2021

CENTERS PLAN FOR HEALTHY LIVING

2021年處方一覽表（給付藥品目錄）

Centers Plan for Dual Coverage Care (HMO D-SNP)
Centers Plan for Nursing Home Care (HMO I-SNP)
Centers Plan for Medicaid Advantage Plus (HMO D-SNP)

本處方一覽表更新於2021年12月。如需取得更多最新資訊，或者如果您有其他問題，敬請致電以下電話，聯絡Centers Plan for Healthy Living：1-877-940-9330，聽力障礙電傳使用者請致電： 711，工作時間為：每週7天，早8點至晚8點，或者請瀏覽：www.centersplan.com。

H6988_002_003_004_005_2021_ENR1085_C

Language Assistance Services Notification

English	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-940-9330 (TTY: 1-800-421-1220).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-940-9330 (TTY: 1-800-421-1220).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-940-9330 (رقم هاتف الصم والبكم: 1-800-421-1220).
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-940-9330 (TTY: ১-800-421-1220)।
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-940-9330（TTY：1-800-421-1220）。
French	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-940-9330 (ATS : 1-800-421-1220).
Greek	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-940-9330 (TTY: 1-800-421-1220).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-940-9330 (TTY: 1-800-421-1220).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-940-9330 (TTY: 1-800-421-1220).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-940-9330 (TTY: 1-800-421-1220)번으로 전화해 주십시오.
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-940-9330 (TTY: 1-800-421-1220).
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-940-9330 (телетайп: 1-800-421-1220).
Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-940-9330 (TTY: 1-800-421-1220).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-940-9330 (TTY: 1-800-421-1220).
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں 1-877-940-9330 (TTY: 1-800-421-1220).
Yiddish	אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-940-9330 (TTY: 1-800-421-1220).

關於無歧視的通告

歧視行為違反法律

Centers Plan for Healthy Living, LLC 遵守適用的聯邦民權法律，沒有種族、膚色、民族血統、年齡、殘障或性別方面的歧視。Centers Plan for Healthy Living, LLC 不以種族、膚色、民族血統、年齡、殘障或性別為由排斥任何人士或對他們進行區別對待。

Centers Plan for Healthy Living, LLC 提供：

- 針對殘障人士的免費援助和服務，以便和我們有效溝通，例如：
    - 合格的手語翻譯
    - 其他格式的書面資訊（大號字型、音訊、可存取電子格式、其他格式）
- 向主要語言不是英語的人士提供免費語言服務，例如：
    - 合格的翻譯
    - 用其他語言編寫的資訊

如果您需要這些服務，請聯絡會員/參與者服務部：1-877-940-9330（聽力障礙電傳使用者請致電 711）。

如果您認為 Centers Plan for Healthy Living, LLC 未能提供這些服務，或以種族、膚色、民族血統、年齡、殘障或性別為由實施歧視，您可以向我們的申訴和上訴部門提出申訴：

寄信至： Centers Plan for Healthy Living, LLC
Attn: G&A Department
75 Vanderbilt Avenue
Staten Island, NY 10304- 2604

電話： 1-877-940-9330（聽力障礙電傳使用者請致電 711）

傳真： 1-347-505-7089

電子郵件： GandA@centersplan.com

您可以親自登門或透過郵件、傳真或電子郵件提出申訴。如果您在提交申訴中需要，會員/參與者服務部可提供幫助，時間為每週 7 天，早 8 點至晚 8 點。

您也可以採用電子方式，透過民權辦公室投訴入口網站 (https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)向美國衛生與大眾服務部民權辦公室提出投訴，或者透過郵件或電話提出投訴，投訴地址和投訴電話是：

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

投訴表格可在下列網址獲得：http://www.hhs.gov/ocr/office/file/index.html。

Centers Plan for Dual Coverage Care (HMO D-SNP)

Centers Plan for Nursing Home Care (HMO I-SNP)

Centers Plan for Medicaid Advantage Plus (HMO D-SNP)

2021處方一覽表

(承保藥品清單)

請閱讀：本文件含有關於
本計劃承保藥品的相關資訊

HPMS已核准處方一覽表，檔案提交ID 21005，版本20

本處方一覽表更新於2021年12月。如需獲得更多最新資訊，或者如果您有其他問題，敬請致電以下電話，聯絡Centers Plan for Dual Coverage Care、Nursing Home Care和1-877-940-9330，或Centers Plan for Medicaid Advantage Plus：1-833-274-5627，或聽力障礙電傳使用者請致電：711，工作時間為：每週7天，早8點至晚8點，或者請瀏覽：www.centersplan.com。

現有會員注意：此處方一覽表自去年以來發生了變更。請閱覽此文件，確保處方一覽表仍然包含您服用的藥品。
本藥品清單（處方一覽表）中的「我們」或「我們的」指代Centers Plan for Healthy Living。其中的「計劃」或「我們的計劃」指代Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus或。

本文件包含一份用於我們的計劃的藥品清單（處方一覽表），最後更新日期為2021年9月。如需獲得最新處方一覽表，請聯絡我們。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。一般情況下，您必須使用網絡內藥房來使用您的處方藥福利。福利、處方一覽表、藥房網絡和/或自付費用/共同保險費可能會在2022年1月1日發生變更，並在當年中不時發生變更。

什麼是Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和處方一覽表？

處方一覽表是本計劃在諮詢醫療保健提供者團隊後選擇的承保藥品清單，這個清單上列出了有效的治療計劃所必須的處方療法。我們一般會承保處方一覽表內列出的藥品，只要這些藥品屬於醫療必需藥品，且處方由Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和網絡內的藥房開出，
也符合其他的計劃規則。如想獲得關於如何開處方藥的更多資訊，請查閱您的承保福利說明。

處方一覽表（藥品清單）會發生變更嗎？

大部分藥物承保變更發生在1月1日，但我們可能於年中新增或移除藥品清單中的藥品，將它們移至不同的分攤費用等級，或者新增限制。在進行這些變更時，我們須遵循Medicare的規定。

當年可影響您的變更：在以下案例中，您將因年中的承保變更受到影響：

- **新普通藥品。**如果我們用一種新的、位於相同或較低費用分攤層級的、具有相同或更少限制的普通藥品替代某種品牌藥品，我們可立即將該品牌藥品從我們的藥品清單上移除。此外，在添加新普通藥品時，我們可能會決定將品牌藥品保留在我們的藥品清單中，但會立即將其移至另外一個費用分攤層級或添加新的限制。如果您目前正在服用該品牌藥品，我們可能不會在進行變更之前提前告知您，但我們之後會向您提供有關我們所做出的具體變更的資訊。

    - 如果我們做出這樣的變更，您或您的處方醫生可以要求我們例外對待並繼續為您承保品牌藥品。我們為您提供的通知還將包含如何請求例外對待的資訊，您還可以在下面標題為「如何申請Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和處方一覽表特例？」部分中找到相關資訊。

- **退市的藥品。**如果食品與藥品管理局裁定我們處方一覽表上的一種藥品不安全或此藥品的製造商將藥品撤出市場，我們會立即將此藥品從我們的處方一覽表上移除並通知服用此藥品的會員。

- **其他變動。**我們可能會進行影響目前服用藥品的會員的其他變動。例如，我們可能會新增一種非新上市的普通藥物來替代目前處方一覽表中的品牌藥物，或者對品牌藥物增加新的限制或將其轉移到另外一個費用分攤層級或同時執行這兩項操作。或者我們可以根據新的臨床指導原則進行變更。如果我們將藥品從處方一覽表中移除，增加了一種藥品的事先核准、數量限制以和/或者逐步治療限制， 或將一種藥品移至更高的分攤費用層級，
  我們必須在變更生效前至少30天內通知受影響的會員這一變更情況，或在會員要求續開藥品時進行通知，在這種情況下，此會員將獲得30天的藥品供應量。

    - 如果我們作出這樣的變更，您或您的處方醫生可以要求我們特例對待並繼續為您承保品牌藥品。我們為您提供的通知還將包含如何請求例外對待的資訊，您還可以在下面標題為「如何申請Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus或處方一覽表特例？」部分中找到相關資訊。

如果您正在服藥，此變更不會影響到您。一般情況下，如果您正在服用我們的2021年處方一覽表上的藥品，且此藥品年初屬於承保藥品，我們不會在2021年保險年期間中斷或減少藥品承保。這意味著正在服用該藥品的會員能夠在該保險年的剩餘時間以相同的分攤費用取得該藥品，且無需受到新的限制。您當年不會受到任何對您不產生影響的變化的直接通知。但是，自下一年的1月1日開始，這些變更的影響就會生效，因此請務必查看新福利年度藥品清單上的藥品是否有任何變化。

隨信附上的處方一覽表最後更新日期為2021年12月 。如想獲得我們計劃藥品保險的最新資訊，請聯絡我們。我們的聯絡資料在封面和封底。

如何使用處方一覽表？

有兩個方法可以在處方一覽表中尋找您的藥品：

身體狀況

處方一覽表從第3頁開始。此處方一覽表中的藥品根據它們用於治療的醫療狀況類型劃分為不同種類。例如，用於治療心臟狀況的藥品被列於「心血管藥物」種類之下。如果您知道自己藥品的作用，則可從第3頁開始的清單中查詢種類名稱。然後在這一種類下方查詢您的藥品。

字母排列

如果您不確定應該在哪個種類下方查詢，您應該在從第138頁開始的索引中尋找您的藥品。索引提供了一份清單，將本文件包含的所有藥品按照字母順序進行排列。品牌藥品和普通藥品都列於此索引之中。查詢索引，找到您的藥品。在您的藥品旁邊，您將看到承保資訊所在頁面的頁碼。翻至索引中所列頁面，並在清單第一欄找到您的藥品名稱。

什麼是普通藥物？

Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和承保品牌藥和普通藥。普通藥品是通過FDA審核的與品牌藥品具有相同活性成分的藥品。一般情況下，普通藥品的費用比品牌藥品低。

我的受保範圍是否有約束或限制?

- 部分承保藥品可能有額外承保要求或限制。這些要求和限制可能包括：**事前核准**：我們計劃要求您或您的醫生為某些藥品獲得事前核准。這意味著您獲得處方藥之前需要獲得我們的核准。若您未獲得核准，我們可能不承保此藥物。

- **數量限制**：對於某些藥品，我們計劃限制我們承保的藥量。例如，Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和將sumatriptan 100 mg一個月內的單次處方量限制為9片。這可能是對標準一個月或三個月供應量的補充。

- **分步治療**：在某些情況下，我們計劃會要求您在其承保治療您所患病症的藥物前先試用其他藥物。例如，如果藥品A和藥品B都可治療您的疾病情況，我們可能會要求您先試用藥品A，否則就不承保藥品B。如果藥品A對您無效，我們將承保藥品B。

如想了解您的藥品是否有其他額外要求或限制，您可從第3頁開始檢視處方一覽表。您也可以瀏覽我們的網站(www.centersplan.com)，瞭解有關特定承保藥品所受約束的詳細資訊。我們已在網上發佈解釋我們的事先核准限制、逐步治療限制*或* 事先核准和逐步治療限制的文件。您也可以要求我們向您傳送一份副本。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。

您可以要求我們對這些約束和限制作出特例處理，或對也許能夠治療您的健康狀況的其他類似藥品清單作出特例處理。參見下一頁的「**如何申請Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和處方一覽表特例？**」部分，瞭解請求特例處理的方法。

如果我的藥品未納入此處方一覽表該怎麼辦？

如果您的藥品未納入此處方一覽表（承保藥品清單），您首先應該聯絡會員服務部，詢問您的藥品是否在承保範圍內。

如果您瞭解到我們計劃不承保您的藥品，您有兩個選項：

- 您可以向藥房服務台要求一份我們計劃承保的類似藥品清單。當您收到這份清單之後，將其交給您的醫生查看並要求醫生開一種Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和承保的同類藥品。

- 您可以向我們計劃請求特例處理並要求承保您的藥品。參見下方資訊，了解如何請求特例處理。

如何申請Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和處方一覽表特例？

您可以向我們請求對我們的承保規則進行特例處理。您可以向我們請求進行幾類特例處理。

- 即使一種藥品不在我們的處方一覽表之上，您也可以向我們請求承保此藥品。如果請求被核准，此藥品將以事先決定的費用分攤水準被承保，而您無法要求我們提供更低的費用分攤水準。

- 您可以向我們請求撤銷對您的藥品承保約束或限制。例如，對於某些藥品，我們計劃限制我們承保的藥量。如果您的藥品有藥量限制，您可以向我們請求撤銷此限制並承保更大藥量。

一般情況下，只有當計劃處方一覽表上包含的替代藥品、分攤費用更低的藥品或額外使用約束對您的治療效果不佳以及/或者可能對您產生副作用，我們計劃才會核准您的特例請求。

您應該聯絡我們，要求獲得一份有關處方一覽表或使用限制特例的初始保險決定。**當您請求一份處方一覽表或使用約束特例時，您應該提交一份您的開藥醫生或醫師出具的支持您請求的聲明。**一般情況下，我們必須在收到您的開藥醫生出具的支持性聲明後的72小時內作出決定。如果您或您的醫生認為等待72小時才能裁定可能會對您的健康造成嚴重傷害，您可以請求加急（快速）特例。如果您的加急請求得到許可，我們必須在收到您的醫生或其他開藥醫生出具的支援性聲明的24小時之內告知您我們的決定。

在我能夠和我的醫生討論變更我的藥品或請求特例之前我應該做什麼？

作為我們的計劃的新會員或持續會員，您可能正在服用不在我們的處方一覽表上的藥品。或者，您可能正在服用我們處方一覽表上的藥品，但您獲得該藥品的能力受限。例如，在開處方藥之前，您可能需要得到我們的事前核准。您應該向您的醫生諮詢，確認您是否應該更換為我們承保的合適藥品，或請求處方一覽表特例處理，要求我們承保您服用的藥品。在您向您的醫生諮詢並決定正確的處理措施之時，我們可能會在特定情況下在您成為我們的計劃會員的最初90天內承保您的藥品。

對於您所服用的不在我們處方一覽表上的每一種藥品或如果您獲得您的藥品的能力有限，我們將暫時承保30天的供應藥量。如果您所開的處方藥用量天數較少，我們將允許再次配藥，以便提供最多30天的藥品供應。結束您最初30天的供應藥量之後，我們不會為這些藥品支付費用，即使您成為本計劃會員的時間不超過90天亦如此。

如果您是一家長期護理機構的住院病患且您需要的藥品並不在我們的處方一覽表上或者如果您獲得藥品的能力有限，而您加入我們計劃成為會員已經超過90天，在您尋求處方一覽表例外處理期間，我們將承保31天的緊急用藥用量。

如果下列一個**護理等級變更**情況適用於您，您可能有資格獲得您目前正在服用的藥物的過渡用量：

- 如果您從醫院或其他機構轉到長期護理機構
- 如果您離開長期護理機構回家
- 如果您從專業護理機構出院

以上所列的護理等級變更只是您可能有資格獲得過渡用量的一些原因，有關更多資訊，請致電藥房服務台：1-888-807-5717（聽力障礙電傳使用者應致電 711），辦公時間為每週7天，早8點至晚8點。

更多資訊

為獲得關於您的Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care Centers Plan for Medicaid Advantage Plus和處方藥品承保的詳細資訊，
請閱覽您的**《承保福利說明》**和其他計劃材料。

如果您對我們計劃有疑問，請聯絡我們。我們的聯絡方式和處方一覽表最新更新日期會分別出現在封面和封底。
如果您對Medicare處方藥品承保有一般性問題，請致電Medicare，電話是致電1-800-MEDICARE (1-800-633-4227)，該電話全天候提供服務，終年無休。聽力障礙電傳使用者應致電711。
或者瀏覽 http://www.medicare.gov。

2021年12月

Centers Plan for Dual Coverage Care、Centers Plan for Nursing Home Care、Centers Plan for Medicaid Advantage Plus和處方一覽表

以下處方一覽表提供了我們計劃承保的藥物資訊。如果您在藥物清單上找藥物有困難，請翻至位於第138頁上的索引部分。

圖表第一列是藥品名稱。品牌藥品名稱大寫（如：LIPITOR），普通藥品為斜體小寫（如：*atorvastatin*）。

要求/限制欄中的資訊告知您我們計劃對您的藥品承保是否有任何特殊要求。

請注意：本藥物清單包括Medicare D部分承保下的藥物。如果您有紐約州Medicaid (**Medicaid**)，某些處方藥品可能享受您的Medicaid藥房計劃保險。請致電Medicaid藥房計劃：**(518) 486-3209**，或瀏覽以下網站瞭解關於您Medicaid藥物承保範圍的更多資訊，並查閱最新的Medicaid偏好藥物清單：https://omh.ny.gov/omhweb/guidance/medicaid_pharmacy_benefit/changes.html。

文件文字部分可能會有以下縮寫

承保註釋縮寫

使用管理約束		
縮寫	**說明**	**說明**
NDS	非延期供應	此藥物僅限於提供一個月或更短時間的供應。超出一個月的供應後，您將無法配藥。
PA	事前核准約束	在您獲得此藥配藥之前，您（或者您的醫生）必須首先獲得 Centers Plan for Healthy Living (Centers Plan)的事前核准。沒有事先核准，Centers Plan 可能不承保此藥。
PA BvD	B 部分及 D 部分的事前核准	此藥品可能由您的 B 部分醫療或 D 部分處方藥保險進行承保。在您獲得此藥配藥之前，您（或者您的醫生）必須首先獲得 Centers Plan 的事前核准，以確定 Medicare D 部分承保此藥物。沒有事先核准，Centers Plan 可能不承保此藥。
PA-HRM	高風險藥物的事前核准	此處方藥已經被 CMS 視為潛在有害藥品，因此針對 Medicare 65 周歲及以上受益者是高危藥品。如果您的年齡為 65 歲或以上，您（或您的醫生）必須在配藥之前獲得 Centers Plan 的事前核准。沒有事先核准，Centers Plan 可能不承保此藥。
PA NSO	僅適用於新會員的事前核准	如果您是一名新會員或者如果您之前未曾服用過此藥，您（或您的醫生）必須在您為此藥配藥之前獲得 Centers Plan 的事前核准。沒有事先核准，Centers Plan 可能不承保此藥。
QL	數量限制約束	Centers Plan 限制每份處方或某指定期間所承保的藥量。
ST	逐步治療約束	在 Centers Plan 將為此藥提供承保之前，您必須首先使用其他藥物以應對您的醫療病症。只有當其他藥物對您並不起作用的情況下，此藥才可能獲得承保。
其他特殊承保要求		
LA	取得管道有限的藥物	該處方可能只允許在一些藥房配藥。欲瞭解更多訊息，請參閱您的《藥房名錄》或致電藥房諮詢台：1-888-807-5717，工作時間為每週 7 天，早 8 點至晚 8 點。聽力障礙電傳/TDD 使用者請致電 711。
NM	不可郵購藥品	您可在您的處方一覽表中按折扣藥品分攤費用郵購多數藥品的 1 個月以上供給量。透過郵購無法獲得的藥品在您處方一覽表中的註釋一欄中以「NM」標註。

效力和劑型縮寫	
縮寫	**說明**
conc	濃縮
soln	溶液

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Drug Name		Drug Tier	Requirements/Limits
Analgesics			
Analgesics, Miscellaneous			
acetaminophen-codeine oral solution 120-12 mg/5 ml		1	NM; NDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg		1	NM; NDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg		1	NM; NDS; QL (180 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml	(Buprenex)	1	
buprenorphine hcl injection syringe 0.3 mg/ml		1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	(Esgic)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral capsule 50-325-40 mg		1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
butalbital-aspirin-caffeine oral tablet 50-325-40 mg		1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
codeine sulfate oral tablet 30 mg, 60 mg		1	NM; NDS; QL (180 per 30 days)
endocet oral tablet 10-325 mg	(oxycodone-acetaminophen)	1	NM; NDS; QL (180 per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	(oxycodone-acetaminophen)	1	NM; NDS; QL (360 per 30 days)
endocet oral tablet 7.5-325 mg	(oxycodone-acetaminophen)	1	NM; NDS; QL (240 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	(Actiq)	1	PA; NM; NDS; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		1	NM; NDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml		1	NM; NDS; QL (2700 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg		1	NM; NDS; QL (180 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg		1	NM; NDS; QL (240 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg		1	NM; NDS; QL (150 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml		1	
hydromorphone oral liquid 1 mg/ml	(Dilaudid)	1	NM; NDS; QL (1200 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	(Dilaudid)	1	NM; NDS; QL (180 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY		1	PA; NM; NDS; QL (30 per 30 days)
lorcet (hydrocodone) oral tablet 5-325 mg	(hydrocodone-acetaminophen)	1	NM; NDS; QL (240 per 30 days)
lorcet hd oral tablet 10-325 mg	(hydrocodone-acetaminophen)	1	NM; NDS; QL (180 per 30 days)
lorcet plus oral tablet 7.5-325 mg	(hydrocodone-acetaminophen)	1	NM; NDS; QL (180 per 30 days)
methadone injection solution 10 mg/ml		1	
methadone oral solution 10 mg/5 ml		1	NM; NDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml		1	NM; NDS; QL (1200 per 30 days)
methadone oral tablet 10 mg		1	NM; NDS; QL (120 per 30 days)
methadone oral tablet 5 mg		1	NM; NDS; QL (180 per 30 days)
methadose oral tablet,soluble 40 mg	(methadone)	1	NM; NDS; QL (30 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)		1	NM; NDS; QL (180 per 30 days)
morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml		1	
morphine oral solution 10 mg/5 ml		1	NM; NDS; QL (700 per 30 days)
morphine oral solution 20 mg/5 ml (4 mg/ml)		1	NM; NDS; QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG		1	NM; NDS; QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG		1	NM; NDS; QL (120 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg, 60 mg	(MS Contin)	1	NM; NDS; QL (60 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg	(MS Contin)	1	NM; NDS; QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
oxycodone oral solution 5 mg/5 ml		1	NM; NDS; QL (1300 per 30 days)
oxycodone oral tablet 10 mg		1	NM; NDS; QL (180 per 30 days)
oxycodone oral tablet 15 mg, 30 mg	(Roxicodone)	1	NM; NDS; QL (120 per 30 days)
oxycodone oral tablet 20 mg		1	NM; NDS; QL (120 per 30 days)
oxycodone oral tablet 5 mg	(Roxicodone)	1	NM; NDS; QL (180 per 30 days)
oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	(OxyContin)	1	NM; NDS; QL (60 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	(Endocet)	1	NM; NDS; QL (180 per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	(Endocet)	1	NM; NDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	(Endocet)	1	NM; NDS; QL (240 per 30 days)
oxycodone-aspirin oral tablet 4.8355-325 mg		1	NM; NDS; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	(oxycodone)	1	NM; NDS; QL (60 per 30 days)
tramadol oral tablet 50 mg	(Ultram)	1	NM; NDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	(Ultracet)	1	NM; NDS; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG		1	NM; NDS; QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG		1	NM; NDS; QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG		1	NM; NDS; QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents			

Drug Name		Drug Tier	Requirements/Limits
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)		1	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	(Celebrex)	1	QL (60 per 30 days)
diclofenac epolamine transdermal patch 12 hour 1.3 %	(Flector)	1	PA; QL (60 per 30 days)
diclofenac potassium oral tablet 50 mg	(Cataflam)	1	QL (120 per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg		1	QL (60 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg		1	QL (150 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg		1	QL (120 per 30 days)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg		1	QL (60 per 30 days)
diclofenac sodium topical drops 1.5 %		1	QL (300 per 30 days)
diclofenac sodium topical gel 1 %	(Arthritis Pain (diclofenac))	1	
diclofenac sodium topical gel 3 %		1	PA; QL (100 per 28 days)
etodolac oral capsule 200 mg, 300 mg		1	
etodolac oral tablet 400 mg	(Lodine)	1	
etodolac oral tablet 500 mg		1	
flurbiprofen oral tablet 100 mg		1	
ibu oral tablet 400 mg, 600 mg, 800 mg	(ibuprofen)	1	
ibuprofen oral suspension 100 mg/5 ml	(Children's Advil)	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	(IBU)	1	
indomethacin oral capsule 25 mg		1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
indomethacin oral capsule 50 mg		1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
ketorolac oral tablet 10 mg		1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/Limits
mefenamic acid oral capsule 250 mg		1	
meloxicam oral tablet 15 mg, 7.5 mg	(Mobic)	1	
nabumetone oral tablet 500 mg, 750 mg	(Relafen)	1	
naproxen oral tablet 250 mg, 375 mg		1	
naproxen oral tablet 500 mg	(Naprosyn)	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	(EC-Naprosyn)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)		1	PA; NDS; QL (224 per 28 days)
sulindac oral tablet 150 mg, 200 mg		1	
Anesthetics			
Local Anesthetics			
glydo mucous membrane jelly in applicator 2 %	(lidocaine hcl)	1	QL (30 per 30 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine-MPF)	1	
lidocaine (pf) injection solution 40 mg/ml (4 %)		1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	(Xylocaine (Cardiac) (PF))	1	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	(Xylocaine)	1	
lidocaine hcl mucous membrane jelly 2 %		1	QL (30 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)		1	PA
lidocaine topical adhesive patch,medicated 5 %	(Lidoderm)	1	PA; QL (90 per 30 days)
lidocaine topical ointment 5 %		1	PA; QL (90 per 30 days)
lidocaine viscous mucous membrane solution 2 %	(lidocaine hcl)	1	
lidocaine-prilocaine topical cream 2.5-2.5 %		1	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %		1	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents			

Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg (Suboxone)	1	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (varenicline)	1	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (varenicline)	1	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	
disulfiram oral tablet 250 mg, 500 mg	1	
KLOXXADO NASAL SPRAY,NON-AEROSOL 8 MG/ACTUATION	1	QL (4 per 30 days)
LUCEMYRA ORAL TABLET 0.18 MG	1	NDS; QL (228 per 14 days)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	1	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	1	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	1	NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	1	NDS; QL (1.5 per 30 days)
varenicline oral tablet 0.5 mg, 1 mg	1	QL (336 per 365 days)

Drug Name		Drug Tier	Requirements/Limits
Antianxiety Agents			
Benzodiazepines			
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	(Xanax)	1	NM; NDS; QL (120 per 30 days)
alprazolam oral tablet 2 mg	(Xanax)	1	NM; NDS; QL (150 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg		1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg		1	NM; NDS; QL (120 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	(Klonopin)	1	NM; NDS; QL (90 per 30 days)
clonazepam oral tablet 2 mg	(Klonopin)	1	NM; NDS; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg		1	NM; NDS; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg		1	NM; NDS; QL (300 per 30 days)
clorazepate dipotassium oral tablet 15 mg, 3.75 mg		1	NM; NDS; QL (180 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	(Tranxene T-Tab)	1	NM; NDS; QL (180 per 30 days)
diazepam 5 mg/ml oral conc 5 mg/ml	(diazepam)	1	NM; NDS; QL (1200 per 30 days)
diazepam injection solution 5 mg/ml		1	QL (10 per 28 days)
diazepam injection syringe 5 mg/ml		1	QL (10 per 28 days)
diazepam oral concentrate 5 mg/ml	(Diazepam Intensol)	1	NM; NDS; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)		1	NM; NDS; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	(Valium)	1	NM; NDS; QL (120 per 30 days)
lorazepam injection solution 2 mg/ml, 4 mg/ml	(Ativan)	1	QL (2 per 30 days)
lorazepam injection syringe 2 mg/ml, 4 mg/ml		1	QL (2 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	(Ativan)	1	NM; NDS; QL (90 per 30 days)
lorazepam oral tablet 2 mg	(Ativan)	1	NM; NDS; QL (150 per 30 days)
temazepam oral capsule 15 mg, 30 mg	(Restoril)	1	NM; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Antibacterials			
Aminoglycosides			
gentamicin injection solution 20 mg/2 ml, 40 mg/ml		1	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml		1	
gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml		1	
neomycin oral tablet 500 mg		1	
streptomycin intramuscular recon soln 1 gram		1	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG		1	NDS; QL (224 per 28 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	(Tobi)	1	PA BvD; NDS
tobramycin inhalation solution for nebulization 300 mg/4 ml	(Bethkis)	1	PA BvD; NDS
tobramycin sulfate injection solution 40 mg/ml		1	
Antibacterials, Miscellaneous			
chloramphenicol sod succinate intravenous recon soln 1 gram		1	
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML		1	
CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML		1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	(Cleocin HCl)	1	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml		1	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML		1	
clindamycin phosphate injection solution 150 (mg/ml) (6 ml)		1	
clindamycin phosphate injection solution 150 mg/ml	(Cleocin)	1	

Drug Name		Drug Tier	Requirements/Limits
clindamycin phosphate intravenous solution 300 mg/2 ml		1	
clindamycin phosphate intravenous solution 600 mg/4 ml		1	
colistin (colistimethate na) injection recon soln 150 mg	(Coly-Mycin M Parenteral)	1	PA BvD; NDS
daptomycin intravenous recon soln 500 mg	(Cubicin)	1	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML		1	
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	(Zyvox)	1	NDS
linezolid oral suspension for reconstitution 100 mg/5 ml	(Zyvox)	1	NDS
linezolid oral tablet 600 mg	(Zyvox)	1	
methenamine hippurate oral tablet 1 gram	(Hiprex)	1	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	(Metro I.V.)	1	
metronidazole oral tablet 250 mg, 500 mg		1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	(Macrodantin)	1	QL (120 per 30 days)
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	(Macrobid)	1	QL (60 per 30 days)
polymyxin b sulfate injection recon soln 500,000 unit		1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG		1	NDS
trimethoprim oral tablet 100 mg		1	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg		1	
vancomycin oral capsule 125 mg	(Vancocin)	1	QL (56 per 14 days)
vancomycin oral capsule 250 mg	(Vancocin)	1	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG		1	PA; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG		1	PA; NDS; QL (90 per 30 days)
Cephalosporins			
cefaclor oral capsule 250 mg, 500 mg		1	

Drug Name	Drug Tier	Requirements/Limits
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefepime injection recon soln 1 gram, 2 gram	1	
cefixime oral capsule 400 mg (Suprax)	1	
cefotaxime injection recon soln 1 gram	1	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftazidime injection recon soln 1 gram, 2 gram (Fortaz)	1	
ceftazidime injection recon soln 6 gram (Tazicef)	1	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection recon soln 750 mg	1	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	1	

Drug Name		Drug Tier	Requirements/Limits
cephalexin oral capsule 250 mg, 500 mg		1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG		1	NDS
Macrolides			
azithromycin intravenous recon soln 500 mg	(Zithromax)	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	(Zithromax)	1	
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg		1	
azithromycin oral tablet 250 mg, 500 mg	(Zithromax)	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml		1	
clarithromycin oral tablet 250 mg, 500 mg		1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML		1	NDS; QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG		1	NDS; QL (20 per 10 days)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml	(E.E.S. Granules)	1	
erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml	(EryPed 400)	1	
erythromycin oral tablet 250 mg, 500 mg		1	
Miscellaneous B-Lactam Antibiotics			
aztreonam injection recon soln 1 gram, 2 gram	(Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		1	PA; LA; NDS
ertapenem injection recon soln 1 gram	(Invanz)	1	

Drug Name		Drug Tier	Requirements/Limits
imipenem-cilastatin intravenous recon soln 250 mg		1	
imipenem-cilastatin intravenous recon soln 500 mg	(Primaxin IV)	1	
meropenem intravenous recon soln 1 gram, 500 mg		1	
Penicillins			
amoxicillin oral capsule 250 mg, 500 mg		1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml		1	
amoxicillin oral tablet 500 mg, 875 mg		1	
amoxicillin oral tablet,chewable 125 mg, 250 mg		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml		1	
amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml	(Augmentin ES-600)	1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	(Augmentin)	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg		1	
ampicillin oral capsule 250 mg, 500 mg		1	
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg		1	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	(Unasyn)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML		1	
dicloxacillin oral capsule 250 mg, 500 mg		1	
nafcillin 1 gm/ 50 ml inj 1 gram/50 ml		1	
nafcillin injection recon soln 1 gram		1	

Drug Name	Drug Tier	Requirements/Limits
nafcillin injection recon soln 10 gram	1	NDS
nafcillin injection recon soln 2 gram	1	
penicillin g potassium injection recon soln 20 million unit (Pfizerpen-G)	1	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	
penicillin gk 5 million unit p/f,latex-free 5 million unit (Pfizerpen-G)	1	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit (penicillin g potassium)	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
Quinolones		
BAXDELA ORAL TABLET 450 MG	1	PA; NDS; QL (28 per 14 days)
ciprofloxacin hcl 750 mg tab f/c 750 mg	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	1	
levofloxacin intravenous solution 25 mg/ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
Sulfonamides		

Drug Name		Drug Tier	Requirements/Limits
sulfadiazine oral tablet 500 mg		1	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml		1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	(Sulfatrim)	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg	(Bactrim)	1	
sulfamethoxazole-trimethoprim oral tablet 800-160 mg	(Bactrim DS)	1	
Tetracyclines			
doxy-100 intravenous recon soln 100 mg	(doxycycline hyclate)	1	
doxycycline hyclate intravenous recon soln 100 mg	(Doxy-100)	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	(Morgidox)	1	
doxycycline hyclate oral tablet 100 mg	(LymePak)	1	
doxycycline hyclate oral tablet 20 mg		1	
doxycycline monohydrate oral capsule 100 mg	(Mondoxyne NL)	1	
doxycycline monohydrate oral capsule 50 mg	(Monodox)	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	(Vibramycin)	1	
doxycycline monohydrate oral tablet 100 mg	(Avidoxy)	1	
doxycycline monohydrate oral tablet 50 mg		1	
minocycline oral capsule 100 mg, 50 mg, 75 mg		1	
mondoxyne nl oral capsule 100 mg	(doxycycline monohydrate)	1	
tetracycline oral capsule 250 mg, 500 mg		1	
tigecycline intravenous recon soln 50 mg	(Tygacil)	1	NDS
Anticancer Agents			
Anticancer Agents			
abiraterone oral tablet 250 mg	(Zytiga)	1	PA NSO; NDS; QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG		1	NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG		1	PA NSO; NDS
adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(doxorubicin)	1	PA BvD
adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml	(fluorouracil)	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	(everolimus (antineoplastic))	1	PA NSO; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	(everolimus (antineoplastic))	1	PA NSO; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	(everolimus (antineoplastic))	1	PA NSO; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG		1	PA NSO; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG		1	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG		1	PA NSO; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG		1	PA NSO; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG		1	PA NSO; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)		1	PA NSO; NDS
anastrozole oral tablet 1 mg	(Arimidex)	1	
arsenic trioxide intravenous solution 1 mg/ml		1	NDS
arsenic trioxide intravenous solution 2 mg/ml	(Trisenox)	1	NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML		1	PA NSO; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML		1	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG		1	PA NSO; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
azacitidine injection recon soln 100 mg (Vidaza)	1	NDS
BALVERSA ORAL TABLET 3 MG	1	PA NSO; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA NSO; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML (bendamustine)	1	PA NSO; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	PA NSO; NDS
bexarotene oral capsule 75 mg (Targretin)	1	PA NSO; NDS
bicalutamide oral tablet 50 mg (Casodex)	1	
BLENREP INTRAVENOUS RECON SOLN 100 MG	1	PA NSO; NDS
bleomycin injection recon soln 15 unit, 30 unit	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG (vandetanib)	1	PA NSO; NDS; QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	(vandetanib)	1	PA NSO; NDS; QL (30 per 30 days)
clofarabine intravenous solution 20 mg/20 ml	(Clolar)	1	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)		1	PA NSO; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG		1	PA NSO; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG		1	PA NSO; LA; NDS; QL (63 per 28 days)
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg		1	PA BvD; NDS
cyclophosphamide intravenous solution 200 mg/ml		1	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG		1	PA BvD; ST
cyclophosphamide oral tablet 25 mg, 50 mg		1	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML		1	PA NSO; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML		1	PA NSO; NDS; QL (120 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML		1	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML		1	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG		1	PA NSO; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG		1	PA NSO; NDS; QL (60 per 30 days)
decitabine intravenous recon soln 50 mg	(Dacogen)	1	NDS
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	(Adriamycin)	1	PA BvD
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	(Doxil)	1	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG		1	

Drug Name		Drug Tier	Requirements/Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG		1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG		1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG		1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)		1	
EMCYT ORAL CAPSULE 140 MG		1	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG		1	PA NSO; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG		1	PA NSO; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML		1	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG		1	PA NSO; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG		1	PA NSO; NDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 25 mg	(Tarceva)	1	PA NSO; NDS; QL (60 per 30 days)
erlotinib oral tablet 150 mg	(Tarceva)	1	PA NSO; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG		1	
etoposide intravenous solution 20 mg/ml	(Toposar)	1	
everolimus (antineoplastic) oral tablet 10 mg	(Afinitor)	1	PA NSO; NDS; QL (56 per 28 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	(Afinitor Disperz)	1	PA NSO; NDS; QL (112 per 28 days)
exemestane oral tablet 25 mg	(Aromasin)	1	
EXKIVITY ORAL CAPSULE 40 MG		1	PA NSO; NDS; QL (120 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		1	PA NSO; NDS
floxuridine injection recon soln 0.5 gram		1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml	1	PA BvD
flutamide oral capsule 125 mg	1	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA NSO; NDS; QL (21 per 28 days)
fulvestrant intramuscular syringe 250 mg/5 ml (Faslodex)	1	NDS
GAVRETO ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	1	PA NSO; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
hydroxyurea oral capsule 500 mg (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	1	PA NSO; NDS; QL (60 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NDS; QL (30 per 30 days)
ifosfamide intravenous recon soln 1 gram (Ifex)	1	
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	1	
imatinib oral tablet 100 mg (Gleevec)	1	PA NSO; QL (180 per 30 days)
imatinib oral tablet 400 mg (Gleevec)	1	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NDS; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA NSO; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	1	PA NSO; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA NSO; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA NSO; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NDS; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA NSO; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA NSO; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	1	PA NSO; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO; NDS
lapatinib oral tablet 250 mg (Tykerb)	1	PA NSO; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA NSO; NDS
letrozole oral tablet 2.5 mg (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
leuprolide subcutaneous kit 1 mg/0.2 ml	1	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS; QL (7 per 21 days)
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	1	PA NSO; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA NSO; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA NSO; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	1	NDS

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	1	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NDS
MATULANE ORAL CAPSULE 50 MG	1	NDS
megestrol oral tablet 20 mg, 40 mg	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NDS; QL (180 per 30 days)
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	1	PA BvD
methotrexate sodium (pf) injection solution 25 mg/ml	1	PA BvD
methotrexate sodium injection solution 25 mg/ml	1	PA BvD
methotrexate sodium oral tablet 2.5 mg	1	PA BvD; ST
mitoxantrone intravenous concentrate 2 mg/ml	1	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NDS; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NDS; QL (120 per 30 days)
nilutamide oral tablet 150 mg (Nilandron)	1	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA NSO; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA NSO; NDS; QL (14 per 21 days)
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	1	PA NSO; NDS; QL (2 per 28 days)
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	1	PA NSO; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	1	PA NSO; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA NSO; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA NSO; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	1	PA NSO; NDS

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NDS
QINLOCK ORAL TABLET 50 MG	1	PA NSO; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA NSO; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA NSO; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	NDS

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (84 per 28 days)
sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg (Sutent)	1	PA NSO; NDS; QL (30 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	1	PA NSO; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NDS
TABLOID ORAL TABLET 40 MG (thioguanine)	1	
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA NSO; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA NSO; NDS; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	1	PA NSO; NDS; QL (30 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	
TARGRETIN TOPICAL GEL 1 %	1	PA NSO; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA NSO; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	PA NSO; NDS
TEPMETKO ORAL TABLET 225 MG	1	PA NSO; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
thiotepa injection recon soln 100 mg, 15 mg (Tepadina)	1	NDS
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	PA NSO; NDS; QL (5 per 21 days)
toposar intravenous solution 20 mg/ml (etoposide)	1	
toremifene oral tablet 60 mg (Fareston)	1	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	1	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	1	NDS; QL (1 per 28 days)
tretinoin (antineoplastic) oral capsule 10 mg	1	NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	PA NSO; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	1	PA NSO; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	1	PA NSO; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA NSO; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	1	PA NSO; NDS; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
UKONIQ ORAL TABLET 200 MG	1	PA NSO; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO; NDS
valrubicin intravesical solution 40 mg/ml (Valstar)	1	NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NDS; QL (56 per 28 days)
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml (Navelbine)	1	
VITRAKVI ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA NSO; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA NSO; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA NSO; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	PA BvD; NDS
WELIREG ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	1	PA NSO; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	1	PA NSO; NDS; QL (20 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA NSO; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA NSO; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	1	PA NSO; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	1	PA NSO; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA NSO; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA NSO; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA NSO; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA NSO; NDS; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NDS
YONSA ORAL TABLET 125 MG	1	PA NSO; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	1	PA NSO; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	1	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	QL (1 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE 100 MG		1	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG		1	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG		1	PA NSO; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG		1	PA NSO; NDS
ZYTIGA ORAL TABLET 250 MG, 500 MG	(abiraterone)	1	PA NSO; NDS; QL (120 per 30 days)
Anticonvulsants			
Anticonvulsants			
APTIOM ORAL TABLET 200 MG, 400 MG		1	ST; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG		1	ST; NDS; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML		1	ST; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML		1	ST; NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		1	ST; NDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	(Carbatrol)	1	
carbamazepine oral suspension 100 mg/5 ml	(Tegretol)	1	
carbamazepine oral tablet 200 mg	(Epitol)	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	(Tegretol XR)	1	
carbamazepine oral tablet,chewable 100 mg		1	
CELONTIN ORAL CAPSULE 300 MG		1	
clobazam oral suspension 2.5 mg/ml	(Onfi)	1	PA NSO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	(Onfi)	1	PA NSO; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		1	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		1	PA NSO; NDS; QL (180 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG		1	PA NSO; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		1	PA NSO; NDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	(Diastat AcuDial)	1	
diazepam rectal kit 2.5 mg	(Diastat)	1	
divalproex oral capsule, delayed rel sprinkle 125 mg	(Depakote Sprinkles)	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	(Depakote ER)	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	(Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML		1	PA NSO; NDS
epitol oral tablet 200 mg	(carbamazepine)	1	
ethosuximide oral capsule 250 mg	(Zarontin)	1	
ethosuximide oral solution 250 mg/5 ml	(Zarontin)	1	
felbamate oral suspension 600 mg/5 ml	(Felbatol)	1	
felbamate oral tablet 400 mg, 600 mg	(Felbatol)	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML		1	PA NSO; NDS
fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml	(Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML		1	ST; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG		1	ST; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG		1	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG		1	ST; NDS; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 300 mg	(Neurontin)	1	QL (360 per 30 days)
gabapentin oral capsule 400 mg	(Neurontin)	1	QL (270 per 30 days)
gabapentin oral solution 250 mg/5 ml	(Neurontin)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	(Neurontin)	1	QL (180 per 30 days)
gabapentin oral tablet 800 mg	(Neurontin)	1	QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(Subvenite)	1	

Drug Name		Drug Tier	Requirements/Limits
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	(Lamictal)	1	
levetiracetam intravenous solution 500 mg/5 ml	(Keppra)	1	
levetiracetam oral solution 100 mg/ml	(Keppra)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	(Keppra)	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	(Keppra XR)	1	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)		1	QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	(Trileptal)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	(Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG		1	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG		1	ST; NDS
PEGANONE ORAL TABLET 250 MG		1	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)		1	PA NSO-HRM; AGE (Max 64 Years)
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg		1	PA NSO-HRM; AGE (Max 64 Years)
phenytoin oral suspension 125 mg/5 ml	(Dilantin-125)	1	
phenytoin oral tablet,chewable 50 mg	(Dilantin Infatabs)	1	
phenytoin sodium extended oral capsule 100 mg	(Dilantin Extended)	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	(Phenytek)	1	
phenytoin sodium intravenous solution 50 mg/ml		1	
phenytoin sodium intravenous syringe 50 mg/ml		1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	(Lyrica)	1	QL (90 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
pregabalin oral solution 20 mg/ml	(Lyrica)	1	QL (900 per 30 days)
primidone oral tablet 250 mg, 50 mg	(Mysoline)	1	
rufinamide oral suspension 40 mg/ml	(Banzel)	1	ST; NDS
rufinamide oral tablet 200 mg, 400 mg	(Banzel)	1	ST; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG		1	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG		1	ST; QL (120 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	(lamotrigine)	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG		1	PA NSO; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG		1	PA NSO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	(Gabitril)	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	(Topamax)	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	(Topamax)	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)		1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml		1	
valproic acid oral capsule 250 mg		1	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)		1	
vigabatrin oral powder in packet 500 mg	(Vigadrone)	1	PA NSO; NDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	(Sabril)	1	PA NSO; NDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	(vigabatrin)	1	PA NSO; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML		1	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML		1	QL (1200 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG		1	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)		1	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG		1	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG		1	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)		1	ST
zonisamide oral capsule 100 mg, 25 mg	(Zonegran)	1	
zonisamide oral capsule 50 mg		1	
Antidementia Agents			
Antidementia Agents			
donepezil oral tablet 10 mg, 5 mg	(Aricept)	1	QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg, 5 mg		1	QL (30 per 30 days)
ergoloid oral tablet 1 mg		1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	1	QL (30 per 30 days)
galantamine oral solution 4 mg/ml		1	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg		1	QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	1	QL (30 per 30 days)
memantine oral solution 2 mg/ml		1	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg	(Namenda)	1	QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG		1	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG		1	ST; QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg		1	QL (60 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	(Exelon Patch)	1	QL (30 per 30 days)
Antidepressants			
Antidepressants			
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg		1	
bupropion hcl oral tablet 100 mg, 75 mg		1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	(Wellbutrin XL)	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	1	
citalopram oral solution 10 mg/5 ml		1	QL (600 per 30 days)
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	1	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	1	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	(Pristiq)	1	QL (30 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg		1	
doxepin oral concentrate 10 mg/ml		1	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG		1	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG		1	ST; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	(Cymbalta)	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR		1	ST; NDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml		1	

Drug Name		Drug Tier	Requirements/Limits
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	(Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)		1	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG		1	ST; QL (30 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	(Prozac)	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)		1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg		1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg		1	
MARPLAN ORAL TABLET 10 MG		1	
mirtazapine oral tablet 15 mg, 30 mg	(Remeron)	1	
mirtazapine oral tablet 45 mg, 7.5 mg		1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	(Remeron SolTab)	1	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg		1	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	(Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml		1	
paroxetine hcl oral suspension 10 mg/5 ml	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	(Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	(paroxetine hcl)	1	PA NSO-HRM; AGE (Max 64 Years)
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg		1	
phenelzine oral tablet 15 mg	(Nardil)	1	
protriptyline oral tablet 10 mg, 5 mg		1	
sertraline oral concentrate 20 mg/ml	(Zoloft)	1	

Drug Name	Drug Tier	Requirements/Limits
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA NSO; NDS
tranylcypromine oral tablet 10 mg (Parnate)	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg (Effexor XR)	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 37.5 mg, 75 mg (Effexor XR)	1	QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	1	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	1	NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
acarbose oral tablet 100 mg, 25 mg, 50 mg (Precose)	1	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NDS; QL (112 per 28 days)
metformin oral solution 500 mg/5 ml (Riomet)	1	QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	QL (75 per 30 days)
metformin oral tablet 500 mg	1	QL (150 per 30 days)
metformin oral tablet 850 mg	1	QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	1	QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	QL (30 per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	1	QL (120 per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	1	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
LANTUS U-100 INSULIN (insulin glargine) SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)		1	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)		1	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML		1	QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		1	QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML		1	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin aspart u-100)	1	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	(insulin asp prt-insulin aspart)	1	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	(insulin aspart u-100)	1	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin aspart u-100)	1	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		1	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)		1	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)		1	QL (13.5 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)		1	QL (15 per 28 days)
Sulfonylureas			
glimepiride oral tablet 1 mg, 2 mg	(Amaryl)	1	QL (30 per 30 days)
glimepiride oral tablet 4 mg	(Amaryl)	1	QL (60 per 30 days)
glipizide oral tablet 10 mg	(Glucotrol)	1	QL (120 per 30 days)
glipizide oral tablet 5 mg		1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	(Glucotrol XL)	1	QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	(Glucotrol XL)	1	QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg		1	QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg		1	QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	(Glynase)	1	PA-HRM; AGE (Max 64 Years)
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg		1	PA-HRM; AGE (Max 64 Years)
Antifungals			
Antifungals			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML		1	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG		1	PA BvD; NDS
amphotericin b injection recon soln 50 mg		1	PA BvD
caspofungin intravenous recon soln 50 mg, 70 mg	(Cancidas)	1	NDS
ciclopirox topical cream 0.77 %	(Ciclodan)	1	QL (180 per 30 days)
ciclopirox topical solution 8 %	(Ciclodan)	1	QL (19.8 per 30 days)
clotrimazole mucous membrane troche 10 mg		1	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	1	
clotrimazole-betamethasone topical cream 1-0.05 %		1	QL (90 per 30 days)
econazole topical cream 1 %		1	QL (170 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml		1	PA BvD
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	(Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg	(Ancobon)	1	NDS
griseofulvin microsize oral suspension 125 mg/5 ml		1	
griseofulvin microsize oral tablet 500 mg		1	
itraconazole oral capsule 100 mg	(Sporanox)	1	
ketoconazole oral tablet 200 mg		1	
ketoconazole topical cream 2 %		1	QL (180 per 30 days)
ketoconazole topical shampoo 2 %		1	QL (360 per 30 days)
miconazole-3 vaginal suppository 200 mg		1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	(posaconazole)	1	NDS
nyamyc topical powder 100,000 unit/gram	(nystatin)	1	QL (60 per 30 days)
nystatin oral suspension 100,000 unit/ml		1	QL (900 per 30 days)
nystatin oral tablet 500,000 unit		1	
nystatin topical cream 100,000 unit/gram		1	QL (60 per 30 days)
nystatin topical ointment 100,000 unit/gram		1	QL (60 per 30 days)
nystatin topical powder 100,000 unit/gram	(Nyamyc)	1	QL (60 per 30 days)
nystop topical powder 100,000 unit/gram	(nystatin)	1	QL (60 per 30 days)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	(Noxafil)	1	NDS
terbinafine hcl oral tablet 250 mg		1	
voriconazole intravenous recon soln 200 mg	(Vfend IV)	1	PA BvD; NDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	(Vfend)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
voriconazole oral tablet 200 mg, 50 mg	(Vfend)	1	
Antigout Agents			
Antigout Agents, Other			
allopurinol oral tablet 100 mg	(Zyloprim)	1	
allopurinol oral tablet 300 mg		1	
colchicine oral tablet 0.6 mg	(Colcrys)	1	PA; QL (120 per 30 days)
febuxostat oral tablet 40 mg, 80 mg	(Uloric)	1	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG	(colchicine)	1	QL (60 per 30 days)
probenecid oral tablet 500 mg		1	
probenecid-colchicine oral tablet 500-0.5 mg		1	
Antihistamines			
Antihistamines			
cyproheptadine oral syrup 2 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)
diphenhydramine hcl injection solution 50 mg/ml		1	
diphenhydramine hcl injection syringe 50 mg/ml		1	
diphenhydramine hcl oral elixir 12.5 mg/5 ml	(Diphen)	1	PA-HRM; AGE (Max 64 Years)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml		1	
hydroxyzine hcl oral solution 10 mg/5 ml		1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg		1	
levocetirizine oral solution 2.5 mg/5 ml	(Xyzal)	1	
levocetirizine oral tablet 5 mg	(24HR Allergy Relief)	1	
promethazine oral syrup 6.25 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
metronidazole vaginal gel 0.75 %	(Metrogel Vaginal)	1	

Drug Name	Drug Tier	Requirements/Limits
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; QL (1.5 per 30 days)
dihydroergotamine injection solution 1 mg/ml (D.H.E.45)	1	NDS; QL (24 per 28 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml) (Migranal)	1	NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	1	NDS; QL (20 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	1	PA; QL (8 per 30 days)
rizatriptan oral tablet 10 mg (Maxalt)	1	QL (12 per 30 days)
rizatriptan oral tablet 5 mg	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg (Maxalt-MLT)	1	QL (12 per 30 days)
rizatriptan oral tablet,disintegrating 5 mg	1	QL (12 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
sumatriptan nasal spray,non-aerosol 20 mg/actuation	(Imitrex)	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg	(Imitrex)	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	(Imitrex)	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	(Imitrex STATdose Refill)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	(Imitrex STATdose Pen)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	(Imitrex)	1	QL (4 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml		1	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		1	PA; QL (16 per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML		1	PA; QL (1 per 30 days)
Antimycobacterials			
Antimycobacterials			
CAPASTAT INJECTION RECON SOLN 1 GRAM		1	
dapsone oral tablet 100 mg, 25 mg		1	
ethambutol oral tablet 100 mg		1	
ethambutol oral tablet 400 mg	(Myambutol)	1	
isoniazid oral solution 50 mg/5 ml		1	
isoniazid oral tablet 100 mg, 300 mg		1	
PRETOMANID ORAL TABLET 200 MG		1	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG		1	
pyrazinamide oral tablet 500 mg		1	
rifabutin oral capsule 150 mg	(Mycobutin)	1	
rifampin intravenous recon soln 600 mg	(Rifadin)	1	
rifampin oral capsule 150 mg, 300 mg		1	
SIRTURO ORAL TABLET 100 MG, 20 MG		1	PA; NDS
TRECATOR ORAL TABLET 250 MG		1	

Drug Name		Drug Tier	Requirements/Limits
Antinausea Agents			
Antinausea Agents			
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG		1	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML		1	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG		1	PA BvD
aprepitant oral capsule 125 mg		1	PA BvD; QL (2 per 28 days)
aprepitant oral capsule 40 mg		1	PA BvD; QL (1 per 28 days)
aprepitant oral capsule 80 mg	(Emend)	1	PA BvD; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	(Emend)	1	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML		1	QL (36 per 28 days)
compro rectal suppository 25 mg	(prochlorperazine)	1	
dimenhydrinate injection solution 50 mg/ml		1	
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	(Marinol)	1	PA; QL (60 per 30 days)
droperidol injection solution 2.5 mg/ml		1	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		1	PA BvD; QL (6 per 28 days)
fosaprepitant intravenous recon soln 150 mg	(Emend (fosaprepitant))	1	QL (2 per 28 days)
granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml		1	
granisetron hcl intravenous solution 1 mg/ml		1	
granisetron hcl oral tablet 1 mg		1	PA BvD
meclizine oral tablet 12.5 mg		1	
meclizine oral tablet 25 mg	(Dramamine Less Drowsy)	1	
ondansetron hcl (pf) injection solution 4 mg/2 ml		1	

Drug Name		Drug Tier	Requirements/Limits
ondansetron hcl (pf) injection syringe 4 mg/2 ml		1	
ondansetron hcl intravenous solution 2 mg/ml		1	
ondansetron hcl oral tablet 24 mg, 8 mg		1	PA BvD
ondansetron hcl oral tablet 4 mg	(Zofran)	1	PA BvD
ondansetron oral tablet,disintegrating 4 mg, 8 mg		1	PA BvD
phenadoz rectal suppository 12.5 mg, 25 mg	(promethazine)	1	PA-HRM; AGE (Max 64 Years)
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml		1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	(Compazine)	1	
prochlorperazine rectal suppository 25 mg	(Compro)	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	(Phenergan)	1	PA-HRM; AGE (Max 64 Years)
promethazine oral tablet 12.5 mg, 25 mg, 50 mg		1	PA-HRM; AGE (Max 64 Years)
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	(Promethegan)	1	PA-HRM; AGE (Max 64 Years)
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	(promethazine)	1	PA-HRM; AGE (Max 64 Years)
scopolamine base transdermal patch 3 day 1 mg over 3 days	(Transderm-Scop)	1	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
Antiparasite Agents			
Antiparasite Agents			
albendazole oral tablet 200 mg	(Albenza)	1	NDS
atovaquone oral suspension 750 mg/5 ml	(Mepron)	1	NDS
atovaquone-proguanil oral tablet 250-100 mg	(Malarone)	1	
atovaquone-proguanil oral tablet 62.5-25 mg	(Malarone Pediatric)	1	
chloroquine phosphate oral tablet 250 mg		1	QL (50 per 30 days)
chloroquine phosphate oral tablet 500 mg		1	QL (25 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
COARTEM ORAL TABLET 20-120 MG		1	
hydroxychloroquine oral tablet 200 mg	(Plaquenil)	1	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG		1	PA; NDS; QL (84 per 28 days)
ivermectin oral tablet 3 mg	(Stromectol)	1	
KRINTAFEL ORAL TABLET 150 MG		1	
mefloquine oral tablet 250 mg		1	
nitazoxanide oral tablet 500 mg	(Alinia)	1	NDS
paromomycin oral capsule 250 mg	(Humatin)	1	
pentamidine inhalation recon soln 300 mg	(Nebupent)	1	PA BvD
pentamidine injection recon soln 300 mg	(Pentam)	1	
PRIMAQUINE ORAL TABLET 26.3 MG		1	
pyrimethamine oral tablet 25 mg	(Daraprim)	1	PA; NDS
Antiparkinsonian Agents			
Antiparkinsonian Agents			
amantadine hcl oral capsule 100 mg		1	
amantadine hcl oral solution 50 mg/5 ml		1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		1	PA; NDS; QL (60 per 30 days)
benztropine injection solution 1 mg/ml	(Cogentin)	1	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg		1	
bromocriptine oral capsule 5 mg	(Parlodel)	1	
bromocriptine oral tablet 2.5 mg	(Parlodel)	1	
cabergoline oral tablet 0.5 mg		1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg	(Sinemet)	1	
carbidopa-levodopa oral tablet 25-250 mg		1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg		1	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg	(Stalevo 50)	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg (Stalevo 75)	1	
carbidopa-levodopa-entacapone oral tablet 25-100-200 mg (Stalevo 100)	1	
carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg (Stalevo 125)	1	
carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg (Stalevo 150)	1	
carbidopa-levodopa-entacapone oral tablet 50-200-200 mg (Stalevo 200)	1	
entacapone oral tablet 200 mg (Comtan)	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	1	PA; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	1	PA; NDS; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	1	PA; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	1	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	1	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	1	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	1	ST; QL (60 per 30 days)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex)	1	
rasagiline oral tablet 0.5 mg, 1 mg (Azilect)	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
selegiline hcl oral capsule 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl oral tablet 5 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG	1	PA; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NDS; QL (1 per 28 days)
aripiprazole oral solution 1 mg/ml	1	QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (Abilify)	1	QL (30 per 30 days)
aripiprazole oral tablet 2 mg (Abilify)	1	QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	ST; NDS; QL (90 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	ST; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NDS; QL (3.2 per 28 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg (Saphris)	1	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 42 MG	1	ST; NDS; QL (30 per 30 days)
chlorpromazine injection solution 25 mg/ml	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet 100 mg (Clozaril)	1	QL (270 per 30 days)
clozapine oral tablet 200 mg (Clozaril)	1	QL (135 per 30 days)
clozapine oral tablet 25 mg, 50 mg (Clozaril)	1	QL (90 per 30 days)
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	ST; QL (90 per 30 days)
clozapine oral tablet,disintegrating 150 mg	1	ST; QL (180 per 30 days)
clozapine oral tablet,disintegrating 200 mg	1	ST; NDS; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG	1	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	1	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST
fluphenazine decanoate injection solution 25 mg/ml	1	
fluphenazine hcl injection solution 2.5 mg/ml	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml (Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	
haloperidol decanoate intramuscular solution 50 mg/ml (Haldol Decanoate)	1	
haloperidol decanoate intramuscular solution 50 mg/ml(1ml)	1	

Drug Name	Drug Tier	Requirements/Limits
haloperidol lactate injection solution 5 mg/ml	1	
haloperidol lactate intramuscular syringe 5 mg/ml	1	
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	NDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	NDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 80 MG	1	QL (60 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA NSO; NDS; QL (30 per 30 days)
molindone oral tablet 10 mg	1	QL (240 per 30 days)
molindone oral tablet 25 mg	1	QL (270 per 30 days)
molindone oral tablet 5 mg	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg (Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg (Invega)	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg (Invega)	1	QL (60 per 30 days)
paliperidone oral tablet extended release 24hr 9 mg (Invega)	1	NDS; QL (30 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	1	NDS; QL (1 per 30 days)
pimozide oral tablet 1 mg, 2 mg	1	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)	1	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	1	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	1	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	1	ST; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	NDS; QL (4 per 28 days)
risperidone oral solution 1 mg/ml (Risperdal)	1	QL (480 per 30 days)
risperidone oral tablet 0.25 mg	1	QL (60 per 30 days)
risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (Risperdal)	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 3 mg, 4 mg	1	QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	ST; NDS; QL (30 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	ST
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg (Geodon)	1	QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.) (Geodon)	1	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG		1	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG		1	NDS; QL (1 per 28 days)
Antivirals (Systemic)			
Antiretrovirals			
abacavir oral solution 20 mg/ml	(Ziagen)	1	
abacavir oral tablet 300 mg	(Ziagen)	1	
abacavir-lamivudine oral tablet 600-300 mg	(Epzicom)	1	
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	(Trizivir)	1	NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML		1	NDS
APTIVUS ORAL CAPSULE 250 MG		1	NDS
atazanavir oral capsule 150 mg, 200 mg, 300 mg	(Reyataz)	1	
BIKTARVY ORAL TABLET 50-200-25 MG		1	NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML		1	NDS
CIMDUO ORAL TABLET 300-300 MG		1	NDS
COMPLERA ORAL TABLET 200-25-300 MG		1	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG		1	
DELSTRIGO ORAL TABLET 100-300-300 MG		1	NDS
DESCOVY ORAL TABLET 200-25 MG		1	NDS
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg		1	
DOVATO ORAL TABLET 50-300 MG		1	NDS
EDURANT ORAL TABLET 25 MG		1	NDS

Drug Name		Drug Tier	Requirements/Limits
efavirenz oral capsule 200 mg	(Sustiva)	1	NDS
efavirenz oral capsule 50 mg	(Sustiva)	1	
efavirenz oral tablet 600 mg	(Sustiva)	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	(Atripla)	1	NDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg	(Symfi Lo)	1	NDS
efavirenz-lamivu-tenofov disop oral tablet 600-300-300 mg	(Symfi)	1	NDS
emtricitabine oral capsule 200 mg	(Emtriva)	1	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	(Truvada)	1	NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		1	
etravirine oral tablet 100 mg, 200 mg	(Intelence)	1	NDS
EVOTAZ ORAL TABLET 300-150 MG		1	NDS
fosamprenavir oral tablet 700 mg	(Lexiva)	1	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		1	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		1	NDS
INTELENCE ORAL TABLET 25 MG		1	
INVIRASE ORAL TABLET 500 MG		1	NDS
ISENTRESS HD ORAL TABLET 600 MG		1	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		1	
ISENTRESS ORAL TABLET 400 MG		1	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		1	
JULUCA ORAL TABLET 50-25 MG		1	NDS
lamivudine oral solution 10 mg/ml	(Epivir)	1	
lamivudine oral tablet 100 mg	(Epivir HBV)	1	

Drug Name		Drug Tier	Requirements/Limits
lamivudine oral tablet 150 mg, 300 mg	(Epivir)	1	
lamivudine-zidovudine oral tablet 150-300 mg	(Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML		1	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	(Kaletra)	1	QL (480 per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	(Kaletra)	1	QL (300 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	(Kaletra)	1	NDS; QL (120 per 30 days)
nevirapine oral suspension 50 mg/5 ml		1	
nevirapine oral tablet 200 mg		1	
nevirapine oral tablet extended release 24 hr 100 mg		1	
nevirapine oral tablet extended release 24 hr 400 mg	(Viramune XR)	1	
NORVIR ORAL POWDER IN PACKET 100 MG		1	
NORVIR ORAL SOLUTION 80 MG/ML		1	
ODEFSEY ORAL TABLET 200-25-25 MG		1	NDS
PIFELTRO ORAL TABLET 100 MG		1	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG		1	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML		1	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG		1	NDS
PREZISTA ORAL TABLET 75 MG		1	
RESCRIPTOR ORAL TABLET 200 MG		1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML		1	
REYATAZ ORAL POWDER IN PACKET 50 MG		1	NDS
ritonavir oral tablet 100 mg	(Norvir)	1	

Drug Name	Drug Tier	Requirements/Limits
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1	NDS
SELZENTRY ORAL TABLET 25 MG	1	
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NDS
TEMIXYS ORAL TABLET 300-300 MG	1	NDS
tenofovir disoproxil fumarate oral tablet 300 mg (Viread)	1	
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NDS
VEMLIDY ORAL TABLET 25 MG	1	NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NDS
VOCABRIA ORAL TABLET 30 MG	1	
zidovudine oral capsule 100 mg (Retrovir)	1	

Drug Name		Drug Tier	Requirements/Limits
zidovudine oral syrup 10 mg/ml	(Retrovir)	1	
zidovudine oral tablet 300 mg		1	
Antivirals, Miscellaneous			
foscarnet intravenous solution 24 mg/ml	(Foscavir)	1	PA BvD
oseltamivir oral capsule 30 mg	(Tamiflu)	1	QL (84 per 180 days)
oseltamivir oral capsule 45 mg	(Tamiflu)	1	QL (48 per 180 days)
oseltamivir oral capsule 75 mg	(Tamiflu)	1	QL (42 per 180 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	(Tamiflu)	1	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML		1	PA; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML		1	PA; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG		1	PA; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION		1	QL (60 per 180 days)
rimantadine oral tablet 100 mg	(Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML		1	PA; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG		1	QL (4 per 180 days)
XOFLUZA ORAL TABLET 80 MG		1	QL (2 per 180 days)
Hcv Antivirals			
EPCLUSA ORAL TABLET 200-50 MG		1	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	(sofosbuvir-velpatasvir)	1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG		1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG		1	PA; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG		1	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	(ledipasvir-sofosbuvir)	1	PA; NDS; QL (28 per 28 days)
ledipasvir-sofosbuvir oral tablet 90-400 mg	(Harvoni)	1	PA; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG		1	PA; NDS; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
sofosbuvir-velpatasvir oral tablet 400-100 mg (Epclusa)	1	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	1	PA; NDS; QL (28 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	1	PA; NDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	1	PA; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	1	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	NDS
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	1	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous recon soln 1,000 mg, 500 mg	1	PA BvD
acyclovir sodium intravenous solution 50 mg/ml	1	PA BvD
adefovir oral tablet 10 mg (Hepsera)	1	NDS
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	

Drug Name		Drug Tier	Requirements/Limits
ganciclovir sodium intravenous recon soln 500 mg	(Cytovene)	1	PA BvD; NDS
ganciclovir sodium intravenous solution 50 mg/ml		1	PA BvD; NDS
ribasphere oral capsule 200 mg	(ribavirin)	1	
ribasphere oral tablet 600 mg		1	NDS
ribavirin inhalation recon soln 6 gram	(Virazole)	1	PA BvD; NDS
ribavirin oral capsule 200 mg		1	
ribavirin oral tablet 200 mg		1	
valacyclovir oral tablet 1 gram, 500 mg	(Valtrex)	1	
valganciclovir oral tablet 450 mg	(Valcyte)	1	
VEKLURY INTRAVENOUS RECON SOLN 100 MG	(remdesivir)	1	PA BvD; NDS
Blood Products/Modifiers/Volume Expanders			
Anticoagulants			
BEVYXXA ORAL CAPSULE 40 MG, 80 MG		1	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)		1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG		1	QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	(Lovenox)	1	QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	(Lovenox)	1	QL (60 per 30 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	(Lovenox)	1	QL (48 per 30 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	(Lovenox)	1	QL (18 per 30 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	(Lovenox)	1	QL (24 per 30 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	(Lovenox)	1	QL (36 per 30 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	(Arixtra)	1	NDS

Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml (Arixtra)	1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (warfarin)	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	1	ST; QL (60 per 30 days)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Jantoven)	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
XARELTO ORAL TABLET 10 MG, 20 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	1	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	1	PA; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	1	PA; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	1	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NDS
MULPLETA ORAL TABLET 3 MG	1	PA; NDS; QL (7 per 7 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	1	PA; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	1	PA; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	1	PA; NDS; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (6 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NDS
anagrelide oral capsule 0.5 mg (Agrylin)	1	
anagrelide oral capsule 1 mg	1	
CABLIVI INJECTION KIT 11 MG	1	PA; NDS; QL (30 per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	1	PA; NDS
protamine intravenous solution 10 mg/ml	1	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	1	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml) (Cyklokapron)	1	
tranexamic acid oral tablet 650 mg (Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg (Plavix)	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	PA-HRM; AGE (Max 64 Years)
pentoxifylline oral tablet extended release 400 mg	1	
prasugrel oral tablet 10 mg, 5 mg (Effient)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	PA BvD
dextrose 5 % in water (d5w) intravenous parenteral solution	1	
dextrose 5%-water iv soln single use 5 %	1	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	1	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	1	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD

Drug Name		Drug Tier	Requirements/Limits
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %		1	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %		1	PA BvD
Cardiovascular Agents			
Alpha-Adrenergic Agents			
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg		1	
clonidine transdermal patch weekly 0.1 mg/24 hr	(Catapres-TTS-1)	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.2 mg/24 hr	(Catapres-TTS-2)	1	QL (4 per 28 days)
clonidine transdermal patch weekly 0.3 mg/24 hr	(Catapres-TTS-3)	1	QL (8 per 28 days)
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	(Cardura)	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	(Northera)	1	PA; NDS; QL (180 per 30 days)
guanfacine oral tablet 1 mg, 2 mg		1	
methyldopa oral tablet 250 mg, 500 mg		1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg		1	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg		1	
phenylephrine hcl injection solution 10 mg/ml	(Vazculep)	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	(Minipress)	1	
Angiotensin Ii Receptor Antagonists			
EDARBI ORAL TABLET 40 MG, 80 MG		1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	(Avapro)	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	(Avalide)	1	

Drug Name		Drug Tier	Requirements/Limits
losartan oral tablet 100 mg, 25 mg, 50 mg	(Cozaar)	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	(Hyzaar)	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	(Benicar)	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	(Benicar HCT)	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	(Micardis)	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	(Diovan)	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	(Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors			
benazepril oral tablet 10 mg, 20 mg, 40 mg	(Lotensin)	1	
benazepril oral tablet 5 mg		1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg		1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Vasotec)	1	
enalaprilat intravenous solution 1.25 mg/ml		1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	(Vaseretic)	1	
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg		1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg		1	
lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg	(Zestril)	1	
lisinopril oral tablet 20 mg	(Prinivil)	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	(Zestoretic)	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg		1	

Drug Name		Drug Tier	Requirements/Limits
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Accupril)	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	(Altace)	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg		1	
Antiarrhythmic Agents			
amiodarone oral tablet 200 mg, 400 mg	(Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	(Norpace)	1	PA-HRM; AGE (Max 64 Years)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	(Tikosyn)	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg		1	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)		1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg		1	
MULTAQ ORAL TABLET 400 MG		1	
pacerone oral tablet 200 mg, 400 mg	(amiodarone)	1	
procainamide injection solution 100 mg/ml, 500 mg/ml		1	
procainamide intravenous syringe 100 mg/ml		1	
propafenone oral tablet 150 mg, 225 mg, 300 mg		1	
quinidine sulfate oral tablet 200 mg, 300 mg		1	
Beta-Adrenergic Blocking Agents			
acebutolol oral capsule 200 mg, 400 mg		1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	(Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg	(Tenoretic 100)	1	
atenolol-chlorthalidone oral tablet 50-25 mg	(Tenoretic 50)	1	
betaxolol oral tablet 10 mg, 20 mg		1	
bisoprolol fumarate oral tablet 10 mg, 5 mg		1	

Drug Name		Drug Tier	Requirements/Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	(Ziac)	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	(Coreg)	1	
labetalol intravenous solution 5 mg/ml		1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)		1	
labetalol oral tablet 100 mg, 200 mg, 300 mg		1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	(Toprol XL)	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg		1	
metoprolol tartrate intravenous solution 5 mg/5 ml		1	
metoprolol tartrate intravenous syringe 5 mg/5 ml		1	
metoprolol tartrate oral tablet 100 mg, 50 mg	(Lopressor)	1	
metoprolol tartrate oral tablet 25 mg		1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	(Bystolic)	1	
propranolol intravenous solution 1 mg/ml		1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	(Inderal LA)	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)		1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg		1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg		1	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(sotalol)	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	(sotalol)	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	(Sorine)	1	

Drug Name		Drug Tier	Requirements/Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg		1	
Calcium-Channel Blocking Agents			
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(diltiazem hcl)	1	
diltiazem hcl intravenous solution 5 mg/ml		1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg		1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	(Tiadylt ER)	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	(Cartia XT)	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg	(Cardizem)	1	
diltiazem hcl oral tablet 90 mg		1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	(diltiazem hcl)	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	(diltiazem hcl)	1	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	(diltiazem hcl)	1	
verapamil intravenous syringe 2.5 mg/ml		1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	(Verelan PM)	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	(Verelan)	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg		1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	(Calan SR)	1	
Cardiovascular Agents, Miscellaneous			
CORLANOR ORAL SOLUTION 5 MG/5 ML		1	
CORLANOR ORAL TABLET 5 MG, 7.5 MG		1	

Drug Name		Drug Tier	Requirements/Limits
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(digoxin)	1	
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)		1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	(Digitek)	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml	(EpiPen Jr)	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.3 mg/0.3 ml	(Auvi-Q)	1	QL (4 per 30 days)
epinephrine injection solution 1 mg/ml	(Adrenalin)	1	
hydralazine injection solution 20 mg/ml		1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg		1	
icatibant subcutaneous syringe 30 mg/3 ml	(Sajazir)	1	PA; NDS; QL (18 per 30 days)
metyrosine oral capsule 250 mg	(Demser)	1	NDS
milrinone intravenous solution 1 mg/ml		1	PA BvD; NDS
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	(Ranexa)	1	
sajazir subcutaneous syringe 30 mg/3 ml	(icatibant)	1	PA; NDS; QL (18 per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML		1	QL (4 per 30 days)
SYMJEPI INJECTION SYRINGE 0.3 MG/0.3 ML	(epinephrine)	1	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		1	PA; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG		1	PA; NDS; QL (120 per 30 days)
Dihydropyridines			
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	(Norvasc)	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg	(Lotrel)	1	
amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg		1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg (Exforge)	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg (Procardia XL)	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg (Adalat CC)	1	
Diuretics		
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
chlorothiazide oral tablet 500 mg	1	
chlorothiazide sodium intravenous recon soln 500 mg (Diuril IV)	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
furosemide injection solution 10 mg/ml	1	
furosemide injection syringe 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
JYNARQUE ORAL TABLET 15 MG, 30 MG	1	PA; NDS; QL (120 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)		1	PA; NDS; QL (56 per 28 days)
metolazone oral tablet 10 mg, 2.5 mg, 5 mg		1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	(Aldactone)	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg		1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg		1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg	(Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg	(Maxzide)	1	
Dyslipidemics			
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Lipitor)	1	
cholestyramine (with sugar) oral powder in packet 4 gram	(Questran)	1	
cholestyramine light oral powder 4 gram		1	
cholestyramine light packet 4 gram	(cholestyramine-aspartame)	1	
colesevelam oral tablet 625 mg	(WelChol)	1	
colestipol oral packet 5 gram	(Colestid)	1	
colestipol oral tablet 1 gram	(Colestid)	1	
ezetimibe oral tablet 10 mg	(Zetia)	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	(Tricor)	1	
fenofibrate oral tablet 160 mg, 54 mg		1	
gemfibrozil oral tablet 600 mg	(Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG		1	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG		1	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG		1	PA; NDS; QL (45 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG		1	QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg		1	
NEXLETOL ORAL TABLET 180 MG		1	QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG		1	QL (30 per 30 days)
niacin oral tablet 500 mg	(Niacor)	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	(Niaspan Extended-Release)	1	
niacor oral tablet 500 mg	(niacin)	1	
omega-3 acid ethyl esters oral capsule 1 gram	(Lovaza)	1	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		1	QL (2 per 28 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg		1	
prevalite oral powder in packet 4 gram	(cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		1	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		1	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		1	QL (6 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	(Crestor)	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	(Zocor)	1	QL (30 per 30 days)
simvastatin oral tablet 5 mg		1	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM		1	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	(icosapent ethyl)	1	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	(colesevelam)	1	
Renin-Angiotensin-Aldosterone System Inhibitors			

Drug Name		Drug Tier	Requirements/Limits
aliskiren oral tablet 150 mg, 300 mg	(Tekturna)	1	
eplerenone oral tablet 25 mg, 50 mg	(Inspra)	1	
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG		1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg		1	
isosorbide dinitrate oral tablet 5 mg	(Isordil Titradose)	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg		1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg		1	
minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(nitroglycerin)	1	
minoxidil oral tablet 10 mg, 2.5 mg		1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)		1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	(Nitrostat)	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	(Minitran)	1	
Central Nervous System Agents			
Central Nervous System Agents			
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	(Strattera)	1	QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	(Strattera)	1	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG		1	PA; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		1	PA NSO; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		1	PA NSO; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		1	PA; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		1	PA; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		1	PA; NDS; QL (15 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)	(Cafcit)	1	PA BvD
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)		1	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	(glatiramer)	1	PA; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	(glatiramer)	1	PA; NDS; QL (12 per 28 days)
dalfampridine oral tablet extended release 12 hr 10 mg	(Ampyra)	1	PA; QL (60 per 30 days)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	(Focalin)	1	QL (60 per 30 days)
dextroamphetamine oral tablet 10 mg, 5 mg	(Zenzedi)	1	QL (180 per 30 days)
dextroamphetamine oral tablet 15 mg	(Zenzedi)	1	QL (90 per 30 days)
dextroamphetamine oral tablet 20 mg, 30 mg	(Zenzedi)	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg	(Adderall XR)	1	QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg	(Adderall XR)	1	QL (60 per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	(Adderall)	1	QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	(Tecfidera)	1	PA; NDS; QL (14 per 7 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	(Tecfidera)	1	PA; NDS
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	(Tecfidera)	1	PA; NDS; QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG		1	PA; NDS; QL (15 per 30 days)
flumazenil intravenous solution 0.1 mg/ml		1	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG		1	PA; NDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	(Copaxone)	1	PA; NDS; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
glatiramer subcutaneous syringe 40 mg/ml	(Copaxone)	1	PA; NDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	(glatiramer)	1	PA; NDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	(glatiramer)	1	PA; NDS; QL (12 per 28 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	(Intuniv ER)	1	
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)		1	PA NSO; NDS
INGREZZA ORAL CAPSULE 40 MG, 80 MG		1	PA NSO; NDS; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML		1	PA; NDS; QL (1.2 per 28 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML		1	PA; NDS; QL (6 per 365 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg		1	
lithium carbonate oral tablet 300 mg		1	
lithium carbonate oral tablet extended release 300 mg	(Lithobid)	1	
lithium carbonate oral tablet extended release 450 mg		1	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG		1	PA; NDS
MAYZENT ORAL TABLET 0.25 MG		1	PA; NDS; QL (112 per 28 days)
MAYZENT ORAL TABLET 2 MG		1	PA; NDS; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	1	PA; NDS
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg	1	QL (30 per 30 days)
methylphenidate hcl oral capsule, er biphasic 30-70 30 mg	1	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg (Ritalin LA)	1	QL (30 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 30 mg (Ritalin LA)	1	QL (60 per 30 days)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	1	QL (30 per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml (Methylin)	1	QL (900 per 30 days)
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg (Ritalin)	1	QL (90 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; NDS; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	1	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NDS
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	1	PA; NDS
PONVORY ORAL TABLET 20 MG	1	PA; NDS; QL (30 per 30 days)
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; NDS; QL (6 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML		1	PA; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)		1	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)		1	PA; NDS
riluzole oral tablet 50 mg	(Rilutek)	1	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG		1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)		1	
tetrabenazine oral tablet 12.5 mg, 25 mg	(Xenazine)	1	PA; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG		1	PA; NDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG		1	PA; NDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG		1	PA; NDS
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)		1	PA; NDS
Contraceptives			
Contraceptives			
afirmelle oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
altavera (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)

Drug Name		Drug Tier	Requirements/Limits
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
apri oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg		1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
aubra eq oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
aviane oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
ayuna oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
balziva (28) oral tablet 0.4-35 mg-mcg		1	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
briellyn oral tablet 0.4-35 mg-mcg		1	
camila oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	

Drug Name		Drug Tier	Requirements/Limits
chateal eq (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
cyred eq oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(Azurette (28))	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	(Apri)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	(Jasmiel (28))	1	
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	(Syeda)	1	
elinest oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
ELLA ORAL TABLET 30 MG		1	QL (6 per 365 days)
eluryng vaginal ring 0.12-0.015 mg/24 hr	(etonogestrel-ethinyl estradiol)	1	QL (1 per 28 days)
emoquette oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
enskyce oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
errin oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
estarylla oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	(Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	(Kelnor 1-50 (28))	1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	(EluRyng)	1	QL (1 per 28 days)
falmina (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
femynor oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
hailey oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
heather oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
incassia oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
isibloom oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
jasmiel (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
jencycla oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
juleber oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	

Drug Name		Drug Tier	Requirements/Limits
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
kalliga oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kelnor 1-50 (28) oral tablet 1-50 mg-mcg	(ethynodiol diac-eth estradiol)	1	
kurvelo (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(LoJaimiess)	1	QL (91 per 84 days)
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(Amethia)	1	QL (91 per 84 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 1/20 (21) oral tablet 1-20 mg-mcg	(norethindrone ac-eth estradiol)	1	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
larissia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lessina oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	(Afirmelle)	1	
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	(Altavera (28))	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(Iclevia)	1	QL (91 per 84 days)

Drug Name		Drug Tier	Requirements/Limits
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(Enpresse)	1	
levora-28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
lillow (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
loryna (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	(norgestrel-ethinyl estradiol)	1	
lo-zumandimine (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
lutera (28) oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
lyleq oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
lyza oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
marlissa (28) oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
mili oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
mono-linyah oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
nikki (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
noreth-ee-fe 1-0.02(24)-75 cap inner 1 mg-20 mcg (24)/75 mg (4)	(Merzee)	1	
norethindrone (contraceptive) oral tablet 0.35 mg	(Camila)	1	
norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg	(Aurovela 1.5/30 (21))	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	(Aurovela 1/20 (21))	1	

Drug Name		Drug Tier	Requirements/Limits
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	(Aurovela Fe 1-20 (28))	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)	(Aurovela 24 Fe)	1	
norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	(Aurovela Fe 1.5/30 (28))	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg	(Tri-Lo-Estarylla)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(Tri Femynor)	1	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg	(Estarylla)	1	
norlyda oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg		1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)		1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg		1	
nymyo oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
ogestrel (28) oral tablet 0.5-50 mg-mcg		1	
orsythia oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
philith oral tablet 0.4-35 mg-mcg		1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
pirmella oral tablet 0.5/0.75/1 mg-35 mcg		1	
pirmella oral tablet 1-35 mg-mcg	(norethindrone-ethin estradiol)	1	
portia 28 oral tablet 0.15-0.03 mg	(levonorgestrel-ethinyl estrad)	1	
previfem oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
reclipsen (28) oral tablet 0.15-0.03 mg	(desogestrel-ethinyl estradiol)	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	(levonorgestrel-ethinyl estrad)	1	QL (91 per 84 days)
sharobel oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	(l norgest/e.estradiol-e.estrad)	1	QL (91 per 84 days)
sprintec (28) oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
sronyx oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
syeda oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	(norethindrone-e.estradiol-iron)	1	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	(norethindrone-e.estradiol-iron)	1	
tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)		1	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	

Drug Name		Drug Tier	Requirements/Limits
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	(levonorg-eth estrad triphasic)	1	
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg	(norgestimate-ethinyl estradiol)	1	
tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	(norgestimate-ethinyl estradiol)	1	
tulana oral tablet 0.35 mg	(norethindrone (contraceptive))	1	
tyblume oral tablet,chewable 0.1 mg-20 mcg		1	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg		1	
vestura (28) oral tablet 3-0.02 mg	(drospirenone-ethinyl estradiol)	1	
vienva oral tablet 0.1-20 mg-mcg	(levonorgestrel-ethinyl estrad)	1	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	(desog-e.estradiol/e.estradiol)	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg		1	
vylibra oral tablet 0.25-35 mg-mcg	(norgestimate-ethinyl estradiol)	1	
wera (28) oral tablet 0.5-35 mg-mcg		1	
xulane transdermal patch weekly 150-35 mcg/24 hr		1	QL (3 per 28 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr		1	QL (3 per 28 days)
zarah oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	(ethynodiol diac-eth estradiol)	1	
zumandimine (28) oral tablet 3-0.03 mg	(drospirenone-ethinyl estradiol)	1	
Dental And Oral Agents			
Dental And Oral Agents			
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	(Paroex Oral Rinse)	1	
denta 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
dentagel dental gel 1.1 %	(fluoride (sodium))	1	

Drug Name		Drug Tier	Requirements/Limits
fluoride (sodium) dental solution 0.2 %	(PreviDent)	1	
oralone dental paste 0.1 %	(triamcinolone acetonide)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
periogard mucous membrane mouthwash 0.12 %	(chlorhexidine gluconate)	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	(Salagen (pilocarpine))	1	
sf 5000 plus dental cream 1.1 %	(fluoride (sodium))	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	(Fluoridex Sensitivity Relief)	1	
triamcinolone acetonide dental paste 0.1 %	(Oralone)	1	
Dermatological Agents			
Dermatological Agents, Other			
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
acitretin oral capsule 10 mg, 25 mg	(Soriatane)	1	
acitretin oral capsule 17.5 mg		1	
acyclovir topical ointment 5 %	(Zovirax)	1	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	(alcohol swabs)	1	
ammonium lactate topical cream 12 %		1	
ammonium lactate topical lotion 12 %	(Skin Treatment)	1	
calcipotriene scalp solution 0.005 %		1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	(Dovonex)	1	QL (120 per 30 days)
fluorouracil topical cream 0.5 %	(Carac)	1	NDS
fluorouracil topical cream 5 %	(Efudex)	1	
fluorouracil topical solution 2 %, 5 %		1	
imiquimod topical cream in packet 5 %	(Aldara)	1	QL (24 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg		1	NDS
PANRETIN TOPICAL GEL 0.1 %		1	NDS
PICATO TOPICAL GEL 0.015 %		1	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %		1	QL (2 per 56 days)
podofilox topical solution 0.5 %		1	

Drug Name		Drug Tier	Requirements/Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		1	QL (180 per 30 days)
TOLAK TOPICAL CREAM 4 %		1	
VALCHLOR TOPICAL GEL 0.016 %		1	NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	(isotretinoin)	1	
Dermatological Antibacterials			
clindamycin phosphate topical solution 1 %	(Cleocin T)	1	QL (180 per 30 days)
clindamycin phosphate topical swab 1 %	(Clindacin ETZ)	1	
ery pads topical swab 2 %	(erythromycin with ethanol)	1	
erythromycin with ethanol topical gel 2 %	(Erygel)	1	QL (180 per 30 days)
erythromycin with ethanol topical solution 2 %		1	QL (180 per 30 days)
gentamicin topical cream 0.1 %		1	QL (120 per 30 days)
gentamicin topical ointment 0.1 %		1	QL (120 per 30 days)
metronidazole topical cream 0.75 %	(Rosadan)	1	
metronidazole topical gel 0.75 %	(Rosadan)	1	
metronidazole topical gel 1 %	(Metrogel)	1	
metronidazole topical lotion 0.75 %	(MetroLotion)	1	
mupirocin topical ointment 2 %	(Centany)	1	QL (220 per 30 days)
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml		1	
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40 MG-200,000 UNIT/ML	(neomycin-polymyxin b gu)	1	
rosadan topical cream 0.75 %	(metronidazole)	1	
selenium sulfide topical lotion 2.5 %		1	
silver sulfadiazine topical cream 1 %	(SSD)	1	
ssd topical cream 1 %	(silver sulfadiazine)	1	
sulfacetamide sodium (acne) topical suspension 10 %	(Klaron)	1	
Dermatological Anti-Inflammatory Agents			
ala-cort topical cream 1 %	(hydrocortisone)	1	
alclometasone topical cream 0.05 %		1	
alclometasone topical ointment 0.05 %		1	

Drug Name		Drug Tier	Requirements/Limits
betamethasone dipropionate topical cream 0.05 %		1	
betamethasone dipropionate topical lotion 0.05 %		1	
betamethasone dipropionate topical ointment 0.05 %		1	
betamethasone valerate topical cream 0.1 %		1	
betamethasone valerate topical lotion 0.1 %		1	
betamethasone valerate topical ointment 0.1 %		1	
betamethasone, augmented topical cream 0.05 %		1	
betamethasone, augmented topical gel 0.05 %		1	
betamethasone, augmented topical lotion 0.05 %		1	
betamethasone, augmented topical ointment 0.05 %	(Diprolene (augmented))	1	
clobetasol scalp solution 0.05 %		1	
clobetasol topical cream 0.05 %		1	
clobetasol-emollient topical cream 0.05 %		1	
cormax scalp solution 0.05 %	(clobetasol)	1	
desoximetasone topical cream 0.25 %	(Topicort)	1	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %		1	
fluocinolone topical cream 0.01 %		1	
fluocinolone topical cream 0.025 %	(Synalar)	1	
fluocinolone topical ointment 0.025 %	(Synalar)	1	
fluocinonide topical cream 0.05 %		1	
fluocinonide topical solution 0.05 %		1	
fluocinonide-e topical cream 0.05 %	(fluocinonide-emollient)	1	
fluticasone propionate topical cream 0.05 %		1	
fluticasone propionate topical ointment 0.005 %		1	
halobetasol propionate topical cream 0.05 %		1	

Drug Name		Drug Tier	Requirements/Limits
halobetasol propionate topical ointment 0.05 %		1	
hydrocortisone topical cream 1 %	(Ala-Cort)	1	
hydrocortisone topical cream 2.5 %		1	
hydrocortisone topical lotion 2.5 %		1	
hydrocortisone topical ointment 1 %	(Anti-Itch (HC))	1	
hydrocortisone topical ointment 2.5 %		1	
mometasone topical cream 0.1 %		1	
mometasone topical ointment 0.1 %		1	
mometasone topical solution 0.1 %		1	
pimecrolimus topical cream 1 %	(Elidel)	1	QL (100 per 30 days)
prednicarbate topical ointment 0.1 %		1	
procto-med hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctosol hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
proctozone-hc topical cream with perineal applicator 2.5 %	(hydrocortisone)	1	
tacrolimus topical ointment 0.03 %, 0.1 %	(Protopic)	1	QL (100 per 30 days)
triamcinolone acetonide topical cream 0.025 %		1	
triamcinolone acetonide topical cream 0.1 %, 0.5 %	(Triderm)	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %		1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %		1	
triamcinolone acetonide topical ointment 0.05 %	(Trianex)	1	
Dermatological Retinoids			
adapalene topical cream 0.1 %	(Differin)	1	
adapalene topical gel 0.1 %	(Differin)	1	
ALTRENO TOPICAL LOTION 0.05 %		1	PA
tazarotene topical cream 0.1 %	(Tazorac)	1	
TAZORAC TOPICAL CREAM 0.05 %		1	
tretinoin topical cream 0.025 %	(Avita)	1	PA
tretinoin topical cream 0.05 %, 0.1 %	(Retin-A)	1	PA
tretinoin topical gel 0.01 %	(Retin-A)	1	PA

Drug Name		Drug Tier	Requirements/Limits
tretinoin topical gel 0.025 %	(Avita)	1	PA
tretinoin topical gel 0.05 %	(Atralin)	1	PA
Scabicides And Pediculicides			
malathion topical lotion 0.5 %	(Ovide)	1	
permethrin topical cream 5 %	(Elimite)	1	
Devices			
Devices			
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"		1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	(pen needle, diabetic)	1	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"		1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	(gauze bandage)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	1	
OMNIPOD / VGO		1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	1	
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	(gauze bandage)	1	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		1	NDS
CERDELGA ORAL CAPSULE 84 MG		1	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		1	NDS

Drug Name	Drug Tier	Requirements/Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	PA BvD; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; NDS
miglustat oral capsule 100 mg (Zavesca)	1	PA; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	NDS
nitisinone oral capsule 10 mg, 2 mg, 5 mg (Orfadin)	1	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	1	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	1	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	1	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; NDS
sapropterin oral tablet,soluble 100 mg (Kuvan)	1	NDS

Drug Name		Drug Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML		1	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)		1	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT		1	NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT		1	
Eye, Ear, Nose, Throat Agents			
Eye, Ear, Nose, Throat Agents, Miscellaneous			
apraclonidine ophthalmic (eye) drops 0.5 %		1	
atropine ophthalmic (eye) drops 1 %	(Isopto Atropine)	1	
azelastine nasal aerosol,spray 137 mcg (0.1 %)		1	QL (30 per 25 days)
azelastine ophthalmic (eye) drops 0.05 %		1	
cromolyn ophthalmic (eye) drops 4 %		1	
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	(Cyclogyl)	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %		1	NDS
epinastine ophthalmic (eye) drops 0.05 %		1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)		1	QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)		1	QL (15 per 10 days)
olopatadine ophthalmic (eye) drops 0.1 %	(Eye Allergy Itch-Redness Rlf)	1	
olopatadine ophthalmic (eye) drops 0.2 %	(Eye Allergy Itch Relief)	1	

Drug Name		Drug Tier	Requirements/Limits
proparacaine ophthalmic (eye) drops 0.5 %	(Alcaine)	1	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG		1	PA; NDS
Eye, Ear, Nose, Throat Anti-Infectives Agents			
acetic acid otic (ear) solution 2 %		1	
bacitracin ophthalmic (eye) ointment 500 unit/gram		1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	(Polycin)	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %		1	ST
bleph-10 ophthalmic (eye) drops 10 %	(sulfacetamide sodium)	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	(Ciloxan)	1	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	(Ciprodex)	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)		1	QL (3.5 per 4 days)
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	(gentamicin)	1	
gentamicin ophthalmic (eye) drops 0.3 %		1	
levofloxacin ophthalmic (eye) drops 0.5 %		1	
moxifloxacin ophthalmic (eye) drops 0.5 %	(Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %		1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol)	1	

Drug Name		Drug Tier	Requirements/Limits
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml		1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml		1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%		1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%		1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(neomycin-bacitracin-poly-hc)	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(neomycin-bacitracin-polymyxin)	1	
ofloxacin ophthalmic (eye) drops 0.3 %	(Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %		1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	(bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim)	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	(Bleph-10)	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %		1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)		1	
tobramycin ophthalmic (eye) drops 0.3 %	(Tobrex)	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	(TobraDex)	1	
trifluridine ophthalmic (eye) drops 1 %		1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %		1	

Drug Name		Drug Tier	Requirements/Limits
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %		1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %		1	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %		1	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %		1	
diclofenac sodium ophthalmic (eye) drops 0.1 %		1	
difluprednate ophthalmic (eye) drops 0.05 %	(Durezol)	1	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %		1	QL (8.3 per 14 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)		1	QL (50 per 25 days)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	(FML Liquifilm)	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %		1	
fluticasone propionate nasal spray,suspension 50 mcg/actuation	(24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %		1	
ketorolac ophthalmic (eye) drops 0.5 %	(Acular)	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		1	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %		1	
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	(Lotemax)	1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	(Nasonex)	1	QL (34 per 28 days)
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	(Pred Forte)	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %		1	

Drug Name		Drug Tier	Requirements/Limits
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %		1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %		1	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION		1	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %		1	QL (60 per 30 days)
Gastrointestinal Agents			
Antiulcer Agents And Acid Suppressants			
cimetidine hcl oral solution 300 mg/5 ml		1	
esomeprazole sodium intravenous recon soln 20 mg		1	
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	1	
famotidine (pf) intravenous solution 20 mg/2 ml		1	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		1	
famotidine intravenous solution 10 mg/ml		1	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	(Prevacid 24Hr)	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	(Prevacid)	1	QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	1	
nizatidine oral capsule 150 mg, 300 mg		1	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 40 mg		1	
omeprazole oral capsule,delayed release(dr/ec) 20 mg		1	
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	(Zegerid)	1	ST; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg	(Protonix)	1	

Drug Name		Drug Tier	Requirements/Limits
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	(Protonix)	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	(Protonix)	1	QL (60 per 30 days)
sucralfate oral tablet 1 gram	(Carafate)	1	
Gastrointestinal Agents, Other			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	(lubiprostone)	1	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		1	NDS
constulose oral solution 10 gram/15 ml	(lactulose)	1	
cromolyn oral concentrate 100 mg/5 ml	(Gastrocrom)	1	
dicyclomine oral capsule 10 mg		1	
dicyclomine oral solution 10 mg/5 ml		1	
dicyclomine oral tablet 20 mg		1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml		1	PA-HRM; AGE (Max 64 Years)
diphenoxylate-atropine oral tablet 2.5-0.025 mg	(Lomotil)	1	PA-HRM; AGE (Max 64 Years)
enulose oral solution 10 gram/15 ml	(lactulose)	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		1	PA; NDS
generlac oral solution 10 gram/15 ml	(lactulose)	1	
glycopyrrolate injection solution 0.2 mg/ml		1	
glycopyrrolate oral tablet 1 mg, 2 mg		1	
kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml		1	
kionex oral powder	(sodium polystyrene sulfonate)	1	
lactulose oral solution 10 gram/15 ml	(Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		1	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		1	QL (90 per 30 days)
loperamide oral capsule 2 mg	(Anti-Diarrheal (loperamide))	1	
lubiprostone oral capsule 24 mcg, 8 mcg	(Amitiza)	1	QL (60 per 30 days)
methscopolamine oral tablet 2.5 mg, 5 mg		1	

Drug Name		Drug Tier	Requirements/Limits
metoclopramide hcl injection solution 5 mg/ml		1	
metoclopramide hcl injection syringe 5 mg/ml		1	
metoclopramide hcl oral solution 5 mg/5 ml		1	
metoclopramide hcl oral tablet 10 mg, 5 mg	(Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG		1	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG		1	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML		1	PA; NDS
RELISTOR ORAL TABLET 150 MG		1	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		1	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML		1	PA; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML		1	PA; NDS; QL (11.2 per 28 days)
sodium phenylbutyrate oral tablet 500 mg	(Buphenyl)	1	NDS
sodium polystyrene (sorb free) oral suspension 15 gram/60 ml		1	
sodium polystyrene sulfonate oral powder		1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml		1	
ursodiol oral capsule 300 mg		1	
ursodiol oral tablet 250 mg	(URSO 250)	1	
ursodiol oral tablet 500 mg	(URSO Forte)	1	
VIBERZI ORAL TABLET 100 MG, 75 MG		1	ST; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG		1	PA; NDS; QL (90 per 30 days)
Laxatives			
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML		1	
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	(peg 3350-electrolytes)	1	

Drug Name		Drug Tier	Requirements/Limits
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	(peg 3350-electrolytes)	1	
gavilyte-n oral recon soln 420 gram	(peg-electrolyte soln)	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM		1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM		1	
trilyte with flavor packets oral recon soln 420 gram	(peg-electrolyte soln)	1	
Phosphate Binders			
calcium acetate(phosphat bind) oral capsule 667 mg		1	
calcium acetate(phosphat bind) oral tablet 667 mg		1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML		1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	(Renvela)	1	NDS
sevelamer carbonate oral tablet 800 mg	(Renvela)	1	
sevelamer hcl oral tablet 400 mg		1	
sevelamer hcl oral tablet 800 mg	(Renagel)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG		1	
Genitourinary Agents			
Antispasmodics, Urinary			
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg		1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG		1	
oxybutynin chloride oral syrup 5 mg/5 ml		1	
oxybutynin chloride oral tablet 5 mg		1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg	(Ditropan XL)	1	
oxybutynin chloride oral tablet extended release 24hr 15 mg		1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	(Detrol LA)	1	
tolterodine oral tablet 1 mg, 2 mg	(Detrol)	1	

Drug Name		Drug Tier	Requirements/Limits
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		1	
trospium oral tablet 20 mg		1	
Genitourinary Agents, Miscellaneous			
alfuzosin oral tablet extended release 24 hr 10 mg	(Uroxatral)	1	QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	(Avodart)	1	
finasteride oral tablet 5 mg	(Proscar)	1	
tamsulosin oral capsule 0.4 mg	(Flomax)	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg		1	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		1	PA; NDS
tiopronin oral tablet 100 mg	(Thiola)	1	NDS
Heavy Metal Antagonists			
Heavy Metal Antagonists			
clovique oral capsule 250 mg	(trientine)	1	PA; NDS; QL (240 per 30 days)
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	(Jadenu Sprinkle)	1	PA; NDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	(Jadenu)	1	PA; NDS
deferasirox oral tablet, dispersible 125 mg	(Exjade)	1	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	(Exjade)	1	PA; NDS
deferiprone oral tablet 500 mg	(Ferriprox)	1	PA; NDS
deferoxamine injection recon soln 2 gram		1	PA
deferoxamine injection recon soln 500 mg	(Desferal)	1	PA
FERRIPROX 1,000 MG TAB(2X/DAY) 1,000 MG		1	PA; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML		1	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG		1	PA; NDS
penicillamine oral capsule 250 mg	(Cuprimine)	1	PA; NDS
penicillamine oral tablet 250 mg	(Depen Titratabs)	1	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
trientine oral capsule 250 mg	(Syprine)	1	PA; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
ANADROL-50 ORAL TABLET 50 MG		1	PA; NDS
danazol oral capsule 100 mg, 200 mg, 50 mg		1	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	(Depo-Testosterone)	1	PA
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)		1	PA
testosterone enanthate intramuscular oil 200 mg/ml		1	PA; QL (5 per 28 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	(Vogelxo)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	(AndroGel)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	(AndroGel)	1	PA; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)		1	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML		1	PA; QL (2 per 28 days)
Estrogens And Antiestrogens			
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	(estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG		1	PA-HRM; AGE (Max 64 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	(Estrace)	1	PA-HRM; AGE (Max 64 Years)

Drug Name		Drug Tier	Requirements/Limits
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Dotti)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(Climara)	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	(Estrace)	1	
estradiol vaginal tablet 10 mcg	(Yuvafem)	1	QL (18 per 28 days)
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	(Delestrogen)	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	(Amabelz)	1	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR		1	QL (1 per 84 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
jinteli oral tablet 1-5 mg-mcg	(norethindrone ac-eth estradiol)	1	PA-HRM; AGE (Max 64 Years)
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	(estradiol)	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
mimvey oral tablet 1-0.5 mg	(estradiol-norethindrone acet)	1	PA-HRM; AGE (Max 64 Years)
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	(Fyavolv)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG		1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG		1	PA-HRM; AGE (Max 64 Years)
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG	(conjugated estrogens)	1	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM		1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)		1	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG		1	PA-HRM; AGE (Max 64 Years)
raloxifene oral tablet 60 mg	(Evista)	1	

Drug Name		Drug Tier	Requirements/Limits
yuvafem vaginal tablet 10 mcg	(estradiol)	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids			
a-hydrocort injection recon soln 100 mg		1	
betamethasone acet,sod phos injection suspension 6 mg/ml	(Celestone Soluspan)	1	
cortisone oral tablet 25 mg		1	
dexamethasone oral elixir 0.5 mg/5 ml		1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	(Decadron)	1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg		1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml		1	
dexamethasone sodium phos (pf) injection syringe 10 mg/ml		1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml		1	
dexamethasone sodium phosphate injection syringe 4 mg/ml		1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML		1	PA; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG		1	PA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG		1	PA; NDS; QL (60 per 30 days)
fludrocortisone oral tablet 0.1 mg		1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	(Cortef)	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	(Depo-Medrol)	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	(Medrol)	1	
methylprednisolone oral tablets,dose pack 4 mg	(Medrol (Pak))	1	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg		1	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	(Solu-Medrol)	1	
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)		1	PA BvD

Drug Name	Drug Tier	Requirements/Limits
prednisolone oral solution 15 mg/5 ml	1	PA BvD
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	PA BvD
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)	1	PA BvD
prednisone oral solution 5 mg/5 ml	1	PA BvD
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	PA BvD
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	1	
triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)	1	
Pituitary		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	1	NDS
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	1	
desmopressin injection solution 4 mcg/ml (DDAVP)	1	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)	1	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	1	PA; NDS; QL (60 per 30 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	1	PA; NDS; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	1	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	1	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	1	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	NDS
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	1	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	1	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	1	PA; NDS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml (Sandostatin)	1	
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA
ORGOVYX ORAL TABLET 120 MG	1	PA NSO; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NDS; QL (56 per 28 days)
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	1	PA; NDS
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	1	PA; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	1	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	1	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA NSO; NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	NDS; QL (1 per 360 days)

Drug Name		Drug Tier	Requirements/Limits
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML		1	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG		1	NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG		1	PA; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG		1	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG		1	PA; NDS
Progestins			
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML		1	QL (10 per 28 days)
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	(Makena)	1	NDS
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	1	QL (1 per 84 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		1	PA-HRM; AGE (Max 64 Years)
norethindrone acetate oral tablet 5 mg	(Aygestin)	1	
progesterone intramuscular oil 50 mg/ml		1	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	1	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	1	
levothyroxine oral tablet 300 mcg	(Levo-T)	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg		1	
propylthiouracil oral tablet 50 mg		1	
Immunological Agents			
Immunological Agents			

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	1	PA; NDS
azathioprine oral tablet 50 mg (Imuran)	1	PA BvD
azathioprine sodium injection recon soln 100 mg	1	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; NDS
cyclosporine intravenous solution 250 mg/5 ml (Sandimmune)	1	PA BvD
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	1	PA BvD
cyclosporine modified oral capsule 50 mg	1	PA BvD
cyclosporine modified oral solution 100 mg/ml (Gengraf)	1	PA BvD
cyclosporine oral capsule 100 mg, 25 mg (Sandimmune)	1	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; NDS
everolimus (immunosuppressive) oral tablet 0.25 mg (Zortress)	1	PA BvD
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg (Zortress)	1	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	PA BvD
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	1	PA; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD; NDS
gengraf oral capsule 100 mg, 25 mg (cyclosporine modified)	1	PA BvD
gengraf oral solution 100 mg/ml (cyclosporine modified)	1	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	1	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	1	PA; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML		1	PA; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML		1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG		1	PA; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML		1	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML		1	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML		1	PA; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML		1	PA; NDS
leflunomide oral tablet 10 mg, 20 mg	(Arava)	1	
mycophenolate mofetil (hcl) intravenous recon soln 500 mg	(CellCept Intravenous)	1	PA BvD
mycophenolate mofetil oral capsule 250 mg	(CellCept)	1	PA BvD
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	(CellCept)	1	PA BvD; NDS
mycophenolate mofetil oral tablet 500 mg	(CellCept)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG		1	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %		1	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG		1	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		1	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		1	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		1	PA; NDS
OTEZLA ORAL TABLET 30 MG		1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	1	PA; NDS
REZUROCK ORAL TABLET 200 MG	1	PA NSO; NDS
RIDAURA ORAL CAPSULE 3 MG	1	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	1	PA; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	1	PA; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	1	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	1	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	PA; NDS
sirolimus oral solution 1 mg/ml (Rapamune)	1	PA BvD; NDS
sirolimus oral tablet 0.5 mg, 1 mg (Rapamune)	1	PA BvD
sirolimus oral tablet 2 mg (Rapamune)	1	PA BvD; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NDS

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	1	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NDS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (Prograf)	1	PA BvD
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; NDS
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; NDS
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; NDS
ZORTRESS ORAL TABLET 1 MG	1	PA BvD; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days)

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

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (tetanus-diphtheria toxoids-td)	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	

Drug Name		Drug Tier	Requirements/Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML		1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML		1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML		1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	(typhoid vi polysacch vaccine)	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML		1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML		1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML		1	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML		1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML		1	QL (1 per 365 days)
Inflammatory Bowel Disease Agents			
Inflammatory Bowel Disease Agents			
alosetron oral tablet 0.5 mg	(Lotronex)	1	
alosetron oral tablet 1 mg	(Lotronex)	1	NDS
balsalazide oral capsule 750 mg	(Colazal)	1	
budesonide oral capsule,delayed,extend.release 3 mg	(Entocort EC)	1	
colocort rectal enema 100 mg/60 ml	(hydrocortisone)	1	
DIPENTUM ORAL CAPSULE 250 MG		1	ST; NDS
hydrocortisone rectal enema 100 mg/60 ml	(Cortenema)	1	
mesalamine oral capsule (with del rel tablets) 400 mg	(Delzicol)	1	

Drug Name		Drug Tier	Requirements/Limits
mesalamine oral capsule,extended release 24hr 0.375 gram	(Apriso)	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	(Lialda)	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	(Asacol HD)	1	
mesalamine rectal suppository 1,000 mg	(Canasa)	1	NDS
sulfasalazine oral tablet 500 mg	(Azulfidine)	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	(Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION		1	
Irrigating Solutions			
Irrigating Solutions			
LACTATED RINGERS IRRIGATION SOLUTION		1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
alendronate oral tablet 10 mg, 5 mg		1	QL (30 per 30 days)
alendronate oral tablet 35 mg		1	QL (4 per 28 days)
alendronate oral tablet 70 mg	(Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) injection solution 200 unit/ml	(Miacalcin)	1	NDS
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation		1	QL (3.7 per 28 days)
calcitriol intravenous solution 1 mcg/ml		1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	(Rocaltrol)	1	
calcitriol oral solution 1 mcg/ml	(Rocaltrol)	1	
cinacalcet oral tablet 30 mg	(Sensipar)	1	QL (60 per 30 days)
cinacalcet oral tablet 60 mg	(Sensipar)	1	NDS; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	(Sensipar)	1	NDS; QL (120 per 30 days)
doxercalciferol intravenous solution 4 mcg/2 ml	(Hectorol)	1	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)		1	PA; NDS; QL (2.34 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)		1	PA; QL (2.4 per 28 days)
ibandronate intravenous solution 3 mg/3 ml		1	QL (3 per 84 days)
ibandronate intravenous syringe 3 mg/3 ml		1	QL (3 per 84 days)
ibandronate oral tablet 150 mg	(Boniva)	1	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	(calcitonin (salmon))	1	NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE		1	PA; NDS; QL (2 per 28 days)
paricalcitol hemodialysis port injection solution 2 mcg/ml		1	
paricalcitol oral capsule 1 mcg, 2 mcg	(Zemplar)	1	
paricalcitol oral capsule 4 mcg		1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML		1	ST; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG		1	QL (60 per 30 days)
risedronate oral tablet 150 mg	(Actonel)	1	QL (1 per 28 days)
risedronate oral tablet 30 mg, 5 mg		1	QL (30 per 30 days)
risedronate oral tablet 35 mg	(Actonel)	1	QL (4 per 28 days)
risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)		1	QL (4 per 28 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	(Atelvia)	1	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)		1	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)		1	PA; NDS
zoledronic acid intravenous recon soln 4 mg		1	
zoledronic acid intravenous solution 4 mg/5 ml		1	
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	(Reclast)	1	QL (100 per 300 days)

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NDS; QL (8 per 28 days)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	1	NDS
diazoxide oral suspension 50 mg/ml (Proglycem)	1	
ELMIRON ORAL CAPSULE 100 MG	1	NDS; QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	1	PA; LA; NDS
fomepizole intravenous solution 1 gram/ml	1	NDS
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	1	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	1	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	
hydroxyzine pamoate oral capsule 100 mg	1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg (Vistaril)	1	

Drug Name		Drug Tier	Requirements/Limits
KEVEYIS ORAL TABLET 50 MG		1	PA; NDS; QL (120 per 30 days)
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg		1	
leucovorin calcium injection solution 10 mg/ml		1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg		1	
levocarnitine (with sugar) oral solution 100 mg/ml	(Carnitor)	1	
levocarnitine oral tablet 330 mg	(Carnitor)	1	
levoleucovorin calcium intravenous recon soln 50 mg	(Fusilev)	1	NDS
mesna intravenous solution 100 mg/ml	(Mesnex)	1	
MESNEX ORAL TABLET 400 MG		1	NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		1	PA; NDS
pyridostigmine bromide oral syrup 60 mg/5 ml	(Mestinon)	1	
pyridostigmine bromide oral tablet 30 mg		1	
pyridostigmine bromide oral tablet 60 mg	(Mestinon)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)		1	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		1	PA; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		1	PA NSO; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG		1	NDS
TYBOST ORAL TABLET 150 MG		1	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM		1	NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		1	PA; NDS; QL (120 per 30 days)
Ophthalmic Agents			
Antiglaucoma Agents			
acetazolamide oral capsule, extended release 500 mg		1	

Drug Name		Drug Tier	Requirements/Limits
acetazolamide oral tablet 125 mg, 250 mg		1	
acetazolamide sodium injection recon soln 500 mg		1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %		1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	(brinzolamide)	1	
brimonidine ophthalmic (eye) drops 0.2 %		1	
carteolol ophthalmic (eye) drops 1 %		1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %		1	
dorzolamide ophthalmic (eye) drops 2 %	(Trusopt)	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	(Cosopt)	1	
latanoprost ophthalmic (eye) drops 0.005 %	(Xalatan)	1	QL (2.5 per 25 days)
levobunolol ophthalmic (eye) drops 0.5 %		1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %		1	QL (2.5 per 25 days)
metipranolol ophthalmic (eye) drops 0.3 %		1	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %	(Isopto Carpine)	1	
pilocarpine hcl ophthalmic (eye) drops 4 %		1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %		1	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %		1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %		1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	(Timoptic)	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	(Timoptic-XE)	1	
travoprost (benzalkonium) ophthalmic (eye) drops 0.004 %		1	QL (2.5 per 25 days)
travoprost ophthalmic (eye) drops 0.004 %	(Travatan Z)	1	QL (2.5 per 25 days)

Drug Name	Drug Tier	Requirements/Limits
Replacement Preparations		
Replacement Preparations		
calcium chloride intravenous syringe 100 mg/ml (10 %)	1	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
klor-con m10 oral tablet,er particles/crystals 10 meq (potassium chloride)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq (potassium chloride)	1	
klor-con m20 oral tablet,er particles/crystals 20 meq (potassium chloride)	1	
magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml	1	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	1	PA BvD
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	PA BvD
magnesium sulfate injection solution 4 meq/ml (50 %)	1	PA BvD
magnesium sulfate injection syringe 4 meq/ml	1	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	1	

Drug Name		Drug Tier	Requirements/Limits
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION		1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION		1	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)		1	PA BvD
potassium chloride oral capsule, extended release 10 meq, 8 meq		1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml		1	
potassium chloride oral tablet extended release 10 meq, 8 meq	(K-Tab)	1	
potassium chloride oral tablet,er particles/crystals 10 meq	(Klor-Con M10)	1	
potassium chloride oral tablet,er particles/crystals 15 meq	(Klor-Con M15)	1	
potassium chloride oral tablet,er particles/crystals 20 meq	(Klor-Con M20)	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l		1	
potassium citrate oral tablet extended release 10 meq (1,080 mg)	(Urocit-K 10)	1	
potassium citrate oral tablet extended release 15 meq	(Urocit-K 15)	1	
potassium citrate oral tablet extended release 5 meq (540 mg)	(Urocit-K 5)	1	
sodium chloride 0.9 % intravenous parenteral solution		1	
Respiratory Tract Agents			
Anti-Inflammatories, Inhaled Corticosteroids			
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	(fluticasone propion-salmeterol)	1	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION		1	QL (12 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	QL (60 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	1	PA BvD
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	QL (21.2 per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (budesonide-formoterol)	1	QL (30.6 per 30 days)
Antileukotrienes		
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet,chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	1	
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	1	PA BvD; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (ProAir HFA)	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)	1	QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)	1	PA BvD; QL (360 per 30 days)
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	PA BvD; QL (120 per 30 days)
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	QL (10.7 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	PA BvD; QL (312.5 per 30 days)
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	PA BvD; QL (540 per 30 days)
metaproterenol oral syrup 10 mg/5 ml	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	NDS
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	QL (60 per 30 days)
Respiratory Tract Agents, Other		
acetylcysteine intravenous solution 200 mg/ml (20 %) (Acetadote)	1	
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	PA BvD
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	1	NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NDS
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	PA BvD
DALIRESP ORAL TABLET 250 MCG	1	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ESBRIET ORAL CAPSULE 267 MG	1	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	1	PA; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	1	PA; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NDS; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	1	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA BvD; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NDS

Drug Name		Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML		1	PA; NDS
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
baclofen oral tablet 10 mg, 20 mg		1	
chlorzoxazone oral tablet 250 mg		1	PA-HRM; NDS; AGE (Max 64 Years)
chlorzoxazone oral tablet 500 mg		1	PA-HRM; AGE (Max 64 Years)
COMFORT PAC-CYCLOBENZAPRINE KIT 10 MG		1	PA-HRM; AGE (Max 64 Years)
cyclobenzaprine oral tablet 10 mg, 5 mg		1	PA-HRM; AGE (Max 64 Years)
dantrolene oral capsule 100 mg		1	
dantrolene oral capsule 25 mg, 50 mg	(Dantrium)	1	
methocarbamol oral tablet 500 mg, 750 mg		1	PA-HRM; AGE (Max 64 Years)
revonto intravenous recon soln 20 mg	(dantrolene)	1	
tizanidine oral tablet 2 mg		1	
tizanidine oral tablet 4 mg	(Zanaflex)	1	
Sleep Disorder Agents			
Sleep Disorder Agents			
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	(Nuvigil)	1	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG		1	QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	(Lunesta)	1	QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML		1	PA; NDS; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG		1	PA; NDS; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG		1	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML		1	PA; LA; NDS; QL (540 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML		1	PA; NDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg, 5 mg		1	QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
zolpidem oral tablet 10 mg, 5 mg	(Ambien)	1	QL (30 per 30 days)
Vasodilating Agents			
Vasodilating Agents			
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG		1	PA; NDS; QL (90 per 30 days)
alyq oral tablet 20 mg	(tadalafil (pulm. hypertension))	1	PA; NDS; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	(Letairis)	1	PA; NDS; QL (30 per 30 days)
epoprostenol (glycine) intravenous recon soln 0.5 mg	(Flolan)	1	PA
epoprostenol (glycine) intravenous recon soln 1.5 mg	(Flolan)	1	PA; NDS
OPSUMIT ORAL TABLET 10 MG		1	PA; NDS; QL (30 per 30 days)
sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml	(Revatio)	1	PA; NDS; QL (37.5 per 1 day)
sildenafil (pulm.hypertension) oral tablet 20 mg	(Revatio)	1	PA; QL (90 per 30 days)
tadalafil (pulm. hypertension) oral tablet 20 mg	(Alyq)	1	PA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	(bosentan)	1	PA; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG		1	PA; NDS; QL (112 per 28 days)
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	(Remodulin)	1	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)		1	PA; NDS
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG		1	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG		1	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG		1	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)		1	PA; NDS
Vitamins And Minerals			

Drug Name	Drug Tier	Requirements/Limits
Vitamins And Minerals		
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	1	

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