per 30 days)
quetiapine fumarate er tb24 400mg	5	QL (60 EA per 30 days)
quetiapine fumarate er tb24 50mg	4	QL (60 EA per 30 days)
quetiapine fumarate tabs 100mg	2	QL (90 EA per 30 days)
quetiapine fumarate tabs 200mg	2	QL (90 EA per 30 days)
quetiapine fumarate tabs 25mg	2	QL (90 EA per 30 days)
quetiapine fumarate tabs 300mg	2	QL (60 EA per 30 days)
quetiapine fumarate tabs 400mg	2	QL (60 EA per 30 days)
quetiapine fumarate tabs 50mg	2	QL (90 EA per 30 days)
REXULTI TABS 0.25MG	5	QL (30 EA per 30 days)
REXULTI TABS 0.5MG	5	QL (30 EA per 30 days)
REXULTI TABS 1MG	5	QL (30 EA per 30 days)
REXULTI TABS 2MG	5	QL (30 EA per 30 days)
REXULTI TABS 3MG	5	QL (30 EA per 30 days)
REXULTI TABS 4MG	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG	4	
RISPERDAL CONSTA INJ 37.5MG	5	
RISPERDAL CONSTA INJ 50MG	5	
risperidone odt tbdp 0.25mg	2	QL (60 EA per 30 days)
risperidone odt tbdp 0.5mg	2	QL (60 EA per 30 days)
risperidone odt tbdp 1mg	2	QL (60 EA per 30 days)
risperidone odt tbdp 2mg	2	QL (60 EA per 30 days)
risperidone odt tbdp 3mg	2	QL (60 EA per 30 days)
risperidone odt tbdp 4mg	2	QL (60 EA per 30 days)
risperidone soln 1mg/ml	2	QL (240 ML per 30 days)
risperidone tabs 0.25mg	1	QL (60 EA per 30 days)
risperidone tabs 0.5mg	1	QL (60 EA per 30 days)
risperidone tabs 1mg	1	QL (60 EA per 30 days)
risperidone tabs 2mg	1	QL (60 EA per 30 days)
risperidone tabs 3mg	1	QL (60 EA per 30 days)
risperidone tabs 4mg	1	QL (60 EA per 30 days)
SAPHRIS SUBL 10MG	5	QL (60 EA per 30 days)
SAPHRIS SUBL 2.5MG	4	QL (60 EA per 30 days)
SAPHRIS SUBL 5MG	4	QL (60 EA per 30 days)
VRAYLAR CAPS 1.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 3MG	5	QL (30 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS 4.5MG	5	QL (30 EA per 30 days) ST
VRAYLAR CAPS 6MG	5	QL (30 EA per 30 days) ST
VRAYLAR CPPK 0	4	QL (14 EA per 365 days) ST
ziprasidone hcl caps 20mg	2	QL (60 EA per 30 days)
ziprasidone hcl caps 40mg	2	QL (60 EA per 30 days)
ziprasidone hcl caps 60mg	2	QL (60 EA per 30 days)
ziprasidone hcl caps 80mg	2	QL (60 EA per 30 days)
ZYPREXA RELPREVV INJ 210MG	4	
ZYPREXA RELPREVV INJ 300MG	5	
ZYPREXA RELPREVV INJ 405MG	5	
Treatment-Resistant		
clozapine odt tbdp 100mg	4	QL (270 EA per 30 days)
clozapine odt tbdp 12.5mg	4	QL (90 EA per 30 days)
clozapine odt tbdp 150mg	4	QL (180 EA per 30 days)
clozapine odt tbdp 200mg	5	QL (120 EA per 30 days)
clozapine odt tbdp 25mg	4	QL (270 EA per 30 days)
clozapine tabs 100mg	2	QL (270 EA per 30 days)
clozapine tabs 200mg	2	QL (120 EA per 30 days)
clozapine tabs 25mg	2	QL (270 EA per 30 days)
clozapine tabs 50mg	2	QL (180 EA per 30 days)
VERSACLOZ SUSP 50MG/ML	5	QL (540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
baclofen tabs 10mg	2	
baclofen tabs 20mg	2	
BOTOX INJ 100UNIT	4	PA
BOTOX INJ 200UNIT	4	PA
dantrolene sodium caps 100mg	2	
dantrolene sodium caps 25mg	2	
dantrolene sodium caps 50mg	2	
GABLOFEN INJ 10000MCG/20ML	4	B/D
GABLOFEN INJ 20000MCG/20ML	4	B/D
GABLOFEN INJ 20000MCG/20ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
GABLOFEN INJ 50MCG/ML	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/20ML	4	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
LIORESAL INTRATHECAL INJ 40MG/20ML	5	B/D
tizanidine hcl caps 2mg	2	
tizanidine hcl caps 4mg	2	
tizanidine hcl caps 6mg	2	
tizanidine hcl tabs 2mg	2	

Name	Drug Tier	Requirements/Limits
tizanidine hcl tabs 4mg	2	
XEOMIN INJ 100UNIT	4	PA
XEOMIN INJ 200UNIT	4	PA
XEOMIN INJ 50UNIT	4	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir inj 75mg/ml	5	
ganciclovir inj 500mg	2	B/D
valganciclovir hydrochlorde solr 50mg/ml	5	
valganciclovir tabs 450mg	5	
ZIRGAN GEL 0.15%	4	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil tabs 10mg	5	
BARACLUDE SOLN 0.05MG/ML	4	QL (600 ML per 30 days)
entecavir tabs 0.5mg	2	QL (30 EA per 30 days)
entecavir tabs 1mg	5	QL (30 EA per 30 days)
EPIVIR HBV SOLN 5MG/ML	4	
INTRON A W/DILUENT INJ 10MU	5	PA
INTRON A INJ 10MU/ML	5	PA
INTRON A INJ 10MU	5	PA
INTRON A INJ 18MU	5	PA
INTRON A INJ 50MU	5	PA
INTRON A INJ 6000000UNIT/ML	5	PA
lamivudine tabs 100mg	2	
TYZEKA TABS 600MG	5	
VEMLIDY TABS 25MG	5	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents		
DAKLINZA TABS 30MG	5	QL (168 EA per 365 days) PA
DAKLINZA TABS 60MG	5	QL (168 EA per 365 days) PA
DAKLINZA TABS 90MG	5	QL (168 EA per 365 days) PA
EPCLUSA TABS 400MG; 100MG	5	QL (84 EA per 365 days) PA
HARVONI TABS 90MG; 400MG	5	QL (168 EA per 365 days) PA
MAVYRET TABS 100MG; 40MG	5	QL (336 EA per 365 days) PA
OLYSIO CAPS 150MG	5	QL (168 EA per 365 days) PA
SOVALDI TABS 400MG	5	QL (336 EA per 365 days) PA
TECHNIVIE TABS 12.5MG; 75MG; 50MG	5	QL (168 EA per 365 days) PA
VIEKIRA PAK TBPK 250MG; 12.5MG; 75MG; 50MG	5	QL (672 EA per 365 days) PA
VIEKIRA XR TB24 200MG; 8.33MG; 50MG; 33.33MG	5	QL (504 EA per 365 days) PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (84 EA per 365 days) PA
ZEPATIER TABS 50MG; 100MG	5	QL (112 EA per 365 days) PA
Anti-hepatitis C (HCV) Agents, Other		
MODERIBA 1200 DOSE PACK TABS 600MG	5	
MODERIBA 800 DOSE PACK TABS 400MG	4	

Name	Drug Tier	Requirements/Limits
MODERIBA TABS 0	5	
MODERIBA TABS 0	4	
moderiba tabs 200mg	4	
PEG-INTRON REDIPEN INJ 120MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 150MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 50MCG/0.5ML	5	PA
PEG-INTRON REDIPEN INJ 80MCG/0.5ML	5	PA
PEG-INTRON INJ 120MCG/0.5ML	5	PA
PEG-INTRON INJ 150MCG/0.5ML	5	PA
PEG-INTRON INJ 80MCG/0.5ML	5	PA
PEGASYS PROCLICK INJ 135MCG/0.5ML	5	PA
PEGASYS PROCLICK INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/0.5ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
PEGINTRON INJ 120MCG/0.5ML	5	PA
PEGINTRON INJ 150MCG/0.5ML	5	PA
PEGINTRON INJ 50MCG/0.5ML	5	PA
PEGINTRON INJ 80MCG/0.5ML	5	PA
REBETOL SOLN 40MG/ML	4	
RIBASPHERE RIBAPAK TABS 0	4	
ribasphere ribapak tabs 0	5	
RIBASPHERE RIBAPAK TABS 400MG	4	
ribasphere ribapak tabs 600mg	5	
ribasphere caps 200mg	2	
ribasphere tabs 200mg	4	
RIBASPHERE TABS 400MG	4	
ribasphere tabs 600mg	5	
RIBATAB MISC 0	4	
ribatab tabs 400mg	4	
ribavirin caps 200mg	2	
ribavirin tabs 200mg	4	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (30 EA per 30 days)
ISENTRESS CHEW 100MG	5	
ISENTRESS CHEW 25MG	3	
ISENTRESS PACK 100MG	4	
ISENTRESS TABS 400MG	5	
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL (30 EA per 30 days)
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG	5	
TIVICAY TABS 50MG	5	
TRIUMEQ TABS 600MG; 50MG; 300MG	5	QL (30 EA per 30 days)
VITEKTA TABS 150MG	5	

Name	Drug Tier	Requirements/Limits
VITEKTA TABS 85MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
ATRIPLA TABS 600MG; 200MG; 300MG	5	QL (30 EA per 30 days)
COMPLERA TABS 200MG; 25MG; 300MG	5	QL (30 EA per 30 days)
EDURANT TABS 25MG	5	
INTELENCE TABS 100MG	5	
INTELENCE TABS 200MG	5	
INTELENCE TABS 25MG	4	
nevirapine er tb24 100mg	4	
nevirapine er tb24 400mg	4	
nevirapine susp 50mg/5ml	4	
nevirapine tabs 200mg	2	
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (30 EA per 30 days)
RESCRIPTOR TABS 100MG	4	
RESCRIPTOR TABS 200MG	4	
SUSTIVA CAPS 200MG	5	
SUSTIVA CAPS 50MG	4	
SUSTIVA TABS 600MG	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate/lamivudine/zidovudine tabs 300mg; 150mg; 300mg	5	QL (60 EA per 30 days)
abacavir/lamivudine tabs 600mg; 300mg	5	QL (30 EA per 30 days)
abacavir tabs 300mg	4	
DESCOVY TABS 200MG; 25MG	5	QL (30 EA per 30 days)
didanosine cpdr 125mg	2	
didanosine cpdr 200mg	2	
didanosine cpdr 250mg	2	
didanosine cpdr 400mg	2	
EMTRIVA CAPS 200MG	4	
EMTRIVA SOLN 10MG/ML	4	
lamivudine/zidovudine tabs 150mg; 300mg	4	QL (60 EA per 30 days)
lamivudine soln 10mg/ml	2	
lamivudine tabs 150mg	4	
lamivudine tabs 300mg	4	
RETROVIR IV INFUSION INJ 10MG/ML	4	
stavudine caps 15mg	2	
stavudine caps 20mg	2	
stavudine caps 30mg	2	
stavudine caps 40mg	2	
stavudine solr 1mg/ml	2	
TRUVADA TABS 100MG; 150MG	5	QL (30 EA per 30 days)

Name	Drug Tier	Requirements/Limits
TRUVADA TABS 133MG; 200MG	5	QL (30 EA per 30 days)
TRUVADA TABS 167MG; 250MG	5	QL (30 EA per 30 days)
TRUVADA TABS 200MG; 300MG	5	QL (30 EA per 30 days)
VIDEX PEDIATRIC SOLR 2GM	4	
VIDEX PEDIATRIC SOLR 4GM	4	
VIREAD POWD 40MG/GM	5	
VIREAD TABS 150MG	5	
VIREAD TABS 200MG	5	
VIREAD TABS 250MG	5	
VIREAD TABS 300MG	5	
ZERIT SOLR 1MG/ML	4	
ZIAGEN SOLN 20MG/ML	4	
zidovudine caps 100mg	2	
zidovudine syrp 50mg/5ml	2	
zidovudine tabs 300mg	2	
Anti-HIV Agents, Other		
FUZEON INJ 90MG	5	QL (60 EA per 30 days)
ISENTRESS HD TABS 600MG	5	
SELZENTRY SOLN 20MG/ML	5	
SELZENTRY TABS 150MG	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 300MG	5	
SELZENTRY TABS 75MG	4	
TYBOST TABS 150MG	3	
Anti-HIV Agents, Protease Inhibitors		
APTIVUS CAPS 250MG	5	
APTIVUS SOLN 100MG/ML	5	
CRIXIVAN CAPS 200MG	3	
CRIXIVAN CAPS 400MG	3	
EVOTAZ TABS 300MG; 150MG	5	QL (30 EA per 30 days)
INVIRASE CAPS 200MG	5	
INVIRASE TABS 500MG	5	
KALETRA TABS 100MG; 25MG	4	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP 50MG/ML	4	
LEXIVA TABS 700MG	5	
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	2	
NORVIR CAPS 100MG	4	
NORVIR SOLN 80MG/ML	4	
NORVIR TABS 100MG	4	
PREZCOBIX TABS 150MG; 800MG	5	QL (30 EA per 30 days)
PREZISTA SUSP 100MG/ML	5	
PREZISTA TABS 150MG	4	

Name	Drug Tier	Requirements/Limits
PREZISTA TABS 600MG	5	
PREZISTA TABS 75MG	4	
PREZISTA TABS 800MG	5	
REYATAZ CAPS 150MG	5	
REYATAZ CAPS 200MG	5	
REYATAZ CAPS 300MG	5	
REYATAZ PACK 50MG	5	
VIRACEPT TABS 250MG	5	
VIRACEPT TABS 625MG	5	
Anti-influenza Agents		
amantadine hcl caps 100mg	2	
amantadine hcl syrp 50mg/5ml	1	
amantadine hcl tabs 100mg	2	
oseltamivir phosphate caps 30mg	2	QL (112 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL (60 EA per 365 days)
oseltamivir phosphate caps 75mg	2	QL (110 EA per 365 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (240 EA per 365 days)
rimantadine hcl tabs 100mg	2	
TAMIFLU SUSR 6MG/ML	4	QL (720 ML per 365 days)
Antiherpetic Agents		
acyclovir sodium inj 1000mg	4	B/D
acyclovir sodium inj 500mg	4	B/D
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir caps 200mg	1	
acyclovir oint 5%	4	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg	1	
acyclovir tabs 800mg	1	
DENAVIR CREA 1%	5	
famciclovir tabs 125mg	2	
famciclovir tabs 250mg	2	
famciclovir tabs 500mg	2	
trifluridine soln 1%	2	
valacyclovir hcl tabs 1gm	2	QL (120 EA per 30 days)
valacyclovir hcl tabs 500mg	2	QL (120 EA per 30 days)
ZOVIRAX CREA 5%	5	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 10mg	1	
buspirone hcl tabs 15mg	1	
buspirone hcl tabs 30mg	1	
buspirone hcl tabs 5mg	1	
buspirone hcl tabs 7.5mg	1	

Name	Drug Tier	Requirements/Limits
hydroxyzine pamoate caps 100mg	4	PA
hydroxyzine pamoate caps 25mg	4	PA
hydroxyzine pamoate caps 50mg	4	PA
Benzodiazepines		
alprazolam er tb24 0.5mg	2	QL (30 EA per 30 days) PA
alprazolam er tb24 1mg	2	QL (30 EA per 30 days) PA
alprazolam er tb24 2mg	2	QL (150 EA per 30 days) PA
alprazolam er tb24 3mg	2	QL (90 EA per 30 days) PA
alprazolam intensol conc 1mg/ml	2	PA
alprazolam odt tbdp 0.25mg	2	QL (120 EA per 30 days) PA
alprazolam odt tbdp 0.5mg	2	QL (120 EA per 30 days) PA
alprazolam odt tbdp 1mg	2	QL (120 EA per 30 days) PA
alprazolam odt tbdp 2mg	2	QL (150 EA per 30 days) PA
alprazolam xr tb24 0.5mg	2	QL (30 EA per 30 days) PA
alprazolam xr tb24 1mg	2	QL (30 EA per 30 days) PA
alprazolam xr tb24 2mg	2	QL (150 EA per 30 days) PA
alprazolam xr tb24 3mg	2	QL (90 EA per 30 days) PA
alprazolam tabs 0.25mg	1	QL (120 EA per 30 days) PA
alprazolam tabs 0.5mg	1	QL (120 EA per 30 days) PA
alprazolam tabs 1mg	1	QL (120 EA per 30 days) PA
alprazolam tabs 2mg	1	QL (150 EA per 30 days) PA
chlordiazepoxide hcl caps 10mg	1	QL (900 EA per 30 days) PA
chlordiazepoxide hcl caps 25mg	1	QL (360 EA per 30 days) PA
chlordiazepoxide hcl caps 5mg	1	QL (120 EA per 30 days) PA
clorazepate dipotassium tabs 15mg	2	QL (180 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	2	QL (720 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	2	QL (360 EA per 30 days)
diazepam intensol conc 5mg/ml	2	
diazepam inj 5mg/ml	2	
diazepam soln 1mg/ml	2	
diazepam tabs 10mg	1	
diazepam tabs 2mg	1	
diazepam tabs 5mg	1	
estazolam tabs 1mg	2	QL (30 EA per 30 days) PA
estazolam tabs 2mg	2	QL (30 EA per 30 days) PA
lorazepam intensol conc 2mg/ml	2	PA
lorazepam inj 2mg/ml	1	PA
lorazepam inj 4mg/ml	1	PA
lorazepam tabs 0.5mg	1	QL (90 EA per 30 days) PA
lorazepam tabs 1mg	1	QL (90 EA per 30 days) PA
lorazepam tabs 2mg	1	QL (150 EA per 30 days) PA
midazolam hcl inj 10mg/10ml	1	
midazolam hcl inj 10mg/2ml	1	

Name	Drug Tier	Requirements/Limits
midazolam hcl inj 25mg/5ml	1	
midazolam hcl inj 25mg/5ml	1	
midazolam hcl inj 2mg/2ml	1	
midazolam hcl inj 50mg/10ml	1	
midazolam hcl inj 5mg/5ml	1	
midazolam hcl inj 5mg/ml	1	
midazolam hcl inj 5mg/ml	1	
midazolam hcl syrp 2mg/ml	2	
oxazepam caps 10mg	2	QL (120 EA per 30 days) PA
oxazepam caps 15mg	2	QL (120 EA per 30 days) PA
oxazepam caps 30mg	2	QL (120 EA per 30 days) PA
temazepam caps 15mg	2	QL (30 EA per 30 days) PA
temazepam caps 22.5mg	2	QL (30 EA per 30 days) PA
temazepam caps 30mg	2	QL (30 EA per 30 days) PA
temazepam caps 7.5mg	2	QL (30 EA per 30 days) PA
Bipolar Agents		
Mood Stabilizers		
EQUETRO CP12 100MG	4	
EQUETRO CP12 200MG	4	
EQUETRO CP12 300MG	4	
lithium carbonate er tbcr 300mg	1	
lithium carbonate er tbcr 450mg	1	
lithium carbonate caps 150mg	1	
lithium carbonate caps 300mg	1	
lithium carbonate caps 600mg	1	
lithium carbonate tabs 300mg	1	
lithium soln 8meq/5ml	2	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose tabs 100mg	2	
acarbose tabs 25mg	2	
acarbose tabs 50mg	2	
BYDUREON PEN INJ 2MG	3	QL (4 EA per 28 days) ST
BYDUREON INJ 2MG	3	QL (4 EA per 28 days) ST
CYCLOSET TABS 0.8MG	4	
glimepiride tabs 1mg	1	QL (240 EA per 30 days)
glimepiride tabs 2mg	1	QL (120 EA per 30 days)
glimepiride tabs 4mg	1	QL (60 EA per 30 days)
glipizide er tb24 10mg	1	QL (60 EA per 30 days)
glipizide er tb24 2.5mg	1	QL (240 EA per 30 days)
glipizide er tb24 5mg	1	QL (120 EA per 30 days)
glipizide xl tb24 10mg	1	QL (60 EA per 30 days)
glipizide xl tb24 2.5mg	1	QL (240 EA per 30 days)

Name	Drug Tier	Requirements/Limits
glipizide xl tb24 5mg	1	QL (120 EA per 30 days)
glipizide/metformin hcl tabs 2.5mg; 250mg	1	QL (240 EA per 30 days)
glipizide/metformin hcl tabs 2.5mg; 500mg	1	QL (120 EA per 30 days)
glipizide/metformin hcl tabs 5mg; 500mg	1	QL (120 EA per 30 days)
glipizide tabs 10mg	1	QL (120 EA per 30 days)
glipizide tabs 5mg	1	QL (240 EA per 30 days)
glyburide micronized tabs 1.5mg	2	QL (240 EA per 30 days) PA
glyburide micronized tabs 3mg	2	QL (120 EA per 30 days) PA
glyburide micronized tabs 6mg	2	QL (60 EA per 30 days) PA
glyburide/metformin hcl tabs 1.25mg; 250mg	2	QL (240 EA per 30 days) PA
glyburide/metformin hcl tabs 2.5mg; 500mg	2	QL (120 EA per 30 days) PA
glyburide/metformin hcl tabs 5mg; 500mg	2	QL (120 EA per 30 days) PA
glyburide tabs 1.25mg	2	QL (480 EA per 30 days) PA
glyburide tabs 2.5mg	2	QL (240 EA per 30 days) PA
glyburide tabs 5mg	2	QL (120 EA per 30 days) PA
INVOKAMET XR TB24 150MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET XR TB24 150MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKAMET XR TB24 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET XR TB24 50MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 150MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 150MG; 500MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 50MG; 1000MG	3	QL (60 EA per 30 days) ST
INVOKAMET TABS 50MG; 500MG	3	QL (120 EA per 30 days) ST
INVOKANA TABS 100MG	3	QL (90 EA per 30 days) ST
INVOKANA TABS 300MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) ST
JANUMET XR TB24 1000MG; 50MG	3	QL (60 EA per 30 days) ST
JANUMET XR TB24 500MG; 50MG	3	QL (60 EA per 30 days) ST
JANUMET TABS 1000MG; 50MG	3	QL (60 EA per 30 days) ST
JANUMET TABS 500MG; 50MG	3	QL (60 EA per 30 days) ST
JANUVIA TABS 100MG	3	ST
JANUVIA TABS 25MG	3	ST
JANUVIA TABS 50MG	3	ST
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) ST
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) ST
JENTADUETO TABS 2.5MG; 1000MG	3	QL (60 EA per 30 days) ST
JENTADUETO TABS 2.5MG; 500MG	3	QL (60 EA per 30 days) ST
JENTADUETO TABS 2.5MG; 850MG	3	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	QL (60 EA per 30 days) ST
KOMBIGLYZE XR TB24 1000MG; 5MG	4	QL (30 EA per 30 days) ST
KOMBIGLYZE XR TB24 500MG; 5MG	4	QL (30 EA per 30 days) ST

Name	Drug Tier	Requirements/Limits
metformin hcl er tb24 500mg	1	QL (120 EA per 30 days)
metformin hcl er tb24 750mg	1	QL (60 EA per 30 days)
metformin hcl tabs 1000mg	1	QL (60 EA per 30 days)
metformin hcl tabs 500mg	1	QL (150 EA per 30 days)
metformin hcl tabs 850mg	1	QL (90 EA per 30 days)
miglitol tabs 100mg	4	
miglitol tabs 25mg	4	
miglitol tabs 50mg	4	
nateglinide tabs 120mg	1	
nateglinide tabs 60mg	1	
ONGLYZA TABS 2.5MG	4	ST
ONGLYZA TABS 5MG	4	ST
pioglitazone hcl-glimepiride tabs 2mg; 30mg	2	QL (45 EA per 30 days)
pioglitazone hcl-glimepiride tabs 4mg; 30mg	2	QL (45 EA per 30 days)
pioglitazone hcl/metformin hcl tabs 500mg; 15mg	2	QL (90 EA per 30 days)
pioglitazone hcl/metformin hcl tabs 850mg; 15mg	2	QL (90 EA per 30 days)
pioglitazone hcl tabs 15mg	1	QL (60 EA per 30 days)
pioglitazone hcl tabs 30mg	1	QL (45 EA per 30 days)
pioglitazone hcl tabs 45mg	1	QL (30 EA per 30 days)
repaglinide/metformin hydrochloride tabs 500mg; 1mg	2	QL (150 EA per 30 days)
repaglinide/metformin hydrochloride tabs 500mg; 2mg	2	QL (150 EA per 30 days)
repaglinide tabs 0.5mg	1	
repaglinide tabs 1mg	1	
repaglinide tabs 2mg	1	
RIOMET SOLN 500MG/5ML	4	QL (765 ML per 30 days)
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	PA
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	PA
SYNJARDY XR TB24 10MG; 1000MG	3	QL (30 EA per 30 days) ST
SYNJARDY XR TB24 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) ST
SYNJARDY XR TB24 5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 12.5MG; 500MG	3	QL (120 EA per 30 days) ST
SYNJARDY TABS 5MG; 1000MG	3	QL (60 EA per 30 days) ST
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) ST
tolazamide tabs 250mg	1	QL (240 EA per 30 days)
tolazamide tabs 500mg	1	QL (120 EA per 30 days)
tolbutamide tabs 500mg	1	QL (180 EA per 30 days)
TRADJENTA TABS 5MG	3	ST
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) ST
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) ST
VICTOZA INJ 18MG/3ML	3	QL (9 ML per 30 days) ST
Glycemic Agents		

Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT INJ 1MG	4	
GLUCAGON EMERGENCY KIT INJ 1MG	3	
PROGLYCEM SUSP 50MG/ML	5	
Insulins		
HUMALOG KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 50/50 INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	5	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	5	
HUMULIN R INJ 100UNIT/ML	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LEVEMIR FLEXTOUCH INJ 100UNIT/ML	3	
LEVEMIR INJ 100UNIT/ML	3	
NOVOLIN 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N RELION INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R RELION INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
argatroban inj 125mg/125ml; 0.9%	5	
argatroban inj 250mg/2.5ml	5	
argatroban inj 250mg/250ml; 0.9%	5	

Name	Drug Tier	Requirements/Limits
argatroban inj 50mg/50ml	5	
COUMADIN TABS 10MG	4	
COUMADIN TABS 1MG	4	
COUMADIN TABS 2.5MG	4	
COUMADIN TABS 2MG	4	
COUMADIN TABS 3MG	4	
COUMADIN TABS 4MG	4	
COUMADIN TABS 5MG	4	
COUMADIN TABS 6MG	4	
COUMADIN TABS 7.5MG	4	
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL (90 EA per 30 days)
enoxaparin sodium inj 100mg/ml	4	QL (35 ML per 90 days)
enoxaparin sodium inj 120mg/0.8ml	4	QL (28 ML per 90 days)
enoxaparin sodium inj 150mg/ml	4	QL (35 ML per 90 days)
enoxaparin sodium inj 300mg/3ml	4	QL (105 ML per 90 days)
enoxaparin sodium inj 30mg/0.3ml	4	QL (10.5 ML per 90 days)
enoxaparin sodium inj 40mg/0.4ml	4	QL (14 ML per 90 days)
enoxaparin sodium inj 60mg/0.6ml	4	QL (21 ML per 90 days)
enoxaparin sodium inj 80mg/0.8ml	4	QL (28 ML per 90 days)
fondaparinux sodium inj 10mg/0.8ml	5	QL (28 ML per 90 days)
fondaparinux sodium inj 2.5mg/0.5ml	4	QL (17.5 ML per 90 days)
fondaparinux sodium inj 5mg/0.4ml	5	QL (14 ML per 90 days)
fondaparinux sodium inj 7.5mg/0.6ml	5	QL (21 ML per 90 days)
FRAGMIN INJ 10000UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN INJ 12500UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN INJ 15000UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN INJ 18000UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN INJ 2500UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 5000UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN INJ 7500UNIT/0.3ML	5	QL (10.5 ML per 90 days)
FRAGMIN INJ 95000UNIT/3.8ML	5	QL (22.8 ML per 90 days)
heparin sodium/d5w inj 5%; 40unit/ml	2	
heparin sodium/nacl 0.45% inj 100unit/ml; 0.45%	2	
heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%	2	
heparin sodium/nacl 0.45% inj 50unit/ml; 0.45%	2	
heparin sodium/nacl 0.9% inj 2unit/ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2unit/ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 2unit/ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 2unit/ml; 0.9%	2	
heparin sodium inj 10000unit/ml	2	
heparin sodium inj 1000unit/ml	2	

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
heparin sodium inj 20000unit/ml	2	
heparin sodium inj 2000unit/ml	2	
heparin sodium inj 2500unit/ml	2	
heparin sodium inj 5000unit/0.5ml	2	
heparin sodium inj 5000unit/0.5ml	2	
heparin sodium inj 5000unit/ml	2	
jantoven tabs 10mg	1	
jantoven tabs 1mg	1	
jantoven tabs 2.5mg	1	
jantoven tabs 2mg	1	
jantoven tabs 3mg	1	
jantoven tabs 4mg	1	
jantoven tabs 5mg	1	
jantoven tabs 6mg	1	
jantoven tabs 7.5mg	1	
PRADAXA CAPS 110MG	4	QL (60 EA per 30 days)
PRADAXA CAPS 150MG	4	QL (60 EA per 30 days)
PRADAXA CAPS 75MG	4	QL (60 EA per 30 days)
SAVAYSA TABS 15MG	4	QL (30 EA per 30 days)
SAVAYSA TABS 30MG	4	QL (30 EA per 30 days)
SAVAYSA TABS 60MG	4	QL (30 EA per 30 days)
warfarin sodium tabs 10mg	1	
warfarin sodium tabs 1mg	1	
warfarin sodium tabs 2.5mg	1	
warfarin sodium tabs 2mg	1	
warfarin sodium tabs 3mg	1	
warfarin sodium tabs 4mg	1	
warfarin sodium tabs 5mg	1	
warfarin sodium tabs 6mg	1	
warfarin sodium tabs 7.5mg	1	
XARELTO STARTER PACK TBPK 0	3	QL (102 EA per 365 days)
XARELTO TABS 10MG	3	QL (30 EA per 30 days)
XARELTO TABS 15MG	3	QL (60 EA per 30 days)
XARELTO TABS 20MG	3	QL (30 EA per 30 days)
Blood Formation Modifiers		
anagrelide hydrochloride caps 0.5mg	2	
anagrelide hydrochloride caps 1mg	2	
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	PA
ARANESP ALBUMIN FREE INJ 200MCG/ML	5	PA

Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	PA
ARANESP ALBUMIN FREE INJ 25MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	PA
ARANESP ALBUMIN FREE INJ 300MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 40MCG/0.4ML	4	PA
ARANESP ALBUMIN FREE INJ 40MCG/ML	4	PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	PA
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 60MCG/ML	5	PA
GRANIX INJ 300MCG/0.5ML	5	ST
GRANIX INJ 480MCG/0.8ML	5	ST
LEUKINE INJ 250MCG	5	PA
MOZOBIL INJ 24MG/1.2ML	5	QL (38.4 ML per 365 days) PA
NEULASTA ONPRO KIT INJ 6MG/0.6ML	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
NEUPOGEN INJ 300MCG/0.5ML	5	ST
NEUPOGEN INJ 300MCG/ML	5	ST
NEUPOGEN INJ 480MCG/0.8ML	5	ST
NEUPOGEN INJ 480MCG/1.6ML	5	ST
NPLATE INJ 250MCG	5	PA
NPLATE INJ 500MCG	5	PA
PROCRIT INJ 10000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML	5	PA
PROCRIT INJ 2000UNIT/ML	4	PA
PROCRIT INJ 3000UNIT/ML	4	PA
PROCRIT INJ 40000UNIT/ML	5	PA
PROCRIT INJ 4000UNIT/ML	4	PA
PROMACTA TABS 12.5MG	5	PA
PROMACTA TABS 25MG	5	PA
PROMACTA TABS 50MG	5	PA
PROMACTA TABS 75MG	5	PA
ZARXIO INJ 300MCG/0.5ML	5	
ZARXIO INJ 480MCG/0.8ML	5	
Blood Products/Modifiers/Volume Expanders		
SOLIRIS INJ 10MG/ML	5	PA
Hemostasis Agents		
aminocaproic acid inj 250mg/ml	4	
aminocaproic acid syrp 25%	4	
aminocaproic acid tabs 1000mg	4	
aminocaproic acid tabs 500mg	4	
tranexamic acid inj 1000mg/10ml	2	
tranexamic acid tabs 650mg	4	
Platelet Modifying Agents		

Name	Drug Tier	Requirements/Limits
aspirin/dipyridamole cp12 25mg; 200mg	2	
BRILINTA TABS 60MG	3	
BRILINTA TABS 90MG	3	
cilostazol tabs 100mg	1	
cilostazol tabs 50mg	1	
clopidogrel tabs 300mg	1	
clopidogrel tabs 75mg	1	
dipyridamole tabs 25mg	4	PA
dipyridamole tabs 50mg	4	PA
dipyridamole tabs 75mg	4	PA
prasugrel tabs 10mg	4	
prasugrel tabs 5mg	4	
ticlopidine hcl tabs 250mg	4	PA
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine hcl ptwk 0.1mg/24hr	2	
clonidine hcl ptwk 0.2mg/24hr	2	
clonidine hcl ptwk 0.3mg/24hr	2	
clonidine hcl tabs 0.1mg	1	
clonidine hcl tabs 0.2mg	1	
clonidine hcl tabs 0.3mg	1	
CLORPRES TABS 15MG; 0.1MG	4	
CLORPRES TABS 15MG; 0.2MG	4	
CLORPRES TABS 15MG; 0.3MG	4	
guanfacine hcl tabs 1mg	4	PA
guanfacine hcl tabs 2mg	4	PA
methyldopa/hydrochlorothiazide tabs 15mg; 250mg	4	PA
methyldopa/hydrochlorothiazide tabs 25mg; 250mg	4	PA
methyldopa tabs 250mg	4	PA
methyldopa tabs 500mg	4	PA
methyldopate hcl inj 250mg/5ml	4	
midodrine hcl tabs 10mg	2	
midodrine hcl tabs 2.5mg	2	
midodrine hcl tabs 5mg	2	
phenylephrine hcl inj 10mg/ml	2	
Alpha-adrenergic Blocking Agents		
phenoxybenzamine hydrochloride caps 10mg	5	
prazosin hcl caps 1mg	2	
prazosin hcl caps 2mg	2	
prazosin hcl caps 5mg	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	1	
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg	1	

Name	Drug Tier	Requirements/Limits
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg	1	
candesartan cilexetil tabs 16mg	1	
candesartan cilexetil tabs 32mg	1	
candesartan cilexetil tabs 4mg	1	
candesartan cilexetil tabs 8mg	1	
EDARBI TABS 40MG	4	
EDARBI TABS 80MG	4	
EDARBYCLOR TABS 40MG; 12.5MG	4	
EDARBYCLOR TABS 40MG; 25MG	4	
eprosartan mesylate tabs 600mg	1	
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg	1	
irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg	1	
irbesartan tabs 150mg	1	
irbesartan tabs 300mg	1	
irbesartan tabs 75mg	1	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg	1	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg	1	
losartan potassium/hydrochlorothiazide tabs 25mg; 100mg	1	
losartan potassium tabs 100mg	1	
losartan potassium tabs 25mg	1	
losartan potassium tabs 50mg	1	
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg	2	
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg	2	
olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg	2	
olmesartan medoxomil tabs 20mg	2	
olmesartan medoxomil tabs 40mg	2	
olmesartan medoxomil tabs 5mg	2	
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg	1	
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	
telmisartan/hydrochlorothiazide tabs 25mg; 80mg	1	
telmisartan tabs 20mg	1	
telmisartan tabs 40mg	1	
telmisartan tabs 80mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 320mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 80mg	1	
valsartan/hydrochlorothiazide tabs 25mg; 160mg	1	
valsartan/hydrochlorothiazide tabs 25mg; 320mg	1	
valsartan tabs 160mg	1	
valsartan tabs 320mg	1	
valsartan tabs 40mg	1	

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
valsartan tabs 80mg	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg	1	
benazepril hcl/hydrochlorothiazide tabs 20mg; 12.5mg	1	
benazepril hcl/hydrochlorothiazide tabs 20mg; 25mg	1	
benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg	1	
benazepril hcl tabs 10mg	1	
benazepril hcl tabs 20mg	1	
benazepril hcl tabs 40mg	1	
benazepril hcl tabs 5mg	1	
captopril/hydrochlorothiazide tabs 25mg; 15mg	1	
captopril/hydrochlorothiazide tabs 25mg; 25mg	1	
captopril/hydrochlorothiazide tabs 50mg; 15mg	1	
captopril/hydrochlorothiazide tabs 50mg; 25mg	1	
captopril tabs 100mg	1	
captopril tabs 12.5mg	1	
captopril tabs 25mg	1	
captopril tabs 50mg	1	
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg	1	
enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg	1	
enalapril maleate tabs 10mg	1	
enalapril maleate tabs 2.5mg	1	
enalapril maleate tabs 20mg	1	
enalapril maleate tabs 5mg	1	
enalaprilat inj 1.25mg/ml	2	
EPANED SOLN 1MG/ML	5	
EPANED SOLR 1MG/ML	4	
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg	1	
fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg	1	
fosinopril sodium tabs 10mg	1	
fosinopril sodium tabs 20mg	1	
fosinopril sodium tabs 40mg	1	
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	1	
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	1	
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	1	
lisinopril tabs 10mg	1	
lisinopril tabs 2.5mg	1	
lisinopril tabs 20mg	1	
lisinopril tabs 30mg	1	
lisinopril tabs 40mg	1	
lisinopril tabs 5mg	1	
moexipril hcl tabs 15mg	1	
moexipril hcl tabs 7.5mg	1	

Name	Drug Tier	Requirements/Limits
moexipril/hydrochlorothiazide tabs 12.5mg; 15mg	1	
moexipril/hydrochlorothiazide tabs 12.5mg; 7.5mg	1	
moexipril/hydrochlorothiazide tabs 25mg; 15mg	1	
perindopril erbumine tabs 2mg	1	
perindopril erbumine tabs 4mg	1	
perindopril erbumine tabs 8mg	1	
quinapril hcl tabs 10mg	1	
quinapril hcl tabs 20mg	1	
quinapril hcl tabs 40mg	1	
quinapril hcl tabs 5mg	1	
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg	1	
quinapril/hydrochlorothiazide tabs 12.5mg; 20mg	1	
quinapril/hydrochlorothiazide tabs 25mg; 20mg	1	
ramipril caps 1.25mg	1	
ramipril caps 10mg	1	
ramipril caps 2.5mg	1	
ramipril caps 5mg	1	
trandolapril/verapamil hcl er tbcr 1mg; 240mg	1	
trandolapril/verapamil hcl er tbcr 2mg; 180mg	1	
trandolapril/verapamil hcl er tbcr 2mg; 240mg	1	
trandolapril/verapamil hcl er tbcr 4mg; 240mg	1	
trandolapril tabs 1mg	1	
trandolapril tabs 2mg	1	
trandolapril tabs 4mg	1	
Antiarrhythmics		
amiodarone hcl inj 50mg/ml	2	
amiodarone hcl inj 50mg/ml	2	
amiodarone hcl inj 900mg/18ml	2	
amiodarone hcl tabs 100mg	1	
amiodarone hcl tabs 200mg	1	
amiodarone hcl tabs 400mg	1	
disopyramide phosphate caps 100mg	4	PA
disopyramide phosphate caps 150mg	4	PA
dofetilide caps 125mcg	4	
dofetilide caps 250mcg	4	
dofetilide caps 500mcg	4	
flecainide acetate tabs 100mg	2	
flecainide acetate tabs 150mg	2	
flecainide acetate tabs 50mg	2	
ibutilide fumarate inj 1mg/10ml	4	
lidocaine hcl in d5w inj 5%; 4mg/ml	1	
lidocaine hcl in d5w inj 5%; 8mg/ml	1	
lidocaine hcl/dextrose inj 5%; 4mg/ml	1	

Name	Drug Tier	Requirements/Limits
lidocaine hcl/dextrose inj 5%; 8mg/ml	1	
lidocaine hcl inj 10mg/ml	2	
lidocaine hcl inj 20mg/ml	2	
lidocaine hcl inj 20mg/ml	2	
mexiletine hcl caps 150mg	2	
mexiletine hcl caps 200mg	2	
mexiletine hcl caps 250mg	2	
MULTAQ TABS 400MG	3	
NORPACE CR CP12 100MG	4	PA
NORPACE CR CP12 150MG	4	PA
pacerone tabs 200mg	1	
procainamide hcl inj 100mg/ml	2	
procainamide hcl inj 500mg/ml	2	
propafenone hcl er cp12 225mg	4	
propafenone hcl er cp12 325mg	4	
propafenone hcl er cp12 425mg	4	
propafenone hcl tabs 150mg	2	
propafenone hcl tabs 225mg	2	
propafenone hcl tabs 300mg	2	
quinidine gluconate cr tbcr 324mg	4	
quinidine gluconate er tbcr 324mg	4	
quinidine gluconate inj 80mg/ml	2	
quinidine sulfate er tbcr 300mg	2	
quinidine sulfate tabs 200mg	2	
quinidine sulfate tabs 300mg	2	
sorine tabs 120mg	2	
sorine tabs 160mg	2	
sorine tabs 240mg	2	
sorine tabs 80mg	2	
sotalol hcl (af) tabs 120mg	2	
sotalol hcl (af) tabs 160mg	2	
sotalol hcl (af) tabs 80mg	2	
sotalol hcl tabs 120mg	2	
sotalol hcl tabs 160mg	2	
sotalol hcl tabs 240mg	2	
sotalol hcl tabs 80mg	2	
sotalol hydrochloride inj 150mg/10ml	5	
Beta-adrenergic Blocking Agents		
acebutolol hcl caps 200mg	1	
acebutolol hcl caps 400mg	1	
atenolol/chlorthalidone tabs 100mg; 25mg	1	
atenolol/chlorthalidone tabs 50mg; 25mg	1	
atenolol tabs 100mg	1	

Name	Drug Tier	Requirements/Limits
atenolol tabs 25mg	1	
atenolol tabs 50mg	1	
betaxolol hcl tabs 10mg	2	
betaxolol hcl tabs 20mg	2	
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg	1	
bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg	1	
bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg	1	
bisoprolol fumarate tabs 10mg	2	
bisoprolol fumarate tabs 5mg	2	
BREVIBLOC INJ 2000MG/100ML; 4.1MG/ML	4	
BREVIBLOC INJ 2500MG/250ML; 5.9MG/ML	4	
BYSTOLIC TABS 10MG	3	
BYSTOLIC TABS 2.5MG	3	
BYSTOLIC TABS 20MG	3	
BYSTOLIC TABS 5MG	3	
carvedilol tabs 12.5mg	1	
carvedilol tabs 25mg	1	
carvedilol tabs 3.125mg	1	
carvedilol tabs 6.25mg	1	
DUTOPROL TB24 12.5MG; 100MG	4	
DUTOPROL TB24 12.5MG; 25MG	4	
DUTOPROL TB24 12.5MG; 50MG	4	
esmolol hcl inj 100mg/10ml	4	
esmolol hcl inj 100mg/10ml	4	
INNOPRAN XL CP24 120MG	4	
INNOPRAN XL CP24 80MG	4	
labetalol hcl inj 5mg/ml	1	
labetalol hcl tabs 100mg	2	
labetalol hcl tabs 200mg	2	
labetalol hcl tabs 300mg	2	
METOPROLOL SUCCINATE ER/HYDROCHLOROTHIAZIDE TB24 12.5MG; 25MG	4	
metoprolol succinate er tb24 100mg	2	
metoprolol succinate er tb24 200mg	2	
metoprolol succinate er tb24 25mg	2	
metoprolol succinate er tb24 50mg	2	
metoprolol tartrate inj 5mg/5ml	1	
metoprolol tartrate inj 5mg/5ml	1	
metoprolol tartrate tabs 100mg	1	
metoprolol tartrate tabs 25mg	1	
metoprolol tartrate tabs 50mg	1	
metoprolol/hydrochlorothiazide tabs 25mg; 100mg	2	
metoprolol/hydrochlorothiazide tabs 25mg; 50mg	2	

Name	Drug Tier	Requirements/Limits
metoprolol/hydrochlorothiazide tabs 50mg; 100mg	2	
nadolol/bendroflumethiazide tabs 5mg; 40mg	2	
nadolol/bendroflumethiazide tabs 5mg; 80mg	2	
nadolol tabs 20mg	2	
nadolol tabs 40mg	2	
nadolol tabs 80mg	2	
pindolol tabs 10mg	2	
pindolol tabs 5mg	2	
propranolol hcl er cp24 120mg	2	
propranolol hcl er cp24 160mg	2	
propranolol hcl er cp24 60mg	2	
propranolol hcl er cp24 80mg	2	
propranolol hcl inj 1mg/ml	2	
propranolol hcl soln 20mg/5ml	2	
propranolol hcl soln 40mg/5ml	2	
propranolol hcl tabs 10mg	2	
propranolol hcl tabs 20mg	2	
propranolol hcl tabs 40mg	2	
propranolol hcl tabs 60mg	2	
propranolol hcl tabs 80mg	2	
propranolol/hydrochlorothiazide tabs 25mg; 40mg	2	
propranolol/hydrochlorothiazide tabs 25mg; 80mg	2	
timolol maleate tabs 10mg	2	
timolol maleate tabs 20mg	2	
timolol maleate tabs 5mg	2	
Calcium Channel Blocking Agents		
afeditab cr tb24 30mg	2	
afeditab cr tb24 60mg	2	
amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg	2	
amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg	2	
amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg	2	
amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg	2	
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg	2	
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg	2	
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg	2	
amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg	2	
amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg	2	
amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg	2	
amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg	2	
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg	1	
amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg	1	

Name	Drug Tier	Requirements/Limits
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg	1	
amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg	1	
amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg	1	
amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg	1	
amlodipine besylate/valsartan tabs 10mg; 160mg	1	
amlodipine besylate/valsartan tabs 10mg; 320mg	1	
amlodipine besylate/valsartan tabs 5mg; 160mg	1	
amlodipine besylate/valsartan tabs 5mg; 320mg	1	
amlodipine besylate tabs 10mg	1	
amlodipine besylate tabs 2.5mg	1	
amlodipine besylate tabs 5mg	1	
amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg	2	
amlodipine/valsartan/hctz tabs 10mg; 25mg; 160mg	2	
amlodipine/valsartan/hctz tabs 10mg; 25mg; 320mg	2	
amlodipine/valsartan/hctz tabs 5mg; 12.5mg; 160mg	2	
amlodipine/valsartan/hctz tabs 5mg; 25mg; 160mg	2	
CARDIZEM LA TB24 120MG	4	
cartia xt cp24 120mg	2	
cartia xt cp24 180mg	2	
cartia xt cp24 240mg	2	
cartia xt cp24 300mg	2	
dilt-xr cp24 120mg	2	
dilt-xr cp24 180mg	2	
dilt-xr cp24 240mg	2	
diltiazem cd cp24 120mg	2	
diltiazem cd cp24 180mg	2	
diltiazem cd cp24 240mg	2	
diltiazem cd cp24 300mg	2	
diltiazem hcl cd cp24 360mg	2	
diltiazem hcl er cp12 120mg	2	
diltiazem hcl er cp12 60mg	2	
diltiazem hcl er cp12 90mg	2	
diltiazem hcl er cp24 120mg	2	
diltiazem hcl er cp24 120mg	2	
diltiazem hcl er cp24 120mg	2	
diltiazem hcl er cp24 180mg	2	
diltiazem hcl er cp24 180mg	2	
diltiazem hcl er cp24 180mg	2	
diltiazem hcl er cp24 240mg	2	

Name	Drug Tier	Requirements/Limits
diltiazem hcl er cp24 240mg	2	
diltiazem hcl er cp24 240mg	2	
diltiazem hcl er cp24 300mg	2	
diltiazem hcl er cp24 300mg	2	
diltiazem hcl er cp24 360mg	2	
diltiazem hcl er cp24 360mg	2	
diltiazem hcl er cp24 420mg	2	
diltiazem hcl er tb24 180mg	2	
diltiazem hcl er tb24 240mg	2	
diltiazem hcl er tb24 300mg	2	
diltiazem hcl er tb24 360mg	2	
diltiazem hcl er tb24 420mg	2	
diltiazem hcl inj 100mg	2	
diltiazem hcl inj 125mg/25ml	2	
diltiazem hcl inj 25mg/5ml	2	
diltiazem hcl inj 50mg/10ml	2	
diltiazem hcl tabs 120mg	1	
diltiazem hcl tabs 30mg	1	
diltiazem hcl tabs 60mg	1	
diltiazem hcl tabs 90mg	1	
felodipine er tb24 10mg	2	
felodipine er tb24 2.5mg	2	
felodipine er tb24 5mg	2	
isradipine caps 2.5mg	4	
isradipine caps 5mg	4	
matzim la tb24 180mg	2	
matzim la tb24 240mg	2	
matzim la tb24 300mg	2	
matzim la tb24 360mg	2	
matzim la tb24 420mg	2	
nicardipine hcl caps 20mg	4	
nicardipine hcl caps 30mg	4	
nicardipine hcl inj 2.5mg/ml	4	
nifedical xl tb24 30mg	2	
nifedical xl tb24 60mg	2	
nifedipine er tb24 30mg	2	
nifedipine er tb24 30mg	2	
nifedipine er tb24 60mg	2	
nifedipine er tb24 60mg	2	
nifedipine er tb24 90mg	2	
nifedipine er tb24 90mg	2	
nifedipine caps 10mg	4	PA
nifedipine caps 20mg	4	PA

Name	Drug Tier	Requirements/Limits
nimodipine caps 30mg	5	
nisoldipine er tb24 17mg	4	
nisoldipine er tb24 20mg	4	
nisoldipine er tb24 25.5mg	4	
nisoldipine er tb24 30mg	4	
nisoldipine er tb24 34mg	4	
nisoldipine er tb24 40mg	4	
nisoldipine er tb24 8.5mg	4	
NYMALIZE SOLN 60MG/20ML	5	
taztia xt cp24 120mg	2	
taztia xt cp24 180mg	2	
taztia xt cp24 240mg	2	
taztia xt cp24 300mg	2	
taztia xt cp24 360mg	2	
telmisartan/amlodipine tabs 10mg; 40mg	2	
telmisartan/amlodipine tabs 10mg; 80mg	2	
telmisartan/amlodipine tabs 5mg; 40mg	2	
telmisartan/amlodipine tabs 5mg; 80mg	2	
verapamil hcl cr tbcr 240mg	1	
verapamil hcl er cp24 100mg	2	
verapamil hcl er cp24 120mg	2	
verapamil hcl er cp24 180mg	2	
verapamil hcl er cp24 200mg	2	
verapamil hcl er cp24 240mg	2	
verapamil hcl er cp24 300mg	2	
verapamil hcl er tbcr 120mg	1	
verapamil hcl er tbcr 180mg	1	
verapamil hcl er tbcr 240mg	1	
verapamil hcl sr cp24 120mg	2	
verapamil hcl sr cp24 180mg	2	
verapamil hcl sr cp24 240mg	2	
verapamil hcl sr cp24 360mg	2	
verapamil hcl sr tbcr 240mg	1	
verapamil hcl inj 2.5mg/ml	2	
verapamil hcl tabs 120mg	1	
verapamil hcl tabs 40mg	1	
verapamil hcl tabs 80mg	1	
Cardiovascular Agents, Other		
ADRENALIN INJ 1MG/ML	4	
ADRENALIN INJ 30MG/30ML	4	
CORLANOR TABS 5MG	4	QL (60 EA per 30 days) PA
CORLANOR TABS 7.5MG	4	QL (60 EA per 30 days) PA
DEMSER CAPS 250MG	5	

Name	Drug Tier	Requirements/Limits
digitek tabs 0.125mg	2	QL (30 EA per 30 days)
digitek tabs 0.25mg	4	PA
digoxin inj 0.25mg/ml	4	PA
digoxin soln 0.05mg/ml	2	PA
digoxin tabs 125mcg	2	QL (30 EA per 30 days)
digoxin tabs 250mcg	4	PA
digox tabs 125mcg	2	QL (30 EA per 30 days)
digox tabs 250mcg	4	PA
dobutamine hcl/d5w inj 5%; 1mg/ml	2	B/D
dobutamine hcl inj 250mg/20ml	2	B/D
dobutamine hcl inj 500mg/40ml	2	B/D
dobutamine hydrochloride/dextrose inj 5%; 2mg/ml	2	B/D
dobutamine hydrochloride/dextrose inj 5%; 4mg/ml	2	B/D
dobutamine/dextrose 5% inj 5%; 2mg/ml	2	B/D
dobutamine/dextrose 5% inj 5%; 4mg/ml	2	B/D
dopamine hcl inj 160mg/ml	2	B/D
dopamine hcl inj 40mg/ml	2	B/D
dopamine hcl inj 80mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 0.8mg/ml	2	B/D
dopamine hydrochloride/dextrose inj 5%; 1.6mg/ml	2	B/D
dopamine/d5w inj 5%; 0.8mg/ml	2	B/D
dopamine/d5w inj 5%; 1.6mg/ml	2	B/D
dopamine/d5w inj 5%; 3.2mg/ml	2	B/D
ENTRESTO TABS 24MG; 26MG	4	QL (60 EA per 30 days) PA
ENTRESTO TABS 49MG; 51MG	4	QL (60 EA per 30 days) PA
ENTRESTO TABS 97MG; 103MG	4	QL (60 EA per 30 days) PA
LANOXIN TABS 125MCG	4	QL (30 EA per 30 days)
LANOXIN TABS 187.5MCG	4	QL (30 EA per 30 days) PA
LANOXIN TABS 250MCG	4	PA
LANOXIN TABS 62.5MCG	4	QL (60 EA per 30 days)
mannitol inj 10%	2	
mannitol inj 15%	2	
mannitol inj 20%	2	
mannitol inj 25%	2	
mannitol inj 5%	2	
milrinone in dextrose inj 5%; 20mg/100ml	4	B/D
milrinone in dextrose inj 5%; 40mg/200ml	4	B/D
milrinone lactate inj 10mg/10ml	4	B/D
milrinone lactate inj 10mg/10ml	4	B/D
milrinone lactate inj 20mg/20ml	5	B/D
milrinone lactate inj 20mg/20ml	5	B/D
milrinone lactate inj 50mg/50ml	4	B/D
milrinone lactate inj 50mg/50ml	4	B/D

Name	Drug Tier	Requirements/Limits
norepinephrine bitartrate inj 1mg/ml	2	
NORTHERA CAPS 100MG	5	PA
NORTHERA CAPS 200MG	5	PA
NORTHERA CAPS 300MG	5	PA
osmitrol viaflex inj 10%	2	
osmitrol viaflex inj 15%	2	
osmitrol viaflex inj 20%	2	
osmitrol viaflex inj 5%	2	
pentoxifylline cr tbcr 400mg	4	
pentoxifylline er tbcr 400mg	4	
PRALUENT INJ 150MG/ML	5	QL (2 ML per 28 days) PA
PRALUENT INJ 150MG/ML	5	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	5	QL (2 ML per 28 days) PA
PRALUENT INJ 75MG/ML	5	QL (2 ML per 28 days) PA
RANEXA TB12 1000MG	3	
RANEXA TB12 500MG	3	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	5	QL (3.5 ML per 28 days) PA
REPATHA SURECLICK INJ 140MG/ML	5	QL (3 ML per 28 days) PA
REPATHA INJ 140MG/ML	5	QL (3 ML per 28 days) PA
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er cp12 500mg	2	
acetazolamide sodium inj 500mg	5	
acetazolamide tabs 125mg	2	
acetazolamide tabs 250mg	2	
Diuretics, Loop		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg	1	
bumetanide tabs 1mg	1	
bumetanide tabs 2mg	1	
ethacrynic acid tabs 25mg	5	
furosemide inj 10mg/ml	2	
furosemide inj 10mg/ml	2	
furosemide soln 10mg/ml	2	
furosemide soln 8mg/ml	2	
furosemide tabs 20mg	1	
furosemide tabs 40mg	1	
furosemide tabs 80mg	1	
torsemide inj 20mg/2ml	2	
torsemide inj 50mg/5ml	2	
torsemide tabs 100mg	1	
torsemide tabs 10mg	1	
torsemide tabs 20mg	1	
torsemide tabs 5mg	1	

Name	Drug Tier	Requirements/Limits
Diuretics, Potassium-sparing		
ALDACTAZIDE TABS 50MG; 50MG	4	
amiloride hcl tabs 5mg	2	
amiloride/hydrochlorothiazide tabs 5mg; 50mg	1	
DYRENIUM CAPS 0; 100MG	4	
DYRENIUM CAPS 50MG	4	
eplerenone tabs 25mg	2	
eplerenone tabs 50mg	2	
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	
spironolactone tabs 100mg	1	
spironolactone tabs 25mg	1	
spironolactone tabs 50mg	1	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	2	
triamterene/hydrochlorothiazide caps 25mg; 50mg	2	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs 50mg; 75mg	1	
Diuretics, Thiazide		
chlorothiazide sodium inj 500mg	4	
chlorothiazide tabs 250mg	2	
chlorothiazide tabs 500mg	2	
chlorthalidone tabs 25mg	2	
chlorthalidone tabs 50mg	2	
DIURIL SUSP 250MG/5ML	4	
hydrochlorothiazide caps 12.5mg	1	
hydrochlorothiazide tabs 12.5mg	1	
hydrochlorothiazide tabs 25mg	1	
hydrochlorothiazide tabs 50mg	1	
indapamide tabs 1.25mg	1	
indapamide tabs 2.5mg	1	
methyclothiazide tabs 5mg	2	
metolazone tabs 10mg	2	
metolazone tabs 2.5mg	2	
metolazone tabs 5mg	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized caps 134mg	2	
fenofibrate micronized caps 200mg	2	
fenofibrate micronized caps 67mg	2	
fenofibrate caps 130mg	2	
fenofibrate caps 150mg	2	
fenofibrate caps 43mg	2	
fenofibrate caps 50mg	2	
fenofibrate tabs 120mg	2	
fenofibrate tabs 145mg	2	

Name	Drug Tier	Requirements/Limits
fenofibrate tabs 160mg	2	
fenofibrate tabs 40mg	2	
fenofibrate tabs 48mg	2	
fenofibrate tabs 54mg	2	
fenofibric acid dr cpdr 135mg	2	
fenofibric acid dr cpdr 45mg	2	
fenofibric acid tabs 105mg	2	
fenofibric acid tabs 35mg	2	
gemfibrozil tabs 600mg	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium tabs 10mg	1	
atorvastatin calcium tabs 20mg	1	
atorvastatin calcium tabs 40mg	1	
atorvastatin calcium tabs 80mg	1	
fluvastatin sodium er tb24 80mg	2	
fluvastatin caps 20mg	1	
fluvastatin caps 40mg	1	
LIVALO TABS 1MG	3	ST
LIVALO TABS 2MG	3	ST
LIVALO TABS 4MG	3	ST
lovastatin tabs 10mg	1	
lovastatin tabs 20mg	1	
lovastatin tabs 40mg	1	
pravastatin sodium tabs 10mg	1	
pravastatin sodium tabs 20mg	1	
pravastatin sodium tabs 40mg	1	
pravastatin sodium tabs 80mg	1	
rosuvastatin calcium tabs 10mg	1	
rosuvastatin calcium tabs 20mg	1	
rosuvastatin calcium tabs 40mg	1	
rosuvastatin calcium tabs 5mg	1	
simvastatin tabs 10mg	1	
simvastatin tabs 20mg	1	
simvastatin tabs 40mg	1	
simvastatin tabs 5mg	1	
simvastatin tabs 80mg	1	PA
Dyslipidemics, Other		
cholestyramine light pack 4gm	2	
cholestyramine light powd 4gm/dose	2	
cholestyramine pack 4gm	2	
cholestyramine powd 4gm/dose	2	
colestipol hcl gran 5gm	2	
colestipol hcl pack 5gm	2	

Name	Drug Tier	Requirements/Limits
colestipol hcl tabs 1gm	2	
ezetimibe/simvastatin tabs 10mg; 10mg	2	
ezetimibe/simvastatin tabs 10mg; 20mg	2	
ezetimibe/simvastatin tabs 10mg; 40mg	2	
ezetimibe/simvastatin tabs 10mg; 80mg	2	PA
ezetimibe tabs 10mg	2	
JUXTAPID CAPS 10MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 20MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 30MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 40MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 5MG	5	QL (30 EA per 30 days) PA
JUXTAPID CAPS 60MG	5	QL (30 EA per 30 days) PA
KYNAMRO INJ 200MG/ML	5	QL (4 ML per 28 days) PA
niacin er tbcr 1000mg	2	
niacin er tbcr 500mg	2	
niacin er tbcr 750mg	2	
niacor tabs 500mg	2	
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	4	
prevalite pack 4gm	2	
prevalite powd 4gm/dose	2	
VASCEPA CAPS 0.5GM	4	
VASCEPA CAPS 1GM	4	
WELCHOL PACK 3.75GM	3	
WELCHOL TABS 625MG	3	
Vasodilators, Direct-acting Arterial/Venous		
BIDIL TABS 37.5MG; 20MG	3	
DILATRATE SR CPCR 40MG	4	
ISORDIL TITRADOSE TABS 40MG	5	
isosorbide dinitrate er tbcr 40mg	2	
isosorbide dinitrate tabs 10mg	2	
isosorbide dinitrate tabs 20mg	2	
isosorbide dinitrate tabs 30mg	2	
isosorbide dinitrate tabs 5mg	2	
isosorbide mononitrate er tb24 120mg	1	
isosorbide mononitrate er tb24 30mg	1	
isosorbide mononitrate er tb24 60mg	1	
isosorbide mononitrate tabs 10mg	1	
isosorbide mononitrate tabs 20mg	1	
minitran pt24 0.1mg/hr	2	
minitran pt24 0.2mg/hr	2	
minitran pt24 0.4mg/hr	2	
minitran pt24 0.6mg/hr	2	
NITRO-BID OINT 2%	4	

Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 0.3MG/HR	4	
NITRO-DUR PT24 0.8MG/HR	4	
nitroglycerin in 5% dextrose inj 5%; 200mcg/ml	2	
nitroglycerin in 5% dextrose inj 5%; 400mcg/ml	2	
nitroglycerin in 5% dextrose inj 5%; 400mcg/ml	2	
nitroglycerin in dextrose 5% inj 5%; 100mcg/ml	2	
nitroglycerin in dextrose 5% inj 5%; 100mcg/ml	2	
nitroglycerin in dextrose 5% inj 5%; 200mcg/ml	2	
nitroglycerin in dextrose 5% inj 5%; 400mcg/ml	2	
nitroglycerin lingual aers 400mcg/spray	4	
nitroglycerin lingual soln 0.4mg/spray	4	
nitroglycerin transdermal pt24 0.1mg/hr	2	
nitroglycerin transdermal pt24 0.2mg/hr	2	
nitroglycerin transdermal pt24 0.4mg/hr	2	
nitroglycerin transdermal pt24 0.6mg/hr	2	
nitroglycerin inj 5mg/ml	2	
nitroglycerin subl 0.3mg	2	
nitroglycerin subl 0.4mg	2	
nitroglycerin subl 0.6mg	2	
NITROMIST AERS 400MCG/SPRAY	4	
Vasodilators, Direct-acting Arterial		
hydralazine hcl inj 20mg/ml	4	
hydralazine hcl tabs 100mg	1	
hydralazine hcl tabs 10mg	1	
hydralazine hcl tabs 25mg	1	
hydralazine hcl tabs 50mg	1	
minoxidil tabs 10mg	4	
minoxidil tabs 2.5mg	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg	2	QL (30 EA per 30 days) PA
amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg	2	QL (30 EA per 30 days) PA
amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg	2	QL (30 EA per 30 days) PA
amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg	2	QL (30 EA per 30 days) PA
amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg	2	QL (30 EA per 30 days) PA
amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL (30 EA per 30 days) PA
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg	2	QL (90 EA per 30 days)

Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg	2	QL (90 EA per 30 days)
amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg	2	QL (90 EA per 30 days)
amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg	2	QL (90 EA per 30 days)
amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg	2	QL (90 EA per 30 days)
amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg	2	QL (90 EA per 30 days)
amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL (90 EA per 30 days)
dexedrine tabs 10mg	4	QL (180 EA per 30 days) PA
DEXEDRINE TABS 5MG	4	QL (90 EA per 30 days) PA
dextroamphetamine sulfate er cp24 10mg	2	QL (180 EA per 30 days) PA
dextroamphetamine sulfate er cp24 15mg	2	QL (120 EA per 30 days) PA
dextroamphetamine sulfate er cp24 5mg	2	QL (60 EA per 30 days) PA
dextroamphetamine sulfate soln 5mg/5ml	4	QL (1800 ML per 30 days) PA
dextroamphetamine sulfate tabs 10mg	2	QL (180 EA per 30 days) PA
dextroamphetamine sulfate tabs 5mg	2	QL (90 EA per 30 days) PA
ZENZEDI TABS 10MG	4	QL (180 EA per 30 days) PA
ZENZEDI TABS 15MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 2.5MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 20MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 30MG	4	QL (60 EA per 30 days) PA
ZENZEDI TABS 5MG	4	QL (90 EA per 30 days) PA
ZENZEDI TABS 7.5MG	5	QL (90 EA per 30 days) PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine caps 100mg	2	QL (30 EA per 30 days)
atomoxetine caps 10mg	2	QL (60 EA per 30 days)
atomoxetine caps 18mg	2	QL (30 EA per 30 days)
atomoxetine caps 25mg	2	QL (30 EA per 30 days)
atomoxetine caps 40mg	2	QL (30 EA per 30 days)
atomoxetine caps 60mg	2	QL (30 EA per 30 days)
atomoxetine caps 80mg	2	QL (30 EA per 30 days)
clonidine hcl er tb12 0.1mg	4	
dexmethylphenidate hcl er cp24 10mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl er cp24 15mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl er cp24 20mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl er cp24 25mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl er cp24 30mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl er cp24 35mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl er cp24 40mg	4	QL (30 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl er cp24 5mg	4	QL (30 EA per 30 days) PA
dexmethylphenidate hcl tabs 10mg	2	QL (60 EA per 30 days) PA
dexmethylphenidate hcl tabs 2.5mg	2	QL (60 EA per 30 days) PA
dexmethylphenidate hcl tabs 5mg	2	QL (60 EA per 30 days) PA
guanfacine er tb24 1mg	4	
guanfacine er tb24 2mg	4	
guanfacine er tb24 3mg	4	
guanfacine er tb24 4mg	4	
metadate er tbcr 20mg	4	QL (90 EA per 30 days) PA
methylphenidate hcl cd cpcr 10mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl cd cpcr 20mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl cd cpcr 30mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl cd cpcr 40mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl cd cpcr 50mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl cd cpcr 60mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er (la) cp24 60mg	2	QL (30 EA per 30 days) PA
methylphenidate hcl er cp24 20mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er cp24 30mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er cp24 30mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er cp24 40mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er cpcr 20mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er cpcr 30mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er cpcr 40mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tb24 18mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tb24 27mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tb24 36mg	4	QL (60 EA per 30 days) PA
methylphenidate hcl er tb24 54mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tbcr 10mg	4	QL (180 EA per 30 days) PA
methylphenidate hcl er tbcr 18mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tbcr 20mg	4	QL (90 EA per 30 days) PA
methylphenidate hcl er tbcr 27mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tbcr 27mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tbcr 36mg	4	QL (60 EA per 30 days) PA
methylphenidate hcl er tbcr 36mg	4	QL (60 EA per 30 days) PA
methylphenidate hcl er tbcr 54mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl er tbcr 54mg	4	QL (30 EA per 30 days) PA
methylphenidate hcl sr tbcr 20mg	4	QL (90 EA per 30 days) PA
methylphenidate hcl chew 10mg	2	QL (180 EA per 30 days) PA
methylphenidate hcl chew 2.5mg	2	QL (90 EA per 30 days) PA
methylphenidate hcl chew 5mg	2	QL (90 EA per 30 days) PA
methylphenidate hcl tabs 10mg	2	QL (90 EA per 30 days) PA
methylphenidate hcl tabs 20mg	2	QL (90 EA per 30 days) PA
methylphenidate hcl tabs 5mg	2	QL (90 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride soln 10mg/5ml	4	PA
methylphenidate hydrochloride soln 5mg/5ml	4	PA
RITALIN LA CP24 10MG	4	QL (180 EA per 30 days) PA
Central Nervous System, Other		
AUSTEDO TABS 12MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 9MG	5	QL (120 EA per 30 days) PA
butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg	4	PA
butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg	4	PA
butalbital/acetaminophen tabs 300mg; 50mg	4	PA
butalbital/acetaminophen tabs 325mg; 50mg	4	QL (360 EA per 30 days) PA
butalbital/aspirin/caffeine caps 325mg; 50mg; 40mg	4	PA
caffeine citrate inj 60mg/3ml	4	
caffeine citrate soln 20mg/ml	4	
caffeine citrate soln 60mg/3ml	4	
capacet caps 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
cephadyn tabs 650mg; 50mg	4	PA
clonidine hcl inj 100mcg/ml	4	B/D
clonidine hcl inj 500mcg/ml	4	B/D
esgic caps 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
GRALISE STARTER MISC 0	4	QL (156 EA per 365 days) ST
GRALISE TABS 300MG	4	QL (180 EA per 30 days) ST
GRALISE TABS 600MG	4	QL (90 EA per 30 days) ST
INGREZZA CAPS 40MG	5	QL (60 EA per 30 days) PA
margesic caps 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
marten-tab tabs 325mg; 50mg	4	QL (360 EA per 30 days) PA
NAMZARIC C4PK 10MG; 0	3	QL (56 EA per 365 days)
NUEDEXTA CAPS 20MG; 10MG	4	
RADICAVA INJ 30MG/100ML	5	PA
RADICAVA INJ 30MG/100ML	5	PA
riluzole tabs 50mg	2	PA
tencon tabs 325mg; 50mg	4	QL (360 EA per 30 days) PA
tetrabenazine tabs 12.5mg	5	PA
tetrabenazine tabs 25mg	5	PA
vanatol lq soln 325mg/15ml; 50mg/15ml; 40mg/15ml	5	PA
zebutal caps 325mg; 50mg; 40mg	4	QL (360 EA per 30 days) PA
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC 0	3	QL (110 EA per 365 days)
SAVELLA TABS 100MG	3	QL (60 EA per 30 days)
SAVELLA TABS 12.5MG	3	QL (60 EA per 30 days)
SAVELLA TABS 25MG	3	QL (60 EA per 30 days)
SAVELLA TABS 50MG	3	QL (60 EA per 30 days)

Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AMPYRA TB12 10MG	5	QL (60 EA per 30 days) PA
AUBAGIO TABS 14MG	5	QL (30 EA per 30 days) PA
AUBAGIO TABS 7MG	5	QL (30 EA per 30 days) PA
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) PA
AVONEX INJ 30MCG/VIAL	5	QL (4 EA per 28 days) PA
BETASERON INJ 0.3MG	5	QL (15 EA per 30 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
EXTAVIA INJ 0.3MG	5	QL (15 EA per 30 days) PA
GILENYA CAPS 0.5MG	5	QL (30 EA per 30 days) PA
glatopa inj 20mg/ml	5	QL (30 ML per 30 days) PA
OCREVUS INJ 300MG/10ML	5	QL (40 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY STARTER PACK INJ 0	5	QL (2 ML per 365 days) PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
PLEGRIDY INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA
REBIF REBIDOSE INJ 22MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE INJ 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF TITRATION PACK INJ 0	5	QL (8.4 ML per 365 days) PA
REBIF INJ 22MCG/0.5ML	5	QL (6 ML per 28 days) PA
REBIF INJ 44MCG/0.5ML	5	QL (6 ML per 28 days) PA
TECFIDERA STARTER PACK MISC 0	5	QL (120 EA per 365 days) PA
TECFIDERA CPDR 120MG	5	QL (60 EA per 30 days) PA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA
TYSABRI INJ 300MG/15ML	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
ARESTIN MISC 1MG	5	
cevimeline hcl caps 30mg	4	
chlorhexidine gluconate oral rinse soln 0.12%	1	
chlorhexidine gluconate soln 0.12%	1	
KEPIVANCE INJ 6.25MG	5	
oralone pste 0.1%	2	
paroex soln 0.12%	1	
periogard soln 0.12%	1	
pilocarpine hcl tabs 7.5mg	2	
pilocarpine hydrochloride tabs 5mg	2	
triamcinolone acetonide pste 0.1%	2	
triamcinolone in orabase pste 0.1%	2	
Dermatological Agents		

Name	Drug Tier	Requirements/Limits
Dermatological Agents		
acitretin caps 10mg	4	
acitretin caps 17.5mg	5	
acitretin caps 25mg	4	
adapalene and benzoyl peroxide gel 0.1%; 2.5%	2	
adapalene pump gel 0.3%	2	
adapalene crea 0.1%	2	
adapalene gel 0.1%	2	
adapalene gel 0.3%	2	
adapalene lotn 0.1%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
amnesteem caps 10mg	4	PA
amnesteem caps 20mg	4	PA
amnesteem caps 40mg	4	PA
avita crea 0.025%	4	PA
avita gel 0.025%	4	PA
calcipotriene/betamethasone dipropionate oint 0.064%; 0.005%	4	QL (400 GM per 30 days)
calcipotriene crea 0.005%	4	
calcipotriene oint 0.005%	4	
calcipotriene soln 0.005%	2	
CALCITRIOL OINT 3MCG/GM	4	
claravis caps 10mg	4	PA
claravis caps 20mg	4	PA
claravis caps 30mg	4	PA
claravis caps 40mg	4	PA
clindamycin phosphate/tretinoin gel 1.2%; 0.025%	4	
clindamycin/benzoyl peroxide gel 5%; 1%	4	
clindamycin/benzoyl peroxide gel 5%; 1.2%	4	
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	
clotrimazole/betamethasone dipropionate lotn 0.05%; 1%	2	
CONDYLOX GEL 0.5%	4	
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA
COSENTYX INJ 150MG/ML	5	PA
diclofenac sodium gel 1%	4	QL (1000 GM per 30 days)
diclofenac sodium soln 1.5%	4	PA
doxepin hydrochloride crea 5%	4	
doxycycline cpdr 40mg	4	
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ELIDEL CREA 1%	4	
EPIDUO FORTE GEL 0.3%; 2.5%	4	
EPIDUO GEL 0.1%; 2.5%	4	

Name	Drug Tier	Requirements/Limits
erythromycin/benzoyl peroxide gel 5%; 3%	2	
FINACEA FOAM 15%	3	
FINACEA GEL 15%	3	
fluorouracil crea 0.5%	5	
fluorouracil crea 5%	2	
fluorouracil soln 2%	2	
fluorouracil soln 5%	2	
imiquimod crea 5%	2	
methoxsalen caps 10mg	5	
MIRVASO GEL 0.33%	4	PA
myorisan caps 10mg	4	PA
myorisan caps 20mg	4	PA
myorisan caps 30mg	4	PA
myorisan caps 40mg	4	PA
neuac gel 5%; 1.2%	4	
OXSORALEN LOTN 1%	5	
PENNSAID SOLN 2%	5	PA
PICATO GEL 0.015%	5	
PICATO GEL 0.05%	5	
podofilox soln 0.5%	2	
RECTIV OINT 0.4%	4	
REGRANEX GEL 0.01%	5	PA
SANTYL OINT 250UNIT/GM	4	
selenium sulfide lotn 2.5%	1	
SILIQ INJ 210MG/1.5ML	5	PA
STELARA INJ 130MG/26ML	5	PA
STELARA INJ 45MG/0.5ML	5	PA
STELARA INJ 45MG/0.5ML	5	PA
STELARA INJ 90MG/ML	5	PA
SYNALAR CREAM KIT KIT 0.025%	4	
SYNALAR CREA 0.025%	4	
TACLONEX SUSP 0.064%; 0.005%	5	QL (400 GM per 30 days)
tacrolimus oint 0.03%	4	
tacrolimus oint 0.1%	4	
TALTZ INJ 80MG/ML	5	PA
TALTZ INJ 80MG/ML	5	PA
tazarotene crea 0.1%	2	
TAZORAC CREA 0.05%	4	
TAZORAC GEL 0.05%	4	
TAZORAC GEL 0.1%	4	
TREMFYA INJ 100MG/ML	5	PA
tretinoin microsphere pump gel 0.04%	4	PA
tretinoin microsphere pump gel 0.1%	4	PA

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
tretinoin microsphere gel 0.04%	4	PA
tretinoin microsphere gel 0.1%	4	PA
tretinoin crea 0.025%	4	PA
tretinoin crea 0.05%	4	PA
tretinoin crea 0.1%	4	PA
tretinoin gel 0.01%	4	PA
tretinoin gel 0.025%	4	PA
tretinoin gel 0.05%	4	PA
UVADEX INJ 20MCG/ML	4	
VEREGEN OINT 15%	5	
zenatane caps 10mg	4	PA
zenatane caps 20mg	4	PA
zenatane caps 30mg	4	PA
zenatane caps 40mg	4	PA
ZYCLARA PUMP CREA 2.5%	5	
ZYCLARA PUMP CREA 3.75%	5	
ZYCLARA CREA 3.75%	5	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN 7%/ELECTROLYTES INJ 124MEQ/L; 900MG/100ML; 690MG/100ML; 96MEQ/L; 900MG/100ML; 210MG/100ML; 510MG/100ML; 660MG/100ML; 510MG/100ML; 10MEQ/L; 280MG/100ML; 310MG/100ML; 30MMOLE/L; 65MEQ/L; 610MG/100ML; 300MG/100ML; 65MEQ/L; 370MG/100ML; 120MG/100ML; 44MG/100ML; 560MG/100ML	4	B/D
aminosyn 8.5%/electrolytes inj 142meq/l; 1100mg/100ml; 850mg/100ml; 98meq/l; 1100mg/100ml; 260mg/100ml; 620mg/100ml; 810mg/100ml; 624mg/100ml; 10meq/l; 340mg/100ml; 380mg/100ml; 30meq/l; 65meq/l; 750mg/100ml; 370mg/100ml; 65meq/l; 460mg/100ml; 150mg/100ml; 44mg/100ml; 680mg/100ml	2	B/D
aminosyn ii 8.5%/electrolytes inj 61meq/l; 844mg/100ml; 865mg/100ml; 595mg/100ml; 86meq/l; 627mg/100ml; 425mg/100ml; 255mg/100ml; 561mg/100ml; 850mg/100ml; 893mg/100ml; 10meq/l; 146mg/100ml; 253mg/100ml; 30mmole/l; 66meq/l; 614mg/100ml; 450mg/100ml; 80meq/l; 340mg/100ml; 170mg/100ml; 230mg/100ml; 425mg/100ml	2	B/D

Name	Drug Tier	Requirements/Limits
AMINOSYN M INJ 65MEQ/L; 448MG/100ML; 343MG/100ML; 40MEQ/L; 448MG/100ML; 105MG/100ML; 252MG/100ML; 329MG/100ML; 252MG/100ML; 3MEQ/L; 140MG/100ML; 154MG/100ML; 3.5MMOLE/L; 13MEQ/L; 300MG/100ML; 147MG/100ML; 40MEQ/L; 182MG/100ML; 56MG/100ML; 31MG/100ML; 280MG/100ML	4	B/D
CARBAGLU TABS 200MG	5	
CLINIMIX 2.75%/DEXTROSE 5% INJ 24MEQ/1000ML; 570MG/100ML; 316MG/100ML; 11MEQ/1000ML; 5GM/100ML; 283MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 110MG/100ML; 154MG/100ML; 187MG/100ML; 138MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 20% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 20GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 25% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 25GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 25% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 25GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 2.75%/DEXTROSE 10% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 10GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D

Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 25% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 25GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D

Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 25% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 25GM/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
dextrose 10%/nacl 0.45% inj 10%; 0.45%	2	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
dextrose 10%/nacl 0.2% inj 10%; 0.2%	2	
dextrose 10% inj 10%	1	
dextrose 2.5%/nacl 0.45% inj 2.5%; 0.45%	2	
dextrose 20% inj 20%	1	
dextrose 25% inj 250mg/ml	1	
dextrose 30% inj 30%	1	
dextrose 40% inj 40%	1	
dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	2	
dextrose 5%/nacl 0.2% inj 5%; 0.2%	2	
dextrose 5%/nacl 0.225% inj 5%; 0.225%	2	
dextrose 5%/nacl 0.3% inj 5%; 0.3%	2	
dextrose 5%/nacl 0.33% inj 5%; 0.33%	2	
dextrose 5%/nacl 0.45% inj 5%; 0.45%	2	
dextrose 5%/nacl 0.9% inj 5%; 0.9%	2	
dextrose 5% inj 5%	1	
dextrose 50% inj 50%	1	
dextrose 70% inj 70%	1	
IONOSOL-B/DEXTROSE 5% INJ 49MEQ/L; 5%; 25MEQ/L; 5MEQ/L; 13MEQ/L; 25MEQ/L; 57MEQ/L	4	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
k-sol soln 10%	2	
k-sol soln 20%	2	

Name	Drug Tier	Requirements/Limits
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	2	
kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%	2	
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	2	
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	2	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	2	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	2	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	2	
klor-con 10 tbcr 10meq	2	
klor-con 8 tbcr 8meq	2	
klor-con m10 tbcr 10meq	2	
klor-con m15 tbcr 15meq	2	
klor-con m20 tbcr 20meq	2	
klor-con sprinkle cpcr 10meq	2	
klor-con sprinkle cpcr 8meq	2	
lactated ringers viaflex inj 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
magnesium sulfate in d5w inj 5%; 10gm/500ml	2	
magnesium sulfate in d5w inj 5%; 1gm/100ml	2	
magnesium sulfate inj 20gm/500ml	2	
magnesium sulfate inj 2gm/50ml	2	
magnesium sulfate inj 40gm/1000ml	2	
magnesium sulfate inj 4gm/100ml	2	
magnesium sulfate inj 4gm/50ml	2	
magnesium sulfate inj 50%	2	
magnesium sulfate inj 50%	2	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
NORMOSOL-M IN D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	4	
normosol-r in d5w inj 27meq/l; 98meq/l; 5%; 23meq/l; 3meq/l; 5meq/l; 140meq/l	1	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE A INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-148 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
PLASMA-LYTE-56/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	4	
potassium acetate inj 2meq/ml	2	
potassium chloride 0.15% d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	2	

Name	Drug Tier	Requirements/Limits
potassium chloride 0.22% d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%	2	
potassium chloride 0.224%/d5w/nacl 0.45% inj 5%; 30meq/l; 0.45%	2	
potassium chloride cr tbcr 10meq	2	
potassium chloride cr tbcr 10meq	2	
potassium chloride cr tbcr 20meq	2	
potassium chloride er cpcr 10meq	2	
potassium chloride er cpcr 8meq	2	
potassium chloride er tbcr 10meq	2	
potassium chloride er tbcr 10meq	2	
potassium chloride er tbcr 20meq	2	
potassium chloride er tbcr 20meq	2	
potassium chloride er tbcr 8meq	2	
potassium chloride sr tbcr 8meq	2	
potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l	2	
potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 44meq/l; 130meq/l	2	
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.33%	2	
potassium chloride/dextrose inj 5%; 20meq/l	2	
potassium chloride/dextrose inj 5%; 40meq/l	2	
potassium chloride/sodium chloride inj 20meq/l; 0.45%	2	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	2	
potassium chloride/sodium chloride inj 40meq/l; 0.9%	2	
potassium chloride inj 10meq/100ml	1	
potassium chloride inj 10meq/50ml	1	
potassium chloride inj 20meq/100ml	1	
potassium chloride inj 20meq/50ml	1	
potassium chloride inj 2meq/ml	1	
potassium chloride inj 40meq/100ml	1	
potassium chloride pack 20meq	2	
potassium chloride soln 10%	2	
potassium chloride soln 20%	2	
potassium citrate er tbcr 1080mg	2	
potassium citrate er tbcr 15meq	2	
potassium citrate er tbcr 540mg	2	

Name	Drug Tier	Requirements/Limits
PROCALAMINE INJ 47MEQ/L; 210MG/100ML; 290MG/100ML; 3MEQ/L; 41MEQ/L; 20MG/100ML; 420MG/100ML; 85MG/100ML; 210MG/100ML; 270MG/100ML; 220MG/100ML; 5MEQ/L; 160MG/100ML; 170MG/100ML; 7MMOLE/L; 24MEQ/L; 340MG/100ML; 180MG/100ML; 35MEQ/L; 120MG/100ML; 46MG/100ML; 200MG/100ML	4	B/D
ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	2	
sodium acetate inj 2meq/ml	2	
sodium chloride 0.45% inj 0.45%	1	
sodium chloride inj 0.9%	1	
sodium chloride inj 0.9%	1	
sodium chloride inj 2.5meq/ml	1	
sodium chloride inj 3%	1	
sodium chloride inj 5%	1	
sodium fluoride tabs 1mg	2	
sodium lactate inj 5meq/ml	2	
sodium phosphate inj 142mg/ml; 276mg/ml	1	
tpn electrolytes inj 29.5meq/20ml; 4.5meq/20ml; 35meq/20ml; 5meq/20ml; 20meq/20ml; 35meq/20ml	2	
Electrolyte/Mineral/Metal Modifiers		
DEPEN TITRATABS TABS 250MG	5	
EXJADE TBSO 125MG	5	PA
EXJADE TBSO 250MG	5	PA
EXJADE TBSO 500MG	5	PA
FERRIPROX SOLN 100MG/ML	5	PA
FERRIPROX TABS 500MG	5	PA
JADENU SPRINKLE PACK 180MG	5	PA
JADENU SPRINKLE PACK 360MG	5	PA
JADENU SPRINKLE PACK 90MG	5	PA
JADENU TABS 180MG	5	PA
JADENU TABS 360MG	5	PA
JADENU TABS 90MG	5	PA
kionex powd 0	2	
kionex susp 15gm/60ml	2	
SAMSCA TABS 15MG	5	QL (30 EA per 60 days)
SAMSCA TABS 30MG	5	QL (60 EA per 30 days)
sodium polystyrene sulfonate powd 0	2	
sodium polystyrene sulfonate susp 15gm/60ml	2	
sodium polystyrene sulfonate susp 30gm/120ml	2	
sodium polystyrene sulfonate susp 50gm/200ml	2	
sps susp 15gm/60ml	2	
SYPRINE CAPS 250MG	5	

Name	Drug Tier	Requirements/Limits
Phosphate Binders		
AURYXIA TABS 210MG	5	
calcium acetate caps 667mg	2	
calcium acetate tabs 667mg	2	
FOSRENOL CHEW 1000MG	5	
FOSRENOL CHEW 500MG	5	
FOSRENOL CHEW 750MG	5	
FOSRENOL PACK 1000MG	5	
FOSRENOL PACK 750MG	5	
RENAGEL TABS 400MG	3	
RENAGEL TABS 800MG	5	
RENVELA PACK 0.8GM	5	
RENVELA PACK 2.4GM	5	
RENVELA TABS 800MG	5	
sevelamer carbonate pack 0.8gm	5	
sevelamer carbonate pack 2.4gm	5	
sevelamer carbonate tabs 800mg	5	
VELPHORO CHEW 500MG	5	
Vitamins		
RAYALDEE CPCR 30MCG	5	ST
vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2.2mg; 6mg; 30unit; 2500unit; 20mg	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
CUVPOSA SOLN 1MG/5ML	4	
dicyclomine hcl caps 10mg	1	PA
dicyclomine hcl inj 10mg/ml	2	PA
dicyclomine hcl soln 10mg/5ml	2	PA
dicyclomine hcl tabs 20mg	1	PA
glycopyrrolate inj 0.2mg/ml	4	
glycopyrrolate inj 0.4mg/2ml	4	
glycopyrrolate inj 0.4mg/2ml	4	
glycopyrrolate inj 1mg/5ml	4	
glycopyrrolate inj 1mg/5ml	4	
glycopyrrolate inj 4mg/20ml	4	
glycopyrrolate tabs 1mg	2	
glycopyrrolate tabs 2mg	2	
methscopolamine bromide tabs 2.5mg	4	
methscopolamine bromide tabs 5mg	4	
propantheline bromide tabs 15mg	4	PA
Gastrointestinal Agents, Other		
CHENODAL TABS 250MG	5	

Name	Drug Tier	Requirements/Limits
CHOLBAM CAPS 250MG	5	PA
CHOLBAM CAPS 50MG	5	PA
cromolyn sodium conc 100mg/5ml	4	
diphenatol tabs 0.025mg; 2.5mg	4	PA
diphenoxylate/atropine liqd 0.025mg/5ml; 2.5mg/5ml	4	PA
diphenoxylate/atropine tabs 0.025mg; 2.5mg	4	PA
GATTEX INJ 5MG	5	PA
lansoprazole/amoxicillin/clarithromycin misc 500mg; 500mg; 30mg	4	
loperamide hcl caps 2mg	2	
metoclopramide hcl inj 5mg/ml	2	
metoclopramide hcl soln 5mg/5ml	1	
metoclopramide hcl tabs 10mg	1	
metoclopramide hcl tabs 5mg	1	
metoclopramide odt tbdp 10mg	4	
metoclopramide odt tbdp 5mg	4	
OCALIVA TABS 10MG	5	QL (30 EA per 30 days) PA
OCALIVA TABS 5MG	5	QL (30 EA per 30 days) PA
opium tincture tinc 1%	4	
opium tinc 1%	4	
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
RELISTOR INJ 12MG/0.6ML	5	QL (18 ML per 30 days) PA
RELISTOR INJ 8MG/0.4ML	5	QL (12 ML per 30 days) PA
RELISTOR TABS 150MG	5	QL (90 EA per 30 days) PA
ursodiol tabs 250mg	2	
ursodiol tabs 500mg	2	
XERMELO TABS 250MG	5	QL (90 EA per 30 days) PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl soln 300mg/5ml	2	
cimetidine tabs 200mg	2	
cimetidine tabs 300mg	2	
cimetidine tabs 400mg	2	
cimetidine tabs 800mg	2	
famotidine premixed inj 0.4mg/ml; 0.9%	1	
famotidine inj 200mg/20ml	2	
famotidine inj 20mg/2ml	2	
famotidine inj 40mg/4ml	2	
famotidine inj 500mg/50ml	2	
famotidine susr 40mg/5ml	2	
famotidine tabs 20mg	1	
famotidine tabs 40mg	1	
nizatidine caps 150mg	1	
nizatidine caps 300mg	1	

Name	Drug Tier	Requirements/Limits
nizatidine soln 15mg/ml	4	
ranitidine hcl caps 150mg	2	
ranitidine hcl caps 300mg	2	
ranitidine hcl inj 150mg/6ml	2	
ranitidine hcl inj 50mg/2ml	2	
ranitidine hcl syrp 75mg/5ml	1	
ranitidine hcl tabs 150mg	1	
ranitidine hcl tabs 300mg	1	
Irritable Bowel Syndrome Agents		
alosetron hydrochloride tabs 0.5mg	5	PA
alosetron hydrochloride tabs 1mg	5	PA
AMITIZA CAPS 24MCG	3	QL (60 EA per 30 days)
AMITIZA CAPS 8MCG	3	QL (60 EA per 30 days)
LINZESS CAPS 145MCG	3	QL (30 EA per 30 days)
LINZESS CAPS 290MCG	3	QL (30 EA per 30 days)
LINZESS CAPS 72MCG	3	QL (30 EA per 30 days)
Laxatives		
constulose soln 10gm/15ml	2	
enulose soln 10gm/15ml	1	
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
gavilyte-h kit 5mg; 210gm; 0.74gm; 2.86gm; 5.6gm	2	
gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
generlac soln 10gm/15ml	1	
KRISTALOSE PACK 10GM	4	
KRISTALOSE PACK 20GM	4	
lactulose soln 10gm/15ml	2	
lactulose soln 10gm/15ml	1	
MOVIPREP SOLR 4.7GM; 100GM; 1.015GM; 5.9GM; 2.691GM; 7.5GM	3	
peg 3350/electrolytes solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
polyethylene glycol 3350 pack 0	2	
polyethylene glycol 3350 powd 0	2	
SUPREP BOWEL PREP KIT SOLN 1.6GM/180ML; 3.13GM/180ML; 17.5GM/180ML	3	
trilyte solr 420gm; 1.48gm; 5.72gm; 11.2gm	2	
Protectants		
CARAFATE SUSP 1GM/10ML	4	

Name	Drug Tier	Requirements/Limits
misoprostol tabs 100mcg	2	
misoprostol tabs 200mcg	2	
SUCRALFATE SUSP 1GM/10ML	4	
sucralfate tabs 1gm	2	
Proton Pump Inhibitors		
DEXILANT CPDR 30MG	4	QL (30 EA per 30 days)
DEXILANT CPDR 60MG	4	QL (30 EA per 30 days)
esomeprazole magnesium cpdr 20mg	4	QL (30 EA per 30 days)
esomeprazole magnesium cpdr 40mg	4	QL (30 EA per 30 days)
esomeprazole sodium inj 20mg	4	
esomeprazole sodium inj 40mg	4	
lansoprazole cpdr 15mg	2	QL (30 EA per 30 days)
lansoprazole cpdr 30mg	2	QL (30 EA per 30 days)
omeprazole/sodium bicarbonate caps 20mg; 1100mg	5	QL (30 EA per 30 days)
omeprazole/sodium bicarbonate caps 40mg; 1100mg	5	QL (30 EA per 30 days)
omeprazole/sodium bicarbonate pack 20mg; 1680mg	5	QL (60 EA per 30 days)
omeprazole/sodium bicarbonate pack 40mg; 1680mg	5	QL (60 EA per 30 days)
omeprazole cpdr 10mg	1	QL (30 EA per 30 days)
omeprazole cpdr 20mg	1	QL (30 EA per 30 days)
omeprazole cpdr 40mg	1	QL (30 EA per 30 days)
pantoprazole sodium inj 40mg	2	
pantoprazole sodium tbec 20mg	1	QL (30 EA per 30 days)
pantoprazole sodium tbec 40mg	1	QL (30 EA per 30 days)
rabeprazole sodium tbec 20mg	2	QL (30 EA per 30 days)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN INJ 250UNIT/ML	5	PA
ALDURAZYME INJ 2.9MG/5ML	5	PA
BUPHENYL TABS 500MG	5	
CERDELGA CAPS 84MG	5	PA
CEREZYME INJ 400UNIT	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	5	
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTADANE POWD 0	5	
CYSTAGON CAPS 150MG	4	
CYSTAGON CAPS 50MG	4	
ELAPRASE INJ 6MG/3ML	5	PA
EXONDYS 51 INJ 100MG/2ML	5	PA
EXONDYS 51 INJ 500MG/10ML	5	PA
FABRAZYME INJ 35MG	5	PA

Name	Drug Tier	Requirements/Limits
FABRAZYME INJ 5MG	5	PA
KANUMA INJ 20MG/10ML	5	PA
KUVAN PACK 100MG	5	PA
KUVAN PACK 500MG	5	PA
KUVAN TBSO 100MG	5	PA
LUMIZYME INJ 50MG	5	PA
MYOZYME INJ 50MG	5	PA
NAGLAZYME INJ 1MG/ML	5	PA
NITYR TABS 10MG	5	
NITYR TABS 2MG	5	
NITYR TABS 5MG	5	
ORFADIN CAPS 10MG	5	
ORFADIN CAPS 2MG	5	
ORFADIN CAPS 5MG	5	
ORFADIN SUSP 4MG/ML	5	
PROCYSBI CPDR 25MG	5	PA
PROCYSBI CPDR 75MG	5	PA
RAVICTI LIQD 1.1GM/ML	5	PA
sodium phenylbutyrate powd 3gm/tsp	5	
STRENSIQ INJ 18MG/0.45ML	5	PA
STRENSIQ INJ 28MG/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80MG/0.8ML	5	PA
SUCRAID SOLN 8500UNIT/ML	5	
VIMIZIM INJ 5MG/5ML	5	PA
VPRIV INJ 400UNIT	5	PA
XIAFLEX INJ 0.9MG	5	PA
XURIDEN PACK 2GM	5	QL (120 EA per 30 days) PA
XURIDEN PACK 2GM	5	QL (120 EA per 30 days) PA
ZAVESCA CAPS 100MG	5	PA
ZENPEP CPEP 109000UNIT; 20000UNIT; 68000UNIT	3	
ZENPEP CPEP 136000UNIT; 25000UNIT; 85000UNIT	3	
ZENPEP CPEP 16000UNIT; 3000UNIT; 10000UNIT	3	
ZENPEP CPEP 218000UNIT; 40000UNIT; 136000UNIT	5	
ZENPEP CPEP 27000UNIT; 5000UNIT; 17000UNIT	3	
ZENPEP CPEP 55000UNIT; 10000UNIT; 34000UNIT	3	
ZENPEP CPEP 82000UNIT; 15000UNIT; 51000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er tb24 15mg	4	
darifenacin hydrobromide er tb24 7.5mg	4	
flavoxate hcl tabs 100mg	2	
GELNIQUE GEL 10%	4	

Name	Drug Tier	Requirements/Limits
MYRBETRIQ TB24 25MG	3	
MYRBETRIQ TB24 50MG	3	
oxybutynin chloride er tb24 10mg	2	
oxybutynin chloride er tb24 15mg	2	
oxybutynin chloride er tb24 5mg	2	
oxybutynin chloride syrp 5mg/5ml	1	
oxybutynin chloride tabs 5mg	2	
tolterodine tartrate er cp24 2mg	2	
tolterodine tartrate er cp24 4mg	2	
tolterodine tartrate tabs 1mg	2	
tolterodine tartrate tabs 2mg	2	
TOVIAZ TB24 4MG	3	
TOVIAZ TB24 8MG	3	
trospium chloride er cp24 60mg	2	
trospium chloride tabs 20mg	2	
VESICARE TABS 10MG	3	
VESICARE TABS 5MG	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er tb24 10mg	1	
CARDURA XL TB24 4MG	4	
CARDURA XL TB24 8MG	4	
CIALIS TABS 2.5MG	4	QL (30 EA per 30 days) PA
CIALIS TABS 5MG	4	QL (30 EA per 30 days) PA
doxazosin mesylate tabs 1mg	2	
doxazosin mesylate tabs 2mg	2	
doxazosin mesylate tabs 8mg	2	
doxazosin tabs 4mg	2	
dutasteride/tamsulosin hydrochloride caps 0.5mg; 0.4mg	4	
dutasteride caps 0.5mg	4	
finasteride tabs 5mg	1	
RAPAFLO CAPS 4MG	3	
RAPAFLO CAPS 8MG	3	
tamsulosin hcl caps 0.4mg	2	
terazosin hcl caps 10mg	1	
terazosin hcl caps 1mg	1	
terazosin hcl caps 2mg	1	
terazosin hcl caps 5mg	1	
Genitourinary Agents, Other		
acetic acid 0.25% soln 0.25%	1	
bethanechol chloride tabs 10mg	2	
bethanechol chloride tabs 25mg	2	
bethanechol chloride tabs 50mg	2	
bethanechol chloride tabs 5mg	2	

Name	Drug Tier	Requirements/Limits
ELMIRON CAPS 100MG	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
A-HYDROCORT INJ 100MG	4	
ala-cort crea 2.5%	1	
alclometasone dipropionate crea 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
alphatrex gel 0.05%	2	
amcinonide crea 0.1%	4	
amcinonide lotn 0.1%	4	
amcinonide oint 0.1%	4	
apexicon e crea 0.05%	5	
ARISTOSPAN INTRA-ARTICULAR INJ 20MG/ML	4	
augmented betamethasone dipropionate crea 0.05%	2	
augmented betamethasone dipropionate gel 0.05%	2	
augmented betamethasone dipropionate lotn 0.05%	2	
augmented betamethasone dipropionate oint 0.05%	2	
baycadron elix 0.5mg/5ml	2	
betamethasone dipropionate crea 0.05%	2	
betamethasone dipropionate lotn 0.05%	2	
betamethasone dipropionate oint 0.05%	2	
betamethasone sodium phosphate/betamethasone acetate inj 3mg/ml; 3mg/ml	2	
betamethasone valerate crea 0.1%	2	
betamethasone valerate foam 0.12%	4	
betamethasone valerate lotn 0.1%	2	
betamethasone valerate oint 0.1%	2	
CAPEX SHAM 0.01%	4	
clobetasol propionate e crea 0.05%	4	
clobetasol propionate emollient foam 0.05%	4	
clobetasol propionate crea 0.05%	4	
clobetasol propionate foam 0.05%	4	
clobetasol propionate foam 0.05%	4	
clobetasol propionate gel 0.05%	4	
clobetasol propionate liqd 0.05%	4	
clobetasol propionate lotn 0.05%	4	
clobetasol propionate oint 0.05%	4	
clobetasol propionate sham 0.05%	4	
clobetasol propionate soln 0.05%	4	
clocortolone pivalate pump crea 0.1%	4	
clocortolone pivalate crea 0.1%	4	
clodan sham 0.05%	4	
colocort enem 100mg/60ml	2	

Name	Drug Tier	Requirements/Limits
CORDRAN TAPE TAPE 4MCG/SQCM	4	
CORDRAN TAPE 4MCG/SQCM	4	
cormax scalp application soln 0.05%	4	
CORTIFOAM FOAM 10%	4	
cortisone acetate tabs 25mg	2	
deltasone tabs 20mg	1	
DEPO-MEDROL INJ 20MG/ML	4	
DESONATE GEL 0.05%	4	
desonide crea 0.05%	2	
desonide lotn 0.05%	2	
desonide oint 0.05%	2	
desoximetasone crea 0.05%	4	
desoximetasone crea 0.25%	4	
desoximetasone gel 0.05%	4	
DESOXIMETASONE OINT 0.05%	4	
desoximetasone oint 0.25%	4	
dexamethasone intensol conc 1mg/ml	2	
dexamethasone sodium phosphate inj 100mg/10ml	1	
dexamethasone sodium phosphate inj 10mg/ml	1	
dexamethasone sodium phosphate inj 10mg/ml	1	
dexamethasone sodium phosphate inj 120mg/30ml	1	
dexamethasone sodium phosphate inj 20mg/5ml	1	
dexamethasone sodium phosphate inj 20mg/5ml	1	
dexamethasone sodium phosphate inj 4mg/ml	1	
dexamethasone elix 0.5mg/5ml	2	
dexamethasone soln 0.5mg/5ml	1	
dexamethasone tabs 0.5mg	1	
dexamethasone tabs 0.75mg	1	
dexamethasone tabs 1.5mg	1	
dexamethasone tabs 1mg	1	
dexamethasone tabs 2mg	1	
dexamethasone tabs 4mg	1	
dexamethasone tabs 6mg	1	
diflorasone diacetate crea 0.05%	4	
diflorasone diacetate oint 0.05%	4	
EMFLAZA SUSP 22.75MG/ML	5	PA
EMFLAZA TABS 18MG	5	PA
EMFLAZA TABS 30MG	5	PA
EMFLAZA TABS 36MG	5	PA
EMFLAZA TABS 6MG	5	PA
fludrocortisone acetate tabs 0.1mg	2	
fluocinolone acetonide body oil 0.01%	2	
fluocinolone acetonide scalp oil 0.01%	2	

Name	Drug Tier	Requirements/Limits
fluocinolone acetonide crea 0.01%	2	
fluocinolone acetonide crea 0.025%	2	
fluocinolone acetonide oint 0.025%	2	
fluocinolone acetonide soln 0.01%	2	
fluocinonide emulsified base crea 0.05%	2	
fluocinonide crea 0.05%	2	
fluocinonide crea 0.1%	5	
fluocinonide gel 0.05%	2	
fluocinonide oint 0.05%	2	
fluocinonide soln 0.05%	2	
flurandrenolide crea 0.05%	4	
flurandrenolide oint 0.05%	4	
fluticasone propionate crea 0.05%	2	
fluticasone propionate lotn 0.05%	2	
fluticasone propionate oint 0.005%	2	
halobetasol propionate crea 0.05%	2	
halobetasol propionate oint 0.05%	2	
hydrocortisone butyrate (lipophilic) crea 0.1%	2	
hydrocortisone butyrate crea 0.1%	2	
hydrocortisone butyrate oint 0.1%	2	
hydrocortisone butyrate soln 0.1%	2	
hydrocortisone valerate crea 0.2%	2	
hydrocortisone valerate oint 0.2%	2	
hydrocortisone crea 2.5%	1	
hydrocortisone crea 1%	2	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	2	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone tabs 10mg	2	
hydrocortisone tabs 20mg	2	
hydrocortisone tabs 5mg	2	
KENALOG-10 INJ 10MG/ML	4	
KENALOG-40 INJ 40MG/ML	4	
lokara lotn 0.05%	2	
MEDROL TABS 2MG	4	
methylprednisolone acetate inj 40mg/ml	2	
methylprednisolone acetate inj 80mg/ml	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone sodiumsuccinate inj 1000mg	2	
methylprednisolone sodiumsuccinate inj 125mg	2	
methylprednisolone sodiumsuccinate inj 40mg	2	
methylprednisolone tabs 16mg	2	

Name	Drug Tier	Requirements/Limits
methylprednisolone tabs 32mg	2	
methylprednisolone tabs 4mg	2	
methylprednisolone tabs 8mg	2	
MILLIPRED DP TBPK 5MG	4	
MILLIPRED TABS 5MG	4	
mometasone furoate crea 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate soln 0.1%	1	
PANDEL CREA 0.1%	5	
prednicarbate crea 0.1%	2	
prednicarbate oint 0.1%	2	
prednisolone sodium phosphate soln 10mg/5ml	2	
prednisolone sodium phosphate soln 15mg/5ml	2	
prednisolone sodium phosphate soln 20mg/5ml	2	
prednisolone sodium phosphate soln 25mg/5ml	2	
prednisolone sodium phosphate soln 5mg/5ml	2	
prednisolone soln 15mg/5ml	1	
prednisolone syrp 15mg/5ml	1	
prednisone intensol conc 5mg/ml	2	
prednisone soln 5mg/5ml	2	
prednisone tabs 10mg	1	
prednisone tabs 1mg	1	
prednisone tabs 2.5mg	1	
prednisone tabs 20mg	1	
prednisone tabs 50mg	1	
prednisone tabs 5mg	1	
prednisone tbpk 10mg	2	
prednisone tbpk 10mg	2	
prednisone tbpk 5mg	2	
prednisone tbpk 5mg	2	
procto-med hc crea 2.5%	2	
procto-pak crea 1%	2	
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
RAYOS TBEC 1MG	5	
RAYOS TBEC 2MG	5	
RAYOS TBEC 5MG	5	
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
SOLU-CORTEF INJ 500MG	4	
SOLU-MEDROL INJ 2GM	4	
SYNALAR OINTMENT KIT KIT 0.025%	4	

Name	Drug Tier	Requirements/Limits
triamcinolone acetonide aers 0.147mg/gm	4	
triamcinolone acetonide crea 0.025%	1	
triamcinolone acetonide crea 0.1%	1	
triamcinolone acetonide crea 0.5%	1	
triamcinolone acetonide lotn 0.025%	1	
triamcinolone acetonide lotn 0.1%	1	
triamcinolone acetonide oint 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triderm crea 0.1%	1	
UCERIS FOAM 2MG/ACT	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN INJ 10000UNIT	4	PA
desmopressin acetate inj 4mcg/ml	4	
desmopressin acetate soln 0.01%	2	
desmopressin acetate soln 0.01%	2	
desmopressin acetate soln 0.01%	2	
desmopressin acetate tabs 0.1mg	2	
desmopressin acetate tabs 0.2mg	2	
EGRIFTA INJ 1MG	5	QL (60 EA per 30 days) PA
EGRIFTA INJ 2MG	5	QL (30 EA per 30 days) PA
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA
GENOTROPIN MINIQUICK INJ 1MG	5	PA
GENOTROPIN MINIQUICK INJ 2MG	5	PA
GENOTROPIN INJ 12MG	5	PA
GENOTROPIN INJ 5MG	5	PA
H.P. ACTHAR INJ 80UNIT/ML	5	PA
HUMATROPE COMBO PACK INJ 5MG	5	PA
HUMATROPE INJ 12MG	5	PA
HUMATROPE INJ 24MG	5	PA
HUMATROPE INJ 6MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	5	PA
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	5	PA
NORDITROPIN FLEXPRO INJ 30MG/3ML	5	PA

Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	5	PA
NORDITROPIN NORDIFLEX PEN INJ 30MG/3ML	5	PA
NOVAREL INJ 10000UNIT	4	PA
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA
NUTROPIN AQ PEN INJ 10MG/2ML	5	PA
NUTROPIN AQ PEN INJ 20MG/2ML	5	PA
OMNITROPE INJ 10MG/1.5ML	5	PA
OMNITROPE INJ 5MG/1.5ML	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL INJ 10000UNIT	4	PA
SAIZEN CLICK.EASY INJ 8.8MG	5	PA
SAIZEN INJ 5MG	5	PA
SAIZEN INJ 8.8MG	5	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
STIMATE SOLN 1.5MG/ML	5	
ZORBTIVE INJ 8.8MG	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM TABS 300MG	5	QL (120 EA per 30 days) PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Anabolic Steroids		
ANADROL-50 TABS 50MG	5	PA
oxandrolone tabs 10mg	4	QL (60 EA per 30 days) PA
oxandrolone tabs 2.5mg	4	QL (240 EA per 30 days) PA
Androgens		
ANDRODERM PT24 2MG/24HR	3	PA
ANDRODERM PT24 4MG/24HR	3	PA
ANDROGEL PUMP GEL 1.62%	3	PA
ANDROGEL GEL 20.25MG/1.25GM	3	PA
ANDROGEL GEL 40.5MG/2.5GM	3	PA
ANDROXY TABS 10MG	4	PA
danazol caps 100mg	2	
danazol caps 200mg	2	
danazol caps 50mg	2	
methitest tabs 10mg	4	PA
methyltestosterone caps 10mg	5	PA

Name	Drug Tier	Requirements/Limits
STRIANT MISC 30MG	4	PA
testosterone cypionate inj 100mg/ml	2	PA
testosterone cypionate inj 200mg/ml	2	PA
testosterone enanthate inj 200mg/ml	2	PA
Estrogens		
altavera tabs 0.03mg; 0.15mg	2	
alyacen 1/35 tabs 35mcg; 1mg	2	
alyacen 7/7/7 tabs 0; 0	2	
amabelz tabs 0.5mg; 0.1mg	4	PA
amabelz tabs 1mg; 0.5mg	4	PA
amethia lo tabs 0; 0	2	QL (91 EA per 91 days)
amethia tabs 0; 0	2	QL (91 EA per 91 days)
amethyst tabs 20mcg; 90mcg	2	
apri tabs 0.15mg; 30mcg	2	
aranelle tabs 0; 0	2	
ashlyna tabs 0; 0	2	QL (91 EA per 91 days)
aubra tabs 20mcg; 0.1mg	2	
aviane tabs 20mcg; 0.1mg	2	
azurette tabs 0; 0	2	
balziva tabs 35mcg; 0.4mg	2	
bekyree tabs 0; 0	2	
blisovi 24 fe tabs 20mcg; 75mg; 1mg	2	
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
blisovi fe 1/20 tabs 20mcg; 75mg; 1mg	2	
briellyn tabs 35mcg; 0.4mg	2	
camrese lo tabs 0; 0	2	QL (91 EA per 91 days)
camrese tabs 0; 0	2	QL (91 EA per 91 days)
caziant tabs 0; 0	2	
chateal tabs 0.03mg; 0.15mg	2	
CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY	4	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.14MG/DAY	4	PA
COMBIPATCH PTTW 0.05MG/DAY; 0.25MG/DAY	4	PA
cryselle-28 tabs 30mcg; 0.3mg	2	
cyclafem 1/35 tabs 35mcg; 1mg	2	
cyclafem 7/7/7 tabs 0; 0	2	
cyred tabs 0.15mg; 30mcg	2	
dasetta 1/35 tabs 35mcg; 1mg	2	
dasetta 7/7/7 tabs 0; 0	2	
daysee tabs 0; 0	2	QL (91 EA per 91 days)
delyla tabs 20mcg; 0.1mg	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
desogestrel/ethinyl estradiol tabs 0.15mg; 30mcg	2	
desogestrel/ethinyl estradiol tabs 0; 0	2	

Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.5MG/0.5GM	4	PA
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg	2	
drospirenone/ethinyl estradiol tabs 3mg; 0.02mg	2	
drospirenone/ethinyl estradiol tabs 3mg; 0.03mg	2	
ELESTRIN GEL 0.06%	4	PA
elinest tabs 30mcg; 0.3mg	2	
emoquette tabs 0.15mg; 30mcg	2	
enpresse-28 tabs 0; 0	2	
enskyce tabs 0.15mg; 30mcg	2	
estarylla tabs 35mcg; 0.25mg	2	
ESTRACE CREA 0.1MG/GM	4	
estradiol valerate inj 10mg/ml	2	
estradiol valerate inj 20mg/ml	2	
estradiol valerate inj 40mg/ml	2	
estradiol/norethindrone acetate tabs 0.5mg; 0.1mg	4	PA
estradiol/norethindrone acetate tabs 1mg; 0.5mg	4	PA
estradiol pttw 0.025mg/24hr	4	PA
estradiol pttw 0.0375mg/24hr	4	PA
estradiol pttw 0.05mg/24hr	4	PA
estradiol pttw 0.075mg/24hr	4	PA
estradiol pttw 0.1mg/24hr	4	PA
estradiol ptwk 0.025mg/24hr	4	PA
estradiol ptwk 0.05mg/24hr	4	PA
estradiol ptwk 0.06mg/24hr	4	PA
estradiol ptwk 0.075mg/24hr	4	PA
estradiol ptwk 0.1mg/24hr	4	PA
estradiol ptwk 37.5mcg/24hr	4	PA
estradiol tabs 0.5mg	4	PA
estradiol tabs 1mg	4	PA
estradiol tabs 2mg	4	PA
estradiol tabs 10mcg	4	
ESTRING RING 2MG	4	QL (1 EA per 90 days)
estropipate tabs 0.75mg	4	PA
estropipate tabs 1.5mg	4	PA
estropipate tabs 3mg	4	PA
ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg	2	
falmina tabs 20mcg; 0.1mg	2	
fayosim tabs 0; 0	2	QL (91 EA per 91 days)
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days)
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days)
femynor tabs 35mcg; 0.25mg	2	
FYAVOLV TABS 2.5MCG; 0.5MG	4	PA

Name	Drug Tier	Requirements/Limits
FYAVOLV TABS 5MCG; 1MG	4	PA
gianvi tabs 3mg; 0.02mg	2	
gildagia tabs 35mcg; 0.4mg	2	
gildess 1.5/30 tabs 30mcg; 1.5mg	2	
gildess 1/20 tabs 20mcg; 1mg	2	
gildess 24 fe tabs 20mcg; 75mg; 1mg	2	
gildess fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
gildess fe 1/20 tabs 20mcg; 75mg; 1mg	2	
introvale tabs 0.03mg; 0.15mg	2	QL (91 EA per 91 days)
JEVANTIQUE LO TABS 2.5MCG; 0.5MG	4	PA
jinteli tabs 5mcg; 1mg	4	PA
jolessa tabs 0.03mg; 0.15mg	2	QL (91 EA per 91 days)
juleber tabs 0.15mg; 30mcg	2	
junel 1.5/30 tabs 30mcg; 1.5mg	2	
junel 1/20 tabs 20mcg; 1mg	2	
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
junel fe 1/20 tabs 20mcg; 75mg; 1mg	2	
junel fe 24 tabs 20mcg; 75mg; 1mg	2	
kaitlib fe chew 25mcg; 75mg; 0.8mg	2	
kariva tabs 0; 0	2	
kelnor 1/35 tabs 35mcg; 1mg	2	
kimidess tabs 0; 0	2	
kurvelo tabs 0.03mg; 0.15mg	2	
larin 1.5/30 tabs 30mcg; 1.5mg	2	
larin 1/20 tabs 20mcg; 1mg	2	
larin 24 fe tabs 20mcg; 75mg; 1mg	2	
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
larin fe 1/20 tabs 20mcg; 75mg; 1mg	2	
larissia tabs 20mcg; 0.1mg	2	
layolis fe chew 25mcg; 75mg; 0.8mg	2	
leena tabs 0; 0	2	
lessina tabs 20mcg; 0.1mg	2	
levonest tabs 0; 0	2	
levonorgestrel and ethinyl estradiol tabs 0; 0	2	QL (91 EA per 91 days)
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	2	
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	2	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	2	
levonorgestrel/ethinyl estradiol tabs 0; 0	2	QL (91 EA per 91 days)
levonorgestrel/ethinyl estradiol tabs 0; 0	2	
levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg	2	
levora 0.15/30-28 tabs 0.03mg; 0.15mg	2	
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	
lomedia 24 fe tabs 20mcg; 75mg; 1mg	2	

Name	Drug Tier	Requirements/Limits
lopreeza tabs 0.5mg; 0.1mg	4	PA
lopreeza tabs 1mg; 0.5mg	4	PA
loryna tabs 3mg; 0.02mg	2	
low-ogestrel tabs 30mcg; 0.3mg	2	
lutera tabs 20mcg; 0.1mg	2	
marlissa tabs 0.03mg; 0.15mg	2	
MENEST TABS 0.3MG	4	PA
MENEST TABS 0.625MG	4	PA
MENEST TABS 1.25MG	4	PA
MENEST TABS 2.5MG	4	PA
mibelas 24 fe chew 20mcg; 75mg; 1mg	2	
microgestin 1.5/30 tabs 30mcg; 1.5mg	2	
microgestin 1/20 tabs 20mcg; 1mg	2	
microgestin 24 fe tabs 20mcg; 75mg; 1mg	2	
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	2	
microgestin fe tabs 20mcg; 75mg; 1mg	2	
mimvey lo tabs 0.5mg; 0.1mg	4	PA
mimvey tabs 1mg; 0.5mg	4	PA
mono-linyah tabs 35mcg; 0.25mg	2	
mononessa tabs 35mcg; 0.25mg	2	
myzilra tabs 0; 0	2	
necon 0.5/35-28 tabs 35mcg; 0.5mg	2	
necon 1/35 tabs 35mcg; 1mg	2	
necon 1/50-28 tabs 50mcg; 1mg	2	
necon 10/11-28 tabs 35mcg; 0	2	
necon 7/7/7 tabs 0; 0	2	
nikki tabs 3mg; 0.02mg	2	
norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	2	
norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg	2	
norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg	4	PA
norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg	2	
norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg	4	PA
norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg	2	
norgestimate/ethinyl estradiol tabs 0; 0	2	
norgestimate/ethinyl estradiol tabs 0; 0	2	
nortrel 0.5/35 (28) tabs 35mcg; 0.5mg	2	

Name	Drug Tier	Requirements/Limits
nortrel 1/35 tabs 35mcg; 1mg	2	
nortrel 1/35 tabs 35mcg; 1mg	2	
nortrel 7/7/7 tabs 0; 0	2	
NUVARING RING 0.015MG/24HR; 0.12MG/24HR	4	
ocella tabs 3mg; 0.03mg	2	
ogestrel tabs 50mcg; 0.5mg	2	
orsythia tabs 20mcg; 0.1mg	2	
philith tabs 35mcg; 0.4mg	2	
pimtrea tabs 0; 0	2	
pirmella 1/35 tabs 35mcg; 1mg	2	
pirmella 7/7/7 tabs 0; 0	2	
portia-28 tabs 0.03mg; 0.15mg	2	
PREMARIN CREA 0.625MG/GM	3	
PREMARIN TABS 0.3MG	4	PA
PREMARIN TABS 0.45MG	4	PA
PREMARIN TABS 0.625MG	4	PA
PREMARIN TABS 0.9MG	4	PA
PREMARIN TABS 1.25MG	4	PA
PREMPHASE TABS 0.625MG; 5MG	4	PA
PREMPRO TABS 0.3MG; 1.5MG	4	PA
PREMPRO TABS 0.45MG; 1.5MG	4	PA
PREMPRO TABS 0.625MG; 2.5MG	4	PA
PREMPRO TABS 0.625MG; 5MG	4	PA
previfem tabs 35mcg; 0.25mg	2	
quasense tabs 0.03mg; 0.15mg	2	QL (91 EA per 91 days)
rajani tabs 3mg; 0.02mg; 0.451mg	2	
reclipsen tabs 0.15mg; 30mcg	2	
rivelsa tabs 0; 0	2	QL (91 EA per 91 days)
setlakin tabs 0.03mg; 0.15mg	2	QL (91 EA per 91 days)
sprintec 28 tabs 35mcg; 0.25mg	2	
sronyx tabs 20mcg; 0.1mg	2	
syeda tabs 3mg; 0.03mg	2	
tarina fe 1/20 tabs 20mcg; 75mg; 1mg	2	
tilia fe tabs 0; 75mg; 1mg	2	
tri-estarylla tabs 0; 0	2	
tri-legest fe tabs 0; 75mg; 1mg	2	
tri-linyah tabs 0; 0	2	
tri-lo-estarylla tabs 0; 0	2	
tri-lo-marzia tabs 0; 0	2	
tri-lo-sprintec tabs 0; 0	2	
tri-previfem tabs 0; 0	2	
tri-sprintec tabs 0; 0	2	
trinessa lo tabs 0; 0	2	

Name	Drug Tier	Requirements/Limits
trinessa tabs 0; 0	2	
trivora-28 tabs 0; 0	2	
velivet tabs 0; 0	2	
vestura tabs 3mg; 0.02mg	2	
vienva tabs 20mcg; 0.1mg	2	
viorele tabs 0; 0	2	
vyfemla tabs 35mcg; 0.4mg	2	
wera tabs 35mcg; 0.5mg	2	
wymzya fe chew 35mcg; 0; 0.4mg	2	
xulane ptwk 35mcg/24hr; 150mcg/24hr	4	
yuvafem tabs 10mcg	4	
zarah tabs 3mg; 0.03mg	2	
zenchent fe chew 35mcg; 0; 0.4mg	2	
zenchent tabs 35mcg; 0.4mg	2	
zovia 1/35e tabs 35mcg; 1mg	2	
zovia 1/50e tabs 50mcg; 1mg	2	
Progesterone Agonists/Antagonists		
ELLA TABS 30MG	3	
Progestins		
camila tabs 0.35mg	2	
CRINONE GEL 4%	4	PA
CRINONE GEL 8%	4	PA
deblitane tabs 0.35mg	2	
DEPO-PROVERA INJ 400MG/ML	4	QL (10 ML per 28 days)
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	4	QL (0.65 ML per 90 days)
errin tabs 0.35mg	2	
heather tabs 0.35mg	2	
hydroxyprogesterone caproate inj 1.25gm/5ml	5	PA
jencycla tabs 0.35mg	2	
jolivette tabs 0.35mg	2	
levonorgestrel tabs 0.75mg	2	
levonorgestrel tabs 1.5mg	2	
lyza tabs 0.35mg	2	
MAKENA INJ 250MG/ML	5	PA
medroxyprogesterone acetate inj 150mg/ml	2	QL (1 ML per 90 days)
medroxyprogesterone acetate inj 150mg/ml	2	QL (1 ML per 90 days)
medroxyprogesterone acetate tabs 10mg	1	
medroxyprogesterone acetate tabs 2.5mg	1	
medroxyprogesterone acetate tabs 5mg	1	
megestrol acetate susp 40mg/ml	4	PA
megestrol acetate susp 625mg/5ml	4	PA
megestrol acetate tabs 20mg	4	PA
megestrol acetate tabs 40mg	4	PA

Name	Drug Tier	Requirements/Limits
my way tabs 1.5mg	2	
nora-be tabs 0.35mg	2	
norethindrone acetate tabs 5mg	2	
norethindrone tabs 0.35mg	2	
norlyroc tabs 0.35mg	2	
progesterone caps 100mg	2	
progesterone caps 200mg	2	
progesterone inj 50mg/ml	2	
sharobel tabs 0.35mg	2	
Selective Estrogen Receptor Modifying Agents		
raloxifene hydrochloride tabs 60mg	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
levothyroxine sodium tabs 100mcg	2	
levothyroxine sodium tabs 112mcg	2	
levothyroxine sodium tabs 125mcg	2	
levothyroxine sodium tabs 137mcg	2	
levothyroxine sodium tabs 150mcg	2	
levothyroxine sodium tabs 175mcg	2	
levothyroxine sodium tabs 200mcg	2	
levothyroxine sodium tabs 25mcg	2	
levothyroxine sodium tabs 300mcg	2	
levothyroxine sodium tabs 50mcg	2	
levothyroxine sodium tabs 75mcg	2	
levothyroxine sodium tabs 88mcg	2	
levoxyl tabs 100mcg	2	
levoxyl tabs 112mcg	2	
levoxyl tabs 125mcg	2	
levoxyl tabs 137mcg	2	
levoxyl tabs 150mcg	2	
levoxyl tabs 175mcg	2	
levoxyl tabs 200mcg	2	
levoxyl tabs 25mcg	2	
levoxyl tabs 50mcg	2	
levoxyl tabs 75mcg	2	
levoxyl tabs 88mcg	2	
liothyronine sodium inj 10mcg/ml	4	
liothyronine sodium tabs 25mcg	2	
liothyronine sodium tabs 50mcg	2	
liothyronine sodium tabs 5mcg	2	
SYNTHROID TABS 100MCG	4	
SYNTHROID TABS 112MCG	4	
SYNTHROID TABS 125MCG	4	

Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 137MCG	4	
SYNTHROID TABS 150MCG	4	
SYNTHROID TABS 175MCG	4	
SYNTHROID TABS 200MCG	4	
SYNTHROID TABS 25MCG	4	
SYNTHROID TABS 300MCG	4	
SYNTHROID TABS 50MCG	4	
SYNTHROID TABS 75MCG	4	
SYNTHROID TABS 88MCG	4	
THYROLAR-1/2 TABS 30MG	4	
THYROLAR-1/4 TABS 15MG	4	
THYROLAR-1 TABS 60MG	4	
THYROLAR-2 TABS 120MG	4	
THYROLAR-3 TABS 180MG	4	
TIROSINT CAPS 100MCG	4	
TIROSINT CAPS 112MCG	4	
TIROSINT CAPS 125MCG	4	
TIROSINT CAPS 137MCG	4	
TIROSINT CAPS 13MCG	4	
TIROSINT CAPS 150MCG	4	
TIROSINT CAPS 25MCG	4	
TIROSINT CAPS 50MCG	4	
TIROSINT CAPS 75MCG	4	
TIROSINT CAPS 88MCG	4	
TYMLOS INJ 3120MCG/1.56ML	5	PA
unithroid tabs 100mcg	2	
unithroid tabs 112mcg	2	
unithroid tabs 125mcg	2	
unithroid tabs 137mcg	2	
unithroid tabs 150mcg	2	
unithroid tabs 175mcg	2	
unithroid tabs 200mcg	2	
unithroid tabs 25mcg	2	
unithroid tabs 300mcg	2	
unithroid tabs 50mcg	2	
unithroid tabs 75mcg	2	
unithroid tabs 88mcg	2	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN TABS 500MG	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
cabergoline tabs 0.5mg	2	

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
ELIGARD INJ 22.5MG	4	QL (1 EA per 84 days) PA
ELIGARD INJ 30MG	4	QL (1 EA per 112 days) PA
ELIGARD INJ 45MG	4	QL (1 EA per 168 days) PA
ELIGARD INJ 7.5MG	4	QL (1 EA per 28 days) PA
FIRMAGON INJ 120MG	5	QL (4 EA per 365 days) PA
FIRMAGON INJ 80MG	4	QL (1 EA per 28 days) PA
leuprolide acetate inj 1mg/0.2ml	5	PA
LUPANETA PACK KIT 11.25MG; 5MG	5	QL (1 EA per 84 days) PA
LUPANETA PACK KIT 3.75MG; 5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT (4-MONTH) INJ 30MG	5	QL (1 EA per 112 days) PA
LUPRON DEPOT (6-MONTH) INJ 45MG	5	QL (1 EA per 168 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	QL (1 EA per 28 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	QL (1 EA per 84 days) PA
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	QL (1 EA per 84 days) PA
octreotide acetate inj 1000mcg/ml	4	PA
octreotide acetate inj 100mcg/ml	4	PA
octreotide acetate inj 200mcg/ml	4	PA
octreotide acetate inj 500mcg/ml	4	PA
octreotide acetate inj 50mcg/ml	4	PA
SANDOSTATIN LAR DEPOT INJ 10MG	5	PA
SANDOSTATIN LAR DEPOT INJ 20MG	5	PA
SANDOSTATIN LAR DEPOT INJ 30MG	5	PA
SIGNIFOR LAR INJ 20MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 40MG	5	QL (1 EA per 28 days) PA
SIGNIFOR LAR INJ 60MG	5	QL (1 EA per 28 days) PA
SIGNIFOR INJ 0.3MG/ML	5	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.6MG/ML	5	QL (60 ML per 30 days) PA
SIGNIFOR INJ 0.9MG/ML	5	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	5	PA
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA
SOMAVERT INJ 10MG	5	PA
SOMAVERT INJ 15MG	5	PA
SOMAVERT INJ 20MG	5	PA
SOMAVERT INJ 25MG	5	PA
SOMAVERT INJ 30MG	5	PA
SUPPRELIN LA INJ 50MG	5	QL (1 EA per 365 days) PA

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Name	Drug Tier	Requirements/Limits
SYNAREL SOLN 2MG/ML	5	
TRELSTAR MIXJECT INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR MIXJECT INJ 22.5MG	5	QL (1 EA per 168 days) PA
TRELSTAR MIXJECT INJ 3.75MG	5	QL (1 EA per 28 days) PA
TRELSTAR INJ 11.25MG	5	QL (1 EA per 84 days) PA
TRELSTAR INJ 3.75MG	5	QL (1 EA per 28 days) PA
ZOLADEX INJ 10.8MG	4	QL (1 EA per 84 days)
ZOLADEX INJ 3.6MG	4	QL (1 EA per 28 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole tabs 10mg	1	
methimazole tabs 5mg	1	
propylthiouracil tabs 50mg	2	
Immunological Agents		
Angioedema Agents		
BERINERT INJ 500UNIT	5	PA
CINRYZE INJ 500UNIT	5	PA
FIRAZYR INJ 30MG/3ML	5	PA
RUCONEST INJ 2100UNIT	5	PA
Immune Suppressants		
ASTAGRAF XL CP24 0.5MG	4	B/D
ASTAGRAF XL CP24 1MG	4	B/D
ASTAGRAF XL CP24 5MG	4	B/D
AZASAN TABS 100MG	4	B/D
AZASAN TABS 75MG	4	B/D
azathioprine inj 100mg	2	B/D
azathioprine tabs 50mg	2	B/D
BENLYSTA INJ 120MG	5	PA
BENLYSTA INJ 400MG	5	PA
CIMZIA STARTER KIT INJ 200MG/ML	5	PA
CIMZIA INJ 200MG/ML	5	PA
CIMZIA INJ 200MG	5	PA
cyclosporine modified caps 100mg	2	B/D
cyclosporine modified caps 25mg	2	B/D
cyclosporine modified caps 50mg	2	B/D
cyclosporine modified soln 100mg/ml	2	B/D
cyclosporine caps 100mg	2	B/D
cyclosporine caps 25mg	2	B/D
cyclosporine inj 50mg/ml	2	
ENBREL SURECLICK INJ 50MG/ML	5	PA
ENBREL INJ 25MG/0.5ML	5	PA
ENBREL INJ 25MG	5	PA
ENBREL INJ 50MG/ML	5	PA

Name	Drug Tier	Requirements/Limits
ENVARSUS XR TB24 0.75MG	4	B/D
ENVARSUS XR TB24 1MG	4	B/D
ENVARSUS XR TB24 4MG	5	B/D
gengraf caps 100mg	2	B/D
gengraf caps 25mg	2	B/D
gengraf caps 50mg	2	B/D
gengraf soln 100mg/ml	2	B/D
hecoria caps 0.5mg	2	B/D
hecoria caps 1mg	2	B/D
hecoria caps 5mg	2	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 40MG/0.8ML	5	PA
HUMIRA PEN-CROHNS DISEASESTARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN-PSORIASIS STARTER INJ 40MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.8ML	5	PA
HUMIRA INJ 10MG/0.2ML	5	PA
HUMIRA INJ 20MG/0.4ML	5	PA
HUMIRA INJ 40MG/0.8ML	5	PA
INFLECTRA INJ 100MG	5	PA
KINERET INJ 100MG/0.67ML	5	PA
methotrexate sodium inj 100mg/4ml	1	
methotrexate sodium inj 1gm/40ml	1	
methotrexate sodium inj 1gm	1	
methotrexate sodium inj 200mg/8ml	1	
methotrexate sodium inj 250mg/10ml	1	
methotrexate sodium inj 50mg/2ml	1	
methotrexate sodium inj 50mg/2ml	1	
methotrexate tabs 2.5mg	2	
mycophenolate mofetil caps 250mg	2	B/D
mycophenolate mofetil inj 500mg	2	B/D
mycophenolate mofetil susr 200mg/ml	5	B/D
mycophenolate mofetil tabs 500mg	2	B/D
mycophenolic acid dr tbec 180mg	4	B/D
mycophenolic acid dr tbec 360mg	4	B/D
NULOJIX INJ 250MG	5	PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL (4 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	PA
ORENCIA INJ 250MG	5	PA
ORENCIA INJ 50MG/0.4ML	5	PA
ORENCIA INJ 87.5MG/0.7ML	5	PA

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

Name	Drug Tier	Requirements/Limits
carimune nanofiltered inj 6gm	5	PA
CUVITRU INJ 1GM/5ML	5	PA
CUVITRU INJ 2GM/10ML	5	PA
CUVITRU INJ 4GM/20ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
CUVITRU INJ 8GM/40ML	5	PA
FLEBOGAMMA DIF INJ 0.5GM/10ML	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
FLEBOGAMMA DIF INJ 10%	5	PA
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	PA
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA
GAMASTAN S/D INJ 0	3	PA
GAMASTAN S/D INJ 0	3	PA
gammagard liquid inj 10gm/100ml	5	PA
gammagard liquid inj 1gm/10ml	5	PA
gammagard liquid inj 2.5gm/25ml	5	PA
gammagard liquid inj 20gm/200ml	5	PA
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA
gammagard liquid inj 5gm/50ml	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA
GAMMAKED INJ 10GM/100ML	5	PA
GAMMAKED INJ 1GM/10ML	5	PA
GAMMAKED INJ 2.5GM/25ML	5	PA
GAMMAKED INJ 20GM/200ML	5	PA
GAMMAKED INJ 5GM/50ML	5	PA
GAMMAPLEX INJ 10GM/100ML; 0	5	PA
GAMMAPLEX INJ 10GM/200ML	5	PA
GAMMAPLEX INJ 2.5GM/50ML	5	PA
GAMMAPLEX INJ 20GM/200ML	5	PA
GAMMAPLEX INJ 20GM/400ML	5	PA
GAMMAPLEX INJ 5GM/100ML	5	PA
GAMMAPLEX INJ 5GM/50ML	5	PA
GAMUNEX-C INJ 10GM/100ML	5	PA
GAMUNEX-C INJ 1GM/10ML	5	PA
GAMUNEX-C INJ 2.5GM/25ML	5	PA
GAMUNEX-C INJ 20GM/200ML	5	PA
GAMUNEX-C INJ 40GM/400ML	5	PA
GAMUNEX-C INJ 5GM/50ML	5	PA

Name	Drug Tier	Requirements/Limits
HEPAGAM B INJ 0	5	B/D
HIZENTRA INJ 10GM/50ML	5	PA
HIZENTRA INJ 1GM/5ML	5	PA
HIZENTRA INJ 2GM/10ML	5	PA
HIZENTRA INJ 4GM/20ML	5	PA
HYPERHEP B S/D INJ 0	5	B/D
HYPERRAB S/D INJ 150UNIT/ML	3	B/D
HYPERRAB S/D INJ 150UNIT/ML	3	B/D
HYPERRHO S/D MINI-DOSE INJ 250UNIT	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA INJ 10GM/100ML; 800UNIT/5ML	5	PA
HYQVIA INJ 2.5GM/25ML; 200UNT/1.25ML	5	PA
HYQVIA INJ 20GM/200ML; 1600UNIT/10ML	5	PA
HYQVIA INJ 30GM/300ML; 2400UNIT/15ML	5	PA
HYQVIA INJ 5GM/50ML; 400UNIT/2.5ML	5	PA
IMOGAM RABIES-HT INJ 150UNIT/ML	4	B/D
MICRHOGAM ULTRA-FILTERED PLUS INJ 250UNIT	4	
nabi-hb inj 0	5	B/D
OCTAGAM INJ 10GM/100ML	5	PA
OCTAGAM INJ 10GM/200ML	5	PA
OCTAGAM INJ 1GM/20ML	5	PA
OCTAGAM INJ 2.5GM/50ML	5	PA
OCTAGAM INJ 20GM/200ML	5	PA
OCTAGAM INJ 25GM/500ML	5	PA
OCTAGAM INJ 2GM/20ML	5	PA
OCTAGAM INJ 5GM/100ML	5	PA
OCTAGAM INJ 5GM/50ML	5	PA
PRIVIGEN INJ 10GM/100ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
PRIVIGEN INJ 40GM/400ML	5	PA
PRIVIGEN INJ 5GM/50ML	5	PA
RHOGAM ULTRA-FILTERED PLUS INJ 1500UNIT	4	
RHOPHYLAC INJ 1500UNIT/2ML	4	
SYNAGIS INJ 100MG/ML	5	PA
SYNAGIS INJ 50MG/0.5ML	5	PA
THYMOGLOBULIN INJ 25MG	5	
Immunomodulators		
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 200MG/10ML	5	PA
ACTEMRA INJ 400MG/20ML	5	PA
ACTEMRA INJ 80MG/4ML	4	PA
ACTIMMUNE INJ 2000000UNIT/0.5ML	5	PA
ARCALYST INJ 220MG	5	PA

Name	Drug Tier	Requirements/Limits
ENTYVIO INJ 300MG	5	PA
ILARIS INJ 150MG/ML	5	QL (2 ML per 28 days) PA
ILARIS INJ 180MG	5	QL (2 EA per 28 days) PA
KEVZARA INJ 150MG/1.14ML	5	PA
KEVZARA INJ 200MG/1.14ML	5	PA
leflunomide tabs 10mg	2	
leflunomide tabs 20mg	2	
LEMTRADA INJ 12MG/1.2ML	5	PA
OTEZLA TABS 30MG	5	PA
OTEZLA TBPK 0	5	PA
RIDAURA CAPS 3MG	5	
SIMULECT INJ 10MG	5	
SIMULECT INJ 20MG	5	
SYLVANT INJ 100MG	5	PA
SYLVANT INJ 400MG	5	PA
XELJANZ XR TB24 11MG	5	PA
XELJANZ TABS 5MG	5	PA
Vaccines		
ACTHIB INJ 0	3	
ADACEL INJ 15.5MCG/0.5ML; 2LF/0.5ML; 5LF/0.5ML	3	
BCG VACCINE INJ 0	4	
BEXSERO INJ 0	3	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 18.5MCG/0.5ML; 2.5LF/0.5ML; 5LF/0.5ML	3	
CERVARIX INJ 0	3	
COMVAX INJ 7.5MCG/0.5ML; 5MCG/0.5ML	3	
DAPTACEL INJ 10MCG/0.5ML; 15LF/0.5ML; 5LF/0.5ML	3	
diphtheria/tetanus toxoids adsorbed pediatric inj 25lfu/0.5ml; 5lfu/0.5ml	2	
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0	3	
GARDASIL 9 INJ 0	3	
GARDASIL INJ 0	3	
GARDASIL INJ 0	3	
HAVRIX INJ 1440ELU/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	4	B/D

Name	Drug Tier	Requirements/Limits
INFANRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	
KINRIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
MENHIBRIX INJ 2.5MCG; 5MCG; 5MCG	3	
MENOMUNE-A/C/Y/W-135 INJ 0	3	
MENVEO INJ 0	3	
PEDIARIX INJ 58MCG/0.5ML; 25LFU/0.5ML; 10MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 0; 5LFU/0.5ML	4	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 48MCG/0.5ML; 15LFU/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	4	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSR 0	3	
ROTATEQ SOLN 0	3	
STAMARIL INJ 0	3	
TENIVAC INJ 2LFU; 5LFU	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED INJ 2LF/0.5ML; 2LF/0.5ML	3	
TRUMENBA INJ 0	3	
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
VARIZIG INJ 125UNIT/1.2ML	5	PA
YF-VAX INJ 0	3	
ZOSTAVAX INJ 19400UNT/0.65ML	3	
Inflammatory Bowel Disease Agents		

Name	Drug Tier	Requirements/Limits
Aminosalicylates		
APRISO CP24 0.375GM	3	
balsalazide disodium caps 750mg	2	
CANASA SUPP 1000MG	5	
DIPENTUM CAPS 250MG	5	
LIALDA TBEC 1.2GM	3	
mesalamine dr tbec 1.2gm	3	
mesalamine enem 4gm	4	
mesalamine kit 4gm	4	
PENTASA CPCR 250MG	4	
PENTASA CPCR 500MG	5	
Glucocorticoids		
budesonide cpep 3mg	4	
UCERIS TB24 9MG	5	
Sulfonamides		
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
sulfazine tabs 500mg	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
alendronate sodium soln 70mg/75ml	2	
alendronate sodium tabs 10mg	1	
alendronate sodium tabs 35mg	1	
alendronate sodium tabs 40mg	1	
alendronate sodium tabs 5mg	1	
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days)
BINOSTO TBEF 70MG	4	QL (4 EA per 28 days)
calcitonin-salmon soln 200unit/act	2	QL (3.7 ML per 30 days)
calcitriol caps 0.25mcg	1	
calcitriol caps 0.5mcg	1	
calcitriol inj 1mcg/ml	2	
calcitriol soln 1mcg/ml	2	
doxercalciferol caps 0.5mcg	4	
doxercalciferol caps 1mcg	4	
doxercalciferol caps 2.5mcg	4	
doxercalciferol inj 4mcg/2ml	2	
etidronate disodium tabs 200mg	2	
etidronate disodium tabs 400mg	2	
FORTEO INJ 600MCG/2.4ML	5	PA
FORTICAL SOLN 200UNIT/ACT	4	QL (3.7 ML per 30 days)
FOSAMAX PLUS D TABS 70MG; 2800UNIT	4	QL (4 EA per 28 days) ST
FOSAMAX PLUS D TABS 70MG; 5600UNIT	4	QL (4 EA per 28 days) ST
ibandronate sodium inj 3mg/3ml	2	

Name	Drug Tier	Requirements/Limits
ibandronate sodium tabs 150mg	2	QL (1 EA per 28 days)
MIACALCIN INJ 200UNIT/ML	5	
NATPARA INJ 100MCG	5	QL (2 EA per 28 days) PA
NATPARA INJ 25MCG	5	QL (2 EA per 28 days) PA
NATPARA INJ 50MCG	5	QL (2 EA per 28 days) PA
NATPARA INJ 75MCG	5	QL (2 EA per 28 days) PA
pamidronate disodium inj 30mg/10ml	2	
pamidronate disodium inj 30mg	2	
pamidronate disodium inj 6mg/ml	2	
pamidronate disodium inj 90mg/10ml	2	
pamidronate disodium inj 90mg	2	
paricalcitol caps 1mcg	2	
paricalcitol caps 2mcg	2	
paricalcitol caps 4mcg	2	
PARICALCITOL INJ 2MCG/ML	4	
PARICALCITOL INJ 5MCG/ML	4	
PROLIA INJ 60MG/ML	4	QL (2 ML per 365 days)
risedronate sodium dr tbec 35mg	2	QL (4 EA per 28 days)
risedronate sodium tabs 150mg	4	QL (1 EA per 28 days)
risedronate sodium tabs 30mg	4	
risedronate sodium tabs 35mg	4	QL (4 EA per 28 days)
risedronate sodium tabs 35mg	4	QL (4 EA per 28 days)
risedronate sodium tabs 35mg	4	QL (4 EA per 28 days)
risedronate sodium tabs 5mg	4	
SENSIPAR TABS 30MG	5	
SENSIPAR TABS 60MG	5	
SENSIPAR TABS 90MG	5	
XGEVA INJ 120MG/1.7ML	5	PA
zoledronic acid inj 4mg/5ml	4	
zoledronic acid inj 4mg	5	
zoledronic acid inj 5mg/100ml	4	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ALCOHOL PREP PADS PADS 70%	3	
AMINOSYN II INJ 50.3MEQ/L; 695MG/100ML; 713MG/100ML; 490MG/100ML; 517MG/100ML; 350MG/100ML; 210MG/100ML; 462MG/100ML; 700MG/100ML; 735MG/100ML; 120MG/100ML; 209MG/100ML; 505MG/100ML; 371MG/100ML; 31.3MEQ/L; 280MG/100ML; 140MG/100ML; 189MG/100ML; 350MG/100ML	4	B/D

Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-HBC INJ 7.1MEQ/100ML; 660MG/100ML; 507MG/100ML; 4MEQ/100ML; 660MG/100ML; 154MG/100ML; 789MG/100ML; 1576MG/100ML; 265MG/100ML; 206MG/100ML; 1.12GM/100ML; 228MG/100ML; 448MG/100ML; 221MG/100ML; 272MG/100ML; 88MG/100ML; 33MG/100ML; 789MG/100ML	4	B/D
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 10.69GM/L; 300MG/100ML; 570MG/100ML; 70GM/L; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 3.4MEQ/L; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
AMINOSYN-RF INJ 113MEQ/L; 600MG/100ML; 429MG/100ML; 462MG/100ML; 726MG/100ML; 535MG/100ML; 726MG/100ML; 726MG/100ML; 330MG/100ML; 165MG/100ML; 528MG/100ML	4	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML	4	B/D
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	3	QL (200 EA per 30 days)

Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	3	QL (200 EA per 30 days)
BD INSULIN SYRINGE/U-500/0.5ML/31G X 15/64" MISC	3	QL (200 EA per 30 days)
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	3	QL (200 EA per 30 days)
CURITY GAUZE PADS 2"X2" PADS	3	
deferoxamine mesylate inj 2gm	2	B/D
deferoxamine mesylate inj 500mg	2	B/D
FREAMINE HBC 6.9% INJ 59.3MEQ/L; 400MG/100ML; 580MG/100ML; 3MEQ/L; 14MG/100ML; 330MG/100ML; 160MG/100ML; 760MG/100ML; 1370MG/100ML; 410MG/100ML; 250MG/100ML; 320MG/100ML; 630MG/100ML; 330MG/100ML; 10MEQ/L; 200MG/100ML; 90MG/100ML; 880MG/100ML	4	B/D
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	4	B/D
HAEGARDA INJ 2000UNIT	5	PA
HAEGARDA INJ 3000UNIT	5	PA
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 100MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	4	B/D
intralipid inj 20gm/100ml	4	B/D
KALBITOR INJ 10MG/ML	5	PA
KEVEYIS TABS 50MG	5	QL (120 EA per 30 days) PA
lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l	2	
levocarnitine inj 200mg/ml	2	
levocarnitine soln 1gm/10ml	2	
levocarnitine tabs 330mg	2	
methergine tabs 0.2mg	2	
methylergonovine maleate tabs 0.2mg	2	
MYALEPT INJ 11.3MG	5	PA
NEPHRAMINE INJ 44MEQ/L; 20MG/100ML; 250MG/100ML; 560MG/100ML; 880MG/100ML; 640MG/100ML; 880MG/100ML; 880MG/100ML; 6MEQ/L; 400MG/100ML; 200MG/100ML; 640MG/100ML	4	B/D

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
nutrilipid inj 20gm/100ml	4	B/D
PHYSIOLYTE SOLN 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 5MEQ/1000ML; 140MEQ/1000ML	4	
PHYSIOSOL IRRIGATION SOLN 30MG/100ML; 37MG/100ML; 222MG/100ML; 526MG/100ML; 502MG/100ML	4	
plenamine inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	4	B/D
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	4	B/D
PROSOL INJ 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
sodium chloride 0.9% soln 0.9%	1	
sodium phenylacetate/sodium benzoate inj 10%; 10%	5	
SPINRAZA INJ 12MG/5ML	5	PA
sterile water irrigation soln 0	1	
tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	1	
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D

Name	Drug Tier	Requirements/Limits
TROPHAMINE INJ 97MEQ/L; 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	4	B/D
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VISTOGARD PACK 10GM	5	
VISTOGARD PACK 10GM	5	
Ophthalmic Agents		
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost soln 0.03%	2	QL (5 ML per 30 days)
COMBIGAN SOLN 0.2%; 0.5%	3	
latanoprost soln 0.005%	1	QL (2.5 ML per 25 days)
LUMIGAN SOLN 0.01%	3	QL (2.5 ML per 25 days)
TRAVATAN Z SOLN 0.004%	3	QL (2.5 ML per 25 days)
travoprost soln 0.004%	2	QL (2.5 ML per 25 days)
Ophthalmic Agents, Other		
ak-poly-bac oint 500unit/gm; 10000unit/gm	2	
atropine sulfate soln 1%	2	
bacitracin/neomycin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	2	
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
cyclopentolate hcl soln 1%	2	
cyclopentolate hcl soln 2%	2	
cyclopentolate hcl soln 2%	2	
cyclopentolate hydrochloride soln 0.5%	2	
CYSTARAN SOLN 0.44%	5	QL (60 ML per 28 days) PA
EYLEA SOLN 2MG/0.05ML	5	PA
LACRISERT INST 5MG	4	
neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	2	
neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	2	
polycin oint 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	1	
proparacaine hcl soln 0.5%	1	
RESTASIS EMUL 0.05%	3	

Name	Drug Tier	Requirements/Limits
trimethoprim/polymyxin b soln 10000unit/ml; 0.1%	1	
triple antibiotic oint 400unit/gm; 5mg/gm; 10000unit/gm	2	
Ophthalmic Anti-allergy Agents		
ALOCRIL SOLN 2%	4	
azelastine hcl soln 0.05%	2	
BEPREVE SOLN 1.5%	4	
cromolyn sodium soln 4%	1	
EMADINE SOLN 0.05%	4	
epinastine hcl soln 0.05%	2	
naphazoline hcl soln 0.1%	1	
olopatadine hcl soln 0.1%	2	
olopatadine hydrochloride soln 0.2%	2	
PAZEO SOLN 0.7%	3	
Ophthalmic Anti-inflammatories		
ALOMIDE SOLN 0.1%	4	
ALREX SUSP 0.2%	4	
BLEPHAMIDE S.O.P. OINT 0.2%; 10%	4	
BLEPHAMIDE SUSP 0.2%; 10%	4	
bromfenac soln 0.09%	4	
bromfenac soln 0.09%	4	
BROMSITE SOLN 0.075%	4	QL (20 ML per 365 days) ST
dexamethasone sodium phosphate soln 0.1%	2	
diclofenac sodium soln 0.1%	1	
DUREZOL EMUL 0.05%	3	
FLAREX SUSP 0.1%	3	
fluorometholone susp 0.1%	2	
flurbiprofen sodium soln 0.03%	1	
FML FORTE SUSP 0.25%	3	
FML OINT 0.1%	3	
ILEVRO SUSP 0.3%	3	QL (6 ML per 30 days)
ketorolac tromethamine soln 0.4%	2	
ketorolac tromethamine soln 0.5%	2	
LOTEMAX GEL 0.5%	4	QL (20 GM per 365 days)
LOTEMAX OINT 0.5%	4	QL (14 GM per 365 days)
LOTEMAX SUSP 0.5%	4	
MAXIDEX SUSP 0.1%	3	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
NEVANAC SUSP 0.1%	3	QL (6 ML per 30 days)
PRED MILD SUSP 0.12%	3	
PRED-G S.O.P. OINT 0.3%; 0.6%	4	

Name	Drug Tier	Requirements/Limits
PRED-G SUSP 0.3%; 1%	4	
prednisolone acetate susp 1%	2	
prednisolone sodium phosphate soln 1%	2	
PROLENSA SOLN 0.07%	4	QL (12 ML per 365 days)
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
tobramycin/dexamethasone susp 0.1%; 0.3%	2	
VEXOL SUSP 1%	3	
ZYLET SUSP 0.5%; 0.3%	4	
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P SOLN 0.1%	3	
apraclonidine soln 0.5%	2	
AZOPT SUSP 1%	3	
betaxolol hcl soln 0.5%	2	
BETIMOL SOLN 0.25%	4	
BETIMOL SOLN 0.5%	4	
BETOPTIC-S SUSP 0.25%	4	
brimonidine tartrate soln 0.15%	1	
brimonidine tartrate soln 0.2%	1	
carteolol hcl soln 1%	1	
COSOPT PF SOLN 22.3MG/ML; 6.8MG/ML	4	
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	2	
dorzolamide hcl soln 2%	2	
IOPIDINE SOLN 1%	4	
ISTALOL SOLN 0.5%	4	
levobunolol hcl soln 0.5%	2	
methazolamide tabs 25mg	2	
methazolamide tabs 50mg	2	
metipranolol soln 0.3%	2	
PHOSPHOLINE IODIDE SOLR 0.125%	4	
pilocarpine hcl soln 1%	2	
pilocarpine hcl soln 2%	2	
pilocarpine hcl soln 4%	2	
SIMBRINZA SUSP 0.2%; 1%	3	
timolol maleate ophthalmic gel forming solg 0.25%	2	
timolol maleate ophthalmic gel forming solg 0.5%	2	
timolol maleate soln 0.25%	1	
timolol maleate soln 0.5%	1	
Otic Agents		
Otic Agents		
acetic acid/aluminum acetate soln 2%; 0	2	

Name	Drug Tier	Requirements/Limits
acetic acid soln 2%	2	
antibiotic ear soln 1%; 3.5mg/ml; 10000unit/ml	2	
CIPRO HC SUSP 0.2%; 1%	4	
CIPRODEX SUSP 0.3%; 0.1%	3	
COLY-MYCIN S SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
CORTISPORIN-TC SUSP 3MG/ML; 10MG/ML; 3.3MG/ML; 0.5MG/ML	4	
fluocinolone acetonide ear drops oil 0.01%	2	
fluocinolone acetonide oil 0.01%	2	
hydrocortisone/acetic acid soln 2%; 1%	2	
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
AEROSPAN AERS 80MCG/ACT	4	QL (17.8 GM per 30 days)
ASMANEX HFA AERO 100MCG/ACT	4	QL (26 GM per 30 days)
ASMANEX HFA AERO 200MCG/ACT	4	QL (26 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL (1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES AEPB 110MCG/INH	4	QL (1 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
budesonide nasal spray susp 32mcg/act	2	QL (17.2 GM per 30 days)
budesonide susp 0.25mg/2ml	4	QL (120 ML per 30 days) B/D
budesonide susp 0.5mg/2ml	4	QL (120 ML per 30 days) B/D
budesonide susp 1mg/2ml	4	QL (120 ML per 30 days) B/D
FLOVENT DISKUS AEPB 100MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT DISKUS AEPB 50MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT HFA AERO 110MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA AERO 220MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days)

Name	Drug Tier	Requirements/Limits
flunisolide soln 0.025%	2	QL (50 ML per 30 days)
fluticasone propionate susp 50mcg/act	1	
mometasone furoate susp 50mcg/act	4	QL (34 GM per 30 days)
NUCALA INJ 100MG	5	QL (1 EA per 28 days) PA
QVAR AERS 40MCG/ACT	3	QL (17.4 GM per 30 days)
QVAR AERS 80MCG/ACT	3	QL (26.1 GM per 30 days)
triamcinolone acetonide aero 55mcg/act	2	
Antihistamines		
azelastine hcl soln 0.1%	2	QL (60 ML per 30 days)
azelastine hcl soln 0.15%	2	QL (60 ML per 30 days)
cetirizine hcl syrp 1mg/ml	1	
cyproheptadine hcl syrp 2mg/5ml	4	PA
cyproheptadine hcl tabs 4mg	4	PA
desloratadine tabs 5mg	2	
dexchlorpheniramine maleate syrp 2mg/5ml	4	PA
diphenhydramine hcl inj 50mg/ml	2	
DYMISTA SUSP 137MCG/ACT; 50MCG/ACT	3	QL (23 GM per 30 days)
hydroxyzine hcl inj 25mg/ml	4	PA
hydroxyzine hcl inj 50mg/ml	4	PA
hydroxyzine hcl syrp 10mg/5ml	2	PA
hydroxyzine hcl tabs 10mg	4	PA
hydroxyzine hcl tabs 25mg	4	PA
hydroxyzine hcl tabs 50mg	4	PA
levocetirizine dihydrochloride soln 2.5mg/5ml	2	
levocetirizine dihydrochloride tabs 5mg	2	
olopatadine hcl soln 0.6%	4	QL (30.5 GM per 30 days)
SEMPREX-D CAPS 8MG; 60MG	4	
Antileukotrienes		
montelukast sodium chew 4mg	1	
montelukast sodium chew 5mg	1	
montelukast sodium pack 4mg	4	
montelukast sodium tabs 10mg	1	
zafirlukast tabs 10mg	2	
zafirlukast tabs 20mg	2	
zileuton er tb12 600mg	5	ST
ZYFLO TABS 600MG	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA AERS 17MCG/ACT	4	QL (25.8 GM per 30 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days)
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	QL (540 ML per 30 days) B/D
ipratropium bromide soln 0.02%	1	QL (312.5 ML per 30 days) B/D

You can find information on what the symbols and abbreviations in the table mean by going to the list of abbreviations located at the beginning of the drug list

Name	Drug Tier	Requirements/Limits
ipratropium bromide soln 0.03%	2	
ipratropium bromide soln 0.06%	2	
SPIRIVA HANDIHALER CAPS 18MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (4 GM per 30 days)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR AEPB 400MCG/ACT	4	QL (60 EA per 30 days) ST
TUDORZA PRESSAIR AEPB 400MCG/ACT	4	QL (60 EA per 30 days) ST
Bronchodilators, Sympathomimetic		
ADRENACLICK INJ 0.15MG/0.15ML	4	ST
ADRENACLICK INJ 0.3MG/0.3ML	4	ST
albuterol sulfate er tb12 4mg	4	
albuterol sulfate er tb12 8mg	4	
albuterol sulfate nebu 0.083%	2	QL (525 ML per 30 days) B/D
albuterol sulfate nebu 0.5%	2	QL (100 ML per 30 days) B/D
albuterol sulfate nebu 0.63mg/3ml	2	QL (375 ML per 30 days) B/D
albuterol sulfate nebu 1.25mg/3ml	2	QL (375 ML per 30 days) B/D
albuterol sulfate syrp 2mg/5ml	4	
albuterol sulfate tabs 2mg	4	
albuterol sulfate tabs 4mg	4	
BROVANA NEBU 15MCG/2ML	4	QL (120 ML per 30 days) B/D
EPINEPHRINE INJ 0.15MG/0.15ML	4	ST
EPINEPHRINE INJ 0.15MG/0.3ML	3	
EPINEPHRINE INJ 0.3MG/0.3ML	3	
EPINEPHRINE INJ 0.3MG/0.3ML	4	ST
FORADIL AEROLIZER CAPS 12MCG	4	QL (60 EA per 30 days)
levalbuterol hcl nebu 0.31mg/3ml	2	QL (540 ML per 30 days) B/D
levalbuterol hcl nebu 0.63mg/3ml	2	QL (540 ML per 30 days) B/D
levalbuterol hcl nebu 1.25mg/3ml	2	QL (270 ML per 30 days) B/D
levalbuterol tartrate hfa aero 45mcg/act	2	QL (30 GM per 30 days)
levalbuterol nebu 1.25mg/0.5ml	2	QL (90 EA per 30 days) B/D
metaproterenol sulfate syrp 10mg/5ml	4	
metaproterenol sulfate tabs 10mg	4	
metaproterenol sulfate tabs 20mg	4	
PERFOROMIST NEBU 20MCG/2ML	5	QL (120 ML per 30 days) B/D
PROAIR HFA AERS 108MCG/ACT	3	QL (17 GM per 30 days)
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	4	QL (4 GM per 30 days)
terbutaline sulfate inj 1mg/ml	5	
terbutaline sulfate tabs 2.5mg	4	
terbutaline sulfate tabs 5mg	4	
Cystic Fibrosis Agents		
BETHKIS NEBU 300MG/4ML	5	B/D

Name	Drug Tier	Requirements/Limits
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 50MG	5	PA
KALYDECO PACK 75MG	5	PA
KALYDECO TABS 150MG	5	PA
ORKAMBI TABS 125MG; 100MG	5	QL (112 EA per 28 days) PA
ORKAMBI TABS 125MG; 200MG	5	QL (112 EA per 28 days) PA
PULMOZYME SOLN 1MG/ML	5	PA
TOBI PODHALER CAPS 28MG	5	QL (224 EA per 56 days)
tobramycin nebu 300mg/5ml	5	B/D
Mast Cell Stabilizers		
cromolyn sodium nebu 20mg/2ml	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
aminophylline inj 25mg/ml	2	
DALIRESP TABS 500MCG	4	PA
LUFYLLIN TABS 200MG	4	
theophylline anhydrous cr tb12 300mg	2	
theophylline cr tb12 100mg	2	
theophylline cr tb12 200mg	2	
theophylline er tb12 100mg	2	
theophylline er tb12 200mg	2	
theophylline er tb12 300mg	2	
theophylline er tb12 450mg	2	
theophylline er tb24 400mg	2	
theophylline er tb24 600mg	2	
theophylline/d5w inj 5%; 0.8mg/ml	2	
theophylline soln 80mg/15ml	2	
Pulmonary Antihypertensives		
ADCIRCA TABS 20MG	5	QL (60 EA per 30 days) PA
ADEMPAS TABS 0.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 1.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 1MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 2.5MG	5	QL (90 EA per 30 days) PA
ADEMPAS TABS 2MG	5	QL (90 EA per 30 days) PA
epoprostenol sodium inj 0.5mg	5	PA
epoprostenol sodium inj 1.5mg	5	PA
LETAIRIS TABS 10MG	5	QL (30 EA per 30 days) PA
LETAIRIS TABS 5MG	5	QL (30 EA per 30 days) PA
OPSUMIT TABS 10MG	5	QL (30 EA per 30 days) PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG	5	PA
ORENITRAM TBCR 1MG	5	PA
ORENITRAM TBCR 2.5MG	5	PA
ORENITRAM TBCR 5MG	5	PA

Name	Drug Tier	Requirements/Limits
REMODULIN INJ 10MG/ML	5	PA
REMODULIN INJ 1MG/ML	5	PA
REMODULIN INJ 2.5MG/ML	5	PA
REMODULIN INJ 5MG/ML	5	PA
REVATIO SUSR 10MG/ML	5	PA
sildenafil inj 10mg/12.5ml	5	PA
sildenafil tabs 20mg	2	QL (90 EA per 30 days) PA
TYVASO REFILL SOLN 0.6MG/ML	5	QL (87 ML per 30 days) PA
TYVASO STARTER SOLN 0.6MG/ML	5	QL (87 ML per 30 days) PA
TYVASO SOLN 0.6MG/ML	5	QL (87 ML per 30 days) PA
UPTRAVI TABS 1000MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1200MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1400MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 1600MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 200MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 400MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 600MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TABS 800MCG	5	QL (60 EA per 30 days) PA
UPTRAVI TBPK 0	5	QL (400 EA per 365 days) PA
VELETRI INJ 0.5MG	5	PA
VELETRI INJ 1.5MG	5	PA
VENTAVIS SOLN 10MCG/ML	5	QL (270 ML per 30 days) PA
VENTAVIS SOLN 20MCG/ML	5	QL (270 ML per 30 days) PA
Pulmonary Fibrosis Agents		
ESBRIET CAPS 267MG	5	PA
ESBRIET TABS 267MG	5	PA
ESBRIET TABS 801MG	5	PA
OFEV CAPS 100MG	5	PA
OFEV CAPS 150MG	5	PA
Respiratory Tract Agents, Other		
acetylcysteine soln 10%	2	B/D
acetylcysteine soln 20%	2	B/D
ADVAIR DISKUS AEPB 100MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 250MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR DISKUS AEPB 500MCG/DOSE; 50MCG/DOSE	3	QL (60 EA per 30 days)
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL (24 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days)
ARALAST NP INJ 1000MG	5	PA
ARALAST NP INJ 400MG	5	PA
ARALAST NP INJ 500MG	5	PA
ARALAST NP INJ 800MG	5	PA

Name	Drug Tier	Requirements/Limits
DULERA AERO 5MCG/ACT; 100MCG/ACT	4	QL (17.6 GM per 30 days)
DULERA AERO 5MCG/ACT; 200MCG/ACT	4	QL (17.6 GM per 30 days)
GLASSIA INJ 1000MG/50ML	5	PA
PROLASTIN-C INJ 1000MG	5	PA
promethazine vc plain soln 5mg/5ml; 6.25mg/5ml	4	PA
promethazine vc syrp 5mg/5ml; 6.25mg/5ml	4	PA
promethazine/phenylephrine syrp 5mg/5ml; 6.25mg/5ml	4	PA
promethazine/phenylephrine syrp 5mg/5ml; 6.25mg/5ml	4	PA
ribavirin solr 6gm	5	
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days)
SYMBICORT AERO 160MCG/ACT; 4.5MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT AERO 80MCG/ACT; 4.5MCG/ACT	3	QL (13.8 GM per 30 days)
TYZINE PEDIATRIC NASAL DROPS SOLN 0.05%	3	
XOLAIR INJ 150MG	5	PA
ZEMAIRA INJ 1000MG	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
carisoprodol tabs 250mg	4	PA
carisoprodol tabs 350mg	4	PA
chlorzoxazone tabs 500mg	4	PA
cyclobenzaprine hcl tabs 10mg	4	PA
cyclobenzaprine hcl tabs 5mg	4	PA
cyclobenzaprine hcl tabs 7.5mg	4	PA
methocarbamol tabs 500mg	4	PA
methocarbamol tabs 750mg	4	PA
orphenadrine citrate er tb12 100mg	2	PA
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone tabs 1mg	4	QL (30 EA per 30 days) PA
eszopiclone tabs 2mg	4	QL (30 EA per 30 days) PA
eszopiclone tabs 3mg	4	QL (30 EA per 30 days) PA
zaleplon caps 10mg	4	QL (60 EA per 30 days) PA
zaleplon caps 5mg	4	QL (30 EA per 30 days) PA
zolpidem tartrate er tbcr 12.5mg	4	QL (30 EA per 30 days) PA
zolpidem tartrate er tbcr 6.25mg	4	QL (30 EA per 30 days) PA
zolpidem tartrate subl 1.75mg	4	QL (30 EA per 30 days) PA
zolpidem tartrate subl 3.5mg	4	QL (30 EA per 30 days) PA
zolpidem tartrate tabs 10mg	4	QL (30 EA per 30 days) PA
zolpidem tartrate tabs 5mg	4	QL (30 EA per 30 days) PA
Sleep Disorders, Other		
armodafinil tabs 150mg	4	QL (30 EA per 30 days) PA
armodafinil tabs 200mg	4	QL (30 EA per 30 days) PA
armodafinil tabs 250mg	4	QL (30 EA per 30 days) PA

Name	Drug Tier	Requirements/Limits
armodafinil tabs 50mg	4	QL (60 EA per 30 days) PA
BELSOMRA TABS 10MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 15MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 20MG	3	QL (30 EA per 30 days)
BELSOMRA TABS 5MG	3	QL (30 EA per 30 days)
HETLIOZ CAPS 20MG	5	QL (30 EA per 30 days) PA
modafinil tabs 100mg	4	QL (30 EA per 30 days) PA
modafinil tabs 200mg	4	QL (30 EA per 30 days) PA
pentobarbital sodium inj 50mg/ml	2	PA
ROZEREM TABS 8MG	4	QL (30 EA per 30 days)
SILENOR TABS 3MG	4	QL (30 EA per 30 days)
SILENOR TABS 6MG	4	QL (30 EA per 30 days)
XYREM SOLN 500MG/ML	5	QL (540 ML per 30 days) PA

OTC products

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Ophthalmic Anti-inflammatories		
ketotifen fumarate soln 0.025%	70	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
allergy relief tbdp 10mg	70	
cetirizine hcl childrens allergy syrp 1mg/ml	70	
cetirizine hcl/pseudoephedrine hcl er tb12 5mg; 120mg	70	
cetirizine hcl chew 10mg	70	
cetirizine hcl chew 5mg	70	
cetirizine hcl tabs 10mg	70	
cetirizine hcl tabs 5mg	70	
loratadine childrens soln 5mg/5ml	70	
loratadine-d 12hr tb12 5mg; 120mg	70	
loratadine-d 24hr tb24 10mg; 240mg	70	
loratadine tabs 10mg	70	

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abacavir	60
abacavir sulfate/lamivudine/zidovudine	60
abacavir/lamivudine	60
ABELCET	38
ABILIFY	54
ABILIFY MAINTENA	54
ABRAXANE	44
ABSTRAL	11
acamprosate calcium dr	15
acarbose	64
acebutolol hcl	75
acetaminophen/codeine	11
acetazolamide	82
acetazolamide er	82
acetazolamide sodium	82
acetic acid	137
acetic acid 0.25%	106
acetic acid/aluminum acetate	136
acetylcysteine	141
acitretin	91
ACTEMRA	126
ACTHIB	127
ACTIMMUNE	126
acyclovir	62
acyclovir sodium	62
ADACEL	127
ADAGEN	104
adapalene	91
adapalene and benzoyl peroxide	91
adapalene pump	91
ADCIRCA	140
adefovir dipivoxil	58
ADEMPAS	140
ADRENACLICK	139
ADRENALIN	80
adriamycin	44
adrucil	44
ADVAIR DISKUS	141
ADVAIR HFA	141
AEROSPAN	137
afeditab cr	77
AFINITOR	48
AFINITOR DISPERZ	48
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albuterol sulfate	139
albuterol sulfate er	139
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ALDURAZYME	104
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alendronate sodium	129
alfuzosin hcl er	106
ALIMTA	44
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allergy relief	144
allopurinol	40
allopurinol sodium	40
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ALOCRIL	135
ALOMIDE	135
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ALPHAGAN P	136
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alprazolam	63
alprazolam er	63
alprazolam intensol	63
alprazolam odt	63
alprazolam xr	63
ALREX	135
ALTABAX	17
altavera	113
ALUNBRIG	48
alyacen 1/35	113
alyacen 7/7/7	113
amabelz	113
amantadine hcl	62
AMBISOME	38
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amethia	113
amethia lo	113
amethyst	113
amifostine	45
amikacin sulfate	16
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aminocaproic acid	70
aminophylline	140
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AMINOSYN 7%/ELECTROLYTES	93
aminosyn 8.5%/electrolytes	93
AMINOSYN II	130
aminosyn ii 8.5%/electrolytes	93
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This information can be made available in other formats or languages. Please call Customer Service for assistance.

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Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-789-7747 (TTY: 711).

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。1-866-789-7747 （TTY: 711）まで、お電話にてご連絡ください。

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-789-7747 (TTY: 711) 번으로 전화해 주십시오.

Kurdish: رەگە ئ ەب ی نامز ی دروک ە سەق دەکەیت، ی ناکەی رازوگ تەمزخ ی تەمرای زمان، بەخ ۆڕایی، ۆب ۆت ەک ب. (TTY: 711) 1-866-789-7747 ەت سەدرەب. ی دنەویە پ ەب ی راداگ ای:

Laotian: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-866-789-7747 (TTY: 711).

Marshallese: LALE: Ne kwōj kōnono Kajin Majōl, kwomaron bōk jerbal in jipan ilo kajin ne am ejjelọk wōnāān. Kaalọk 1-866-789-7747 (TTY: 711).

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-789-7747 (टिटिवाइ: 711) ।

Oromo: XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-789-7747 (TTY: 711).

Pennsylvania Dutch: Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-789-7747 (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-789-7747 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian: ATENȚIE: Dacă vorbiți limba romană, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-789-7747 (TTY: 711).

Portuguese: ATENCAO: Se fala portugues, encontram-se disponiveis servicos linguisticos, gratis. Ligue para 1-866-789-7747 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-789-7747 (телетайп: 711).

Spanish: ATENCION: si habla espanol, tiene a su disposicion servicios gratuitos de asistencia linguistica. Llame al 1-866-789-7747 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-789-7747 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-789-7747 (телетайп: 711).

Vietnamese: CHU Y: Nếu bạn noi Tiếng Việt, co cac dịch vụ hỗ trợ ngon ngữ miễn phi danh cho bạn. Gọi số 1-866-789-7747 (TTY: 711).