Piedmont Community Health Plan

2022 List of Covered Drugs

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

Members must use in-network pharmacies to maximize prescription drug benefits. Please note that benefits, the drug list, the pharmacy network, and premium and/or copayments/coinsurance may change.

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What is the Piedmont Drug List?

A drug list is a list of covered drugs. It is sometimes called a formulary. Piedmont works with a team of healthcare providers to choose drugs that provide quality treatment. Piedmont covers drugs on our drug list when:

- the drug is medically necessary
- the prescription is filled at a Piedmont network pharmacy
- all other plan rules have been followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials.

Can the Drug List change?

The drug list may change occasionally as described in your plan document or other plan materials. The following drug list is the most current drug list covered by Piedmont. To get updated information about the drugs covered by Piedmont, please visit www.PCHP.net, or call Member Services at 1-800-400-7247, from 8:30 a.m. to 5:00 p.m.

How do I use the Formulary?

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

1. **Alphabetical Listing**

   If you are not sure what category to look under, you should look for your drug in the Index at the end of the list. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

   - Look in the Index and find your drug.
   - Next to your drug, you will see the page number where you can find coverage information.
   - Turn to the page listed in the Index and find the name of your drug in the first column of the list.

2. **Medical Condition**

   The drugs in this formulary are grouped into categories by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular." If you know what condition your drug is used for, look for the condition in the list, then look within that category for your drug.

For more information about your Piedmont prescription drug coverage, see your plan document and other plan materials.

Piedmont's Drug List

The drug list that follows this introduction gives information about the drugs covered by Piedmont. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand-name drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to the formulary.

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

The information in the Requirements/Limits column tells you if Piedmont has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** You or your physician must get prior approval or authorization for certain drugs. This means that you will need to get approval from Piedmont before you fill your prescriptions. If you don't get approval, Piedmont may not cover the drug.

- **Quantity Limits:** For certain drugs, Piedmont limits the amount of the drug that it will cover. For example, Piedmont provides 30 per prescription for LETARIS. Piedmont also limits the amounts of drugs you may receive within a class of drugs. These classes have an "§" next to them on the drug list. For these classes, only one drug should be taken at a time for safety reasons. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Piedmont requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Piedmont may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Piedmont will then cover Drug B. Additional step therapy content and criteria can be found throughout this document.

What if my drug is not on the Drug List?

If your drug is not on this drug list, call Member Services and ask if your drug is covered. If you learn that Piedmont does not cover your drug, you have two choices:

- You can ask Member Services for a list of similar drugs that are covered by our plans. When you get the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Piedmont. Similar drugs that are preferred and covered by your plan's formulary may be easier to get and cost less than non-preferred drugs.

- You can ask Piedmont to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Drug List?

- Send us a statement from your prescriber stating your request. We will make our decision within 72 hours of receipt of the necessary information.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three (3) business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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How likely is it that I will get an exception?

Generally, Piedmont will only approve your request for an exception if the preferred drugs included on the plan's drug list, would:

- not be as effective in treating your condition
- cause you to have adverse medical effects

How do I find out if my exception is granted?

When you ask for a drug list Formulary Exception Request, please send a statement from your prescriber that supports your request. Then:

- We will make our decision within 72 hours of receipt of the necessary information.
- You can ask for an expedited (fast) exception if you or your prescriber believe that your health could be seriously harmed by waiting up to three (3) business days for a decision.
- If your expedited (fast) request is granted, we will give you a decision no later than 24 hours after we get your prescriber's supporting statement.

Piedmont's formulary includes the following tiering of medications:

0: Zero Cost Share Preventive Drugs

1: Generics

2: Preferred Brand

3: Non-Preferred Brand

4: Preferred Specialty Drugs

Please refer to your Policy Book and/or Schedule of Benefits for additional information on Prior Authorizations, Quantity Limits, Step Therapy, Exceptions Requests, and Drug Tier Cost Share associated with your plan.

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2022 Piedmont Commercial Effective 12/01/2022

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL XR CAP 5MG	2	QL (270 caps every 75 days); AGE
ADDERALL XR CAP 10MG	2	QL (270 caps every 75 days); AGE
ADDERALL XR CAP 15MG	2	QL (90 caps every 75 days); AGE
ADDERALL XR CAP 20MG	2	QL (90 caps every 75 days); AGE
ADDERALL XR CAP 25MG	2	QL (90 caps every 75 days); AGE
ADDERALL XR CAP 30MG	2	QL (90 caps every 75 days); AGE
amphetamine sulfate tab 5 mg	1	QL (360 tabs every 75 days); AGE
amphetamine sulfate tab 10 mg	1	QL (360 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 5 mg	1	QL (270 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (270 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 10 mg	1	QL (270 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (270 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 15 mg	1	QL (180 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 20 mg	1	QL (180 tabs every 75 days); AGE
amphetamine-dextroamphetamine tab 30 mg	1	QL (90 tabs every 75 days); AGE
DEXEDRINE CAP 5MG CR	3	QL (360 caps every 75 days); AGE
DEXEDRINE CAP 10MG CR	3	QL (360 caps every 75 days); AGE
DEXEDRINE CAP 15MG CR	3	QL (180 caps every 75 days); AGE
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (360 caps every 75 days); AGE
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (360 caps every 75 days); AGE
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (180 caps every 75 days); AGE
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (3600 mL every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate tab 5 mg	1	QL (360 tabs every 75 days); AGE
dextroamphetamine sulfate tab 10 mg	1	QL (360 tabs every 75 days); AGE
dextroamphetamine sulfate tab 15 mg	1	QL (180 tabs every 75 days); AGE
dextroamphetamine sulfate tab 20 mg	1	QL (180 tabs every 75 days); AGE
dextroamphetamine sulfate tab 30 mg	1	QL (90 tabs every 75 days); AGE
methamphetamine hcl tab 5 mg	1	QL (450 tabs every 75 days); AGE
MYDAYIS CAP 12.5MG	2	QL (180 caps every 75 days); AGE
MYDAYIS CAP 25MG	2	QL (180 caps every 75 days); AGE
MYDAYIS CAP 37.5MG	2	QL (90 caps every 75 days); AGE
MYDAYIS CAP 50MG	2	QL (90 caps every 75 days); AGE
procentra sol 5mg/5ml	1	QL (3600 mL every 75 days); AGE
VYVANSE CAP 10MG	2	QL (180 caps every 75 days); AGE
VYVANSE CAP 20MG	2	QL (180 caps every 75 days); AGE
VYVANSE CAP 30MG	2	QL (180 caps every 75 days); AGE
VYVANSE CAP 40MG	2	QL (90 caps every 75 days); AGE
VYVANSE CAP 50MG	2	QL (90 caps every 75 days); AGE
VYVANSE CAP 60MG	2	QL (90 caps every 75 days); AGE
VYVANSE CAP 70MG	2	QL (90 caps every 75 days); AGE
VYVANSE CHW 10MG	2	QL (180 tabs every 75 days); AGE
VYVANSE CHW 20MG	2	QL (180 tabs every 75 days); AGE
VYVANSE CHW 30MG	2	QL (180 tabs every 75 days); AGE
VYVANSE CHW 40MG	2	QL (90 tabs every 75 days); AGE
VYVANSE CHW 50MG	2	QL (90 tabs every 75 days); AGE
VYVANSE CHW 60MG	2	QL (90 tabs every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
zenzedi tab 2.5mg	1	QL (360 tabs every 75 days); AGE
zenzedi tab 5mg	1	QL (360 tabs every 75 days); AGE
zenzedi tab 7.5mg	1	QL (360 tabs every 75 days); AGE
zenzedi tab 10mg	1	QL (360 tabs every 75 days); AGE
zenzedi tab 15mg	1	QL (180 tabs every 75 days); AGE
zenzedi tab 20mg	1	QL (180 tabs every 75 days); AGE
zenzedi tab 30mg	1	QL (90 tabs every 75 days); AGE
ANALEPTICS		
caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)	1	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 25 mg	1	PA
benzphetamine hcl tab 50 mg	1	PA
diethylpropion hcl tab 25 mg	1	PA
diethylpropion hcl tab er 24hr 75 mg	1	PA
phendimetrazine tartrate tab 35 mg	1	PA
phentermine hcl cap 15 mg	1	PA
phentermine hcl cap 30 mg	1	PA
phentermine hcl cap 37.5 mg	1	PA
phentermine hcl tab 37.5 mg	1	PA
QSYMIA CAP 3.75-23	2	PA
QSYMIA CAP 7.5-46MG	2	PA
QSYMIA CAP 11.25-69	2	PA
QSYMIA CAP 15-92MG	2	PA
ANTI-OBESITY AGENTS		
SAXENDA INJ 18MG/3ML	2	PA
WEGOVY INJ 0.5MG	2	PA
WEGOVY INJ 0.25MG	2	PA
WEGOVY INJ 1.7MG	2	PA
WEGOVY INJ 1MG	2	PA
WEGOVY INJ 2.4MG	2	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (360 caps every 75 days); AGE
atomoxetine hcl cap 18 mg (base equiv)	1	QL (360 caps every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 25 mg (base equiv)	1	QL (360 caps every 75 days); AGE
atomoxetine hcl cap 40 mg (base equiv)	1	QL (180 caps every 75 days); AGE
atomoxetine hcl cap 60 mg (base equiv)	1	QL (90 caps every 75 days); AGE
atomoxetine hcl cap 80 mg (base equiv)	1	QL (90 caps every 75 days); AGE
atomoxetine hcl cap 100 mg (base equiv)	1	QL (90 caps every 75 days); AGE
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
QELBREE CAP 100MG ER	2	QL (270 caps every 75 days)
QELBREE CAP 150MG ER	2	QL (270 caps every 75 days)
QELBREE CAP 200MG ER	2	QL (270 caps every 75 days)
STRATTERA CAP 10MG	3	QL (360 caps every 75 days); AGE
STRATTERA CAP 18MG	3	QL (360 caps every 75 days); AGE
STRATTERA CAP 25MG	3	QL (360 caps every 75 days); AGE
STRATTERA CAP 40MG	3	QL (180 caps every 75 days); AGE
STRATTERA CAP 60MG	3	QL (90 caps every 75 days); AGE
STRATTERA CAP 80MG	3	QL (90 caps every 75 days); AGE
STRATTERA CAP 100MG	3	QL (90 caps every 75 days); AGE
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
WAKIX TAB 17.8MG	4	PA, QL (60 tabs every 30 days)
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	PA
armodafinil tab 150 mg	1	PA
armodafinil tab 200 mg	1	PA
armodafinil tab 250 mg	1	PA
AZSTARYS CAP 26.1-5.2	2	QL (90 caps every 75 days)
AZSTARYS CAP 39.2-7.8	2	QL (90 caps every 75 days)
AZSTARYS CAP 52.3-10.	2	QL (90 caps every 75 days)
CONCERTA TAB 18MG	2	QL (180 tabs every 75 days); AGE
CONCERTA TAB 27MG	2	QL (180 tabs every 75 days); AGE
CONCERTA TAB 36MG	2	QL (180 tabs every 75 days); AGE
CONCERTA TAB 54MG	2	QL (90 tabs every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (180 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (180 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (180 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (180 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (90 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (90 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (90 caps every 75 days); AGE
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (90 caps every 75 days); AGE
dexmethylphenidate hcl tab 2.5 mg	1	QL (360 tabs every 75 days); AGE
dexmethylphenidate hcl tab 5 mg	1	QL (360 tabs every 75 days); AGE
dexmethylphenidate hcl tab 10 mg	1	QL (180 tabs every 75 days); AGE
FOCALIN TAB 2.5MG	3	QL (360 tabs every 75 days); AGE
FOCALIN TAB 5MG	3	QL (360 tabs every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
FOCALIN TAB 10MG	3	QL (180 tabs every 75 days); AGE
JORNAY PM CAP 20MG ER	2	QL (180 caps every 75 days); AGE
JORNAY PM CAP 40MG ER	2	QL (180 caps every 75 days); AGE
JORNAY PM CAP 60MG ER	2	QL (90 caps every 75 days); AGE
JORNAY PM CAP 80MG ER	2	QL (90 caps every 75 days); AGE
JORNAY PM CAP 100MG ER	2	QL (90 caps every 75 days); AGE
METHYLIN SOL 5MG/5ML	3	QL (5400 mL every 75 days); AGE
METHYLIN SOL 10MG/5ML	3	QL (2700 mL every 75 days); AGE
methylphenidate hcl cap er 10 mg (cd)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 20 mg (cd)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl cap er 30 mg (cd)	1	QL (180 caps every 75 days); AGE
methylphenidate hcl cap er 40 mg (cd)	1	QL (90 caps every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 50 mg (cd)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl cap er 60 mg (cd)	1	QL (90 caps every 75 days); AGE
methylphenidate hcl chew tab 2.5 mg	1	QL (540 tabs every 75 days); AGE
methylphenidate hcl chew tab 5 mg	1	QL (540 tabs every 75 days); AGE
methylphenidate hcl chew tab 10 mg	1	QL (540 tabs every 75 days); AGE
methylphenidate hcl soln 5 mg/5ml	1	QL (5400 mL every 75 days); AGE
methylphenidate hcl soln 10 mg/5ml	1	QL (2700 mL every 75 days); AGE
methylphenidate hcl tab 5 mg	1	QL (540 tabs every 75 days); AGE
methylphenidate hcl tab 10 mg	1	QL (540 tabs every 75 days); AGE
methylphenidate hcl tab 20 mg	1	QL (270 tabs every 75 days); AGE
methylphenidate hcl tab er 10 mg	1	QL (270 tabs every 75 days); AGE
methylphenidate hcl tab er 20 mg	1	QL (270 tabs every 75 days); AGE
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
RITALIN TAB 5MG	3	QL (540 tabs every 75 days); AGE
RITALIN TAB 10MG	3	QL (540 tabs every 75 days); AGE
RITALIN TAB 20MG	3	QL (270 tabs every 75 days); AGE

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	PA
ORALAIR SUB 300 IR	2	PA
RAGWITEK SUB	2	PA

AMINOGLYCOSIDES

AMINOGLYCOSIDES

amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1	
BETHKIS NEB 300/4ML	4	PA, QL (240 mL every 30 days)
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate inj 10 mg/ml	1	
gentamicin sulfate inj 40 mg/ml	1	
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
streptomycin sulfate for inj 1 gm	1	
tobramycin nebu soln 300 mg/4ml	4	PA, QL (240 mL every 30 days)
tobramycin nebu soln 300 mg/5ml	4	PA, QL (300 mL every 30 days)
tobramycin sulfate for inj 1.2 gm	1	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	4	PA
HUMIRA INJ 20/0.2ML	4	PA
HUMIRA INJ 40/0.4ML	4	PA
HUMIRA KIT 40MG/0.8	4	PA
HUMIRA PEDIA INJ CROHNS	4	PA
HUMIRA PEN INJ 40/0.4ML	4	PA
HUMIRA PEN INJ 40MG/0.8	4	PA
HUMIRA PEN INJ 80/0.8ML	4	PA
HUMIRA PEN INJ CD/UC/HS	4	PA
HUMIRA PEN INJ PS/UV	4	PA
HUMIRA PEN KIT CD/UC/HS	4	PA
HUMIRA PEN KIT PED UC	4	PA
HUMIRA PEN KIT PS/UV	4	PA
SIMPONI ARIA SOL 50MG/4ML	4	PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	4	PA, QL (30 tabs every 30 days)
XELJANZ SOL 1MG/ML	4	PA, QL (300 mL every 30 days)
XELJANZ TAB 5MG	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	4	PA, QL (60 tabs every 30 days)
XELJANZ XR TAB 11MG	4	PA, QL (30 tabs every 30 days)
XELJANZ XR TAB 22MG	4	PA, QL (30 tabs every 30 days)
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	PA
RASUVO INJ 10MG	4	PA
RASUVO INJ 12.5MG	4	PA
RASUVO INJ 15MG	4	PA
RASUVO INJ 17.5MG	4	PA
RASUVO INJ 20MG	4	PA
RASUVO INJ 22.5MG	4	PA
RASUVO INJ 25MG	4	PA
RASUVO INJ 30MG	4	PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	4	PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA
KEVZARA INJ 200/1.14	4	PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
cataflam tab 50mg	1	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	

Drug Name	Drug Tier	Requirements/Limits
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flexipak pak 75-0.025	1	PA
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen lysine iv soln 10 mg/ml (base equivalent)	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin sodium iv for soln 1 mg	1	
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
previdolrx pak plus	1	PA

Drug Name	Drug Tier	Requirements/Limits
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	PA, QL (60 tabs every 30 days)
OTEZLA TAB 30MG	4	PA, QL (60 tabs every 30 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA
ENBREL INJ 25MG	4	PA
ENBREL INJ 50MG/ML	4	PA
ENBREL MINI INJ 50MG/ML	4	PA
ENBREL SRCLK INJ 50MG/ML	4	PA
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
bac tab	1	
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
tencon tab 50-325mg	1	
ANALGESICS OTHER		
acetaminophen iv soln 10 mg/ml	1	
SALICYLATES		
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
codeine sulfate tab 30 mg	1	PA
duramorph inj 0.5mg/ml	1	
duramorph inj 1mg/ml	1	
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl citrate pf soln cartridge 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 50 mcg/ml	1	
fentanyl citrate preservative free (pf) inj 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 250 mcg/5ml	1	
fentanyl citrate preservative free (pf) inj 500 mcg/10ml	1	
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	1	
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	1	
fentanyl td patch 72hr 12 mcg/hr	1	PA
fentanyl td patch 72hr 25 mcg/hr	1	PA
fentanyl td patch 72hr 37.5 mcg/hr	1	PA
fentanyl td patch 72hr 50 mcg/hr	1	PA
fentanyl td patch 72hr 62.5 mcg/hr	1	PA
fentanyl td patch 72hr 75 mcg/hr	1	PA
fentanyl td patch 72hr 87.5 mcg/hr	1	PA
fentanyl td patch 72hr 100 mcg/hr	1	PA
hydrocodone bitartrate cap er 12hr 10 mg	1	PA
hydrocodone bitartrate cap er 12hr 15 mg	1	PA
hydrocodone bitartrate cap er 12hr 20 mg	1	PA
hydrocodone bitartrate cap er 12hr 30 mg	1	PA
hydrocodone bitartrate cap er 12hr 40 mg	1	PA
hydrocodone bitartrate cap er 12hr 50 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	1	PA
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	PA
hydromorphone hcl tab 4 mg	1	PA
hydromorphone hcl tab 8 mg	1	PA
hydromorphone hcl tab er 24hr 8 mg	1	PA
hydromorphone hcl tab er 24hr 12 mg	1	PA
hydromorphone hcl tab er 24hr 16 mg	1	PA
hydromorphone hcl tab er 24hr 32 mg	1	PA
meperidine hcl inj 25 mg/ml	1	
meperidine hcl inj 50 mg/ml	1	
meperidine hcl inj 100 mg/ml	1	
meperidine hcl oral soln 50 mg/5ml	1	PA
meperidine hcl tab 50 mg	1	PA
methadone con 10mg/ml	1	PA
methadone hcl conc 10 mg/ml	1	
methadone hcl inj 10 mg/ml	1	PA
methadone hcl soln 5 mg/5ml	1	PA
methadone hcl soln 10 mg/5ml	1	PA
methadone hcl tab 5 mg	1	PA
methadone hcl tab 10 mg	1	PA
methadone hcl tab for oral susp 40 mg	1	
methadose tab 40mg	1	
mitigo inj 10mg/ml	1	
mitigo inj 25mg/ml	1	
morphine sulfate beads cap er 24hr 30 mg	1	PA
morphine sulfate beads cap er 24hr 45 mg	1	PA
morphine sulfate beads cap er 24hr 60 mg	1	PA
morphine sulfate beads cap er 24hr 75 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate beads cap er 24hr 90 mg	1	PA
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA
morphine sulfate cap er 24hr 20 mg	1	PA
morphine sulfate cap er 24hr 30 mg	1	PA
morphine sulfate cap er 24hr 40 mg	1	PA
morphine sulfate cap er 24hr 50 mg	1	PA
morphine sulfate cap er 24hr 60 mg	1	PA
morphine sulfate cap er 24hr 80 mg	1	PA
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate inj pf 0.5 mg/ml	1	
morphine sulfate inj pf 1 mg/ml	1	
morphine sulfate iv soln 4 mg/ml	1	
morphine sulfate iv soln 8 mg/ml	1	
morphine sulfate iv soln 10 mg/ml	1	
morphine sulfate oral soln 10 mg/5ml	1	PA
morphine sulfate oral soln 20 mg/5ml	1	PA
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA
morphine sulfate tab 15 mg	1	PA
morphine sulfate tab 30 mg	1	PA
morphine sulfate tab er 15 mg	1	PA
morphine sulfate tab er 30 mg	1	PA
morphine sulfate tab er 60 mg	1	PA
morphine sulfate tab er 100 mg	1	PA
morphine sulfate tab er 200 mg	1	PA
NUCYNTA ER TAB 50MG	2	PA
NUCYNTA ER TAB 100MG	2	PA
NUCYNTA ER TAB 150MG	2	PA
NUCYNTA ER TAB 200MG	2	PA
NUCYNTA ER TAB 250MG	2	PA
NUCYNTA TAB 50MG	2	PA
NUCYNTA TAB 75MG	2	PA
NUCYNTA TAB 100MG	2	PA
oxycodone hcl cap 5 mg	1	PA
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA
oxycodone hcl soln 5 mg/5ml	1	PA
oxycodone hcl tab 5 mg	1	PA
oxycodone hcl tab 10 mg	1	PA
oxycodone hcl tab 15 mg	1	PA
oxycodone hcl tab 20 mg	1	PA
oxycodone hcl tab 30 mg	1	PA
oxycodone hcl tab er 12hr deter 10 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab er 12hr deter 15 mg	1	PA
oxycodone hcl tab er 12hr deter 20 mg	1	PA
oxycodone hcl tab er 12hr deter 30 mg	1	PA
oxycodone hcl tab er 12hr deter 40 mg	1	PA
oxycodone hcl tab er 12hr deter 60 mg	1	PA
oxycodone hcl tab er 12hr deter 80 mg	1	PA
oxymorphone hcl tab 5 mg	1	PA
oxymorphone hcl tab 10 mg	1	PA
remifentanil hcl for iv soln 1 mg	1	
remifentanil hcl for iv soln 2 mg	1	
remifentanil hcl for iv soln 5 mg	1	
SUBSYS SPR 100MCG	2	PA
SUBSYS SPR 200MCG	2	PA
SUBSYS SPR 400MCG	2	PA
SUBSYS SPR 600MCG	2	PA
SUBSYS SPR 800MCG	2	PA
SUBSYS SPR 1200MCG	2	PA
SUBSYS SPR 1600MCG	2	PA
sufentanil citrate inj 50 mcg/ml	1	
sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)	1	
sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)	1	
tramadol hcl tab 50 mg	1	PA
tramadol hcl tab er 24hr 100 mg	1	PA
tramadol hcl tab er 24hr 200 mg	1	PA
tramadol hcl tab er 24hr 300 mg	1	PA
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA
XTAMPZA ER CAP 9MG	2	PA
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA
XTAMPZA ER CAP 27MG	2	PA
XTAMPZA ER CAP 36MG	2	PA
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (8100 mL every 75 days)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (1200 tabs every 75 days)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (1080 tabs every 75 days)

Drug Name	Drug Tier	Requirements/Limits
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (540 tabs every 75 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (900 caps every 75 days)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg	1	PA, QL (900 tabs every 75 days)
ascomp/cod cap 30mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
endocet tab 2.5-325	1	PA, QL (1080 tabs every 75 days)
endocet tab 5-325mg	1	PA, QL (1080 tabs every 75 days)
endocet tab 7.5-325	1	PA, QL (720 tabs every 75 days)
endocet tab 10-325mg	1	PA, QL (540 tabs every 75 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (8100 mL every 75 days)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (8100 mL every 75 days)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (720 tabs every 75 days)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (720 tabs every 75 days)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (540 tabs every 75 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (540 tabs every 75 days)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (540 tabs every 75 days)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (540 tabs every 75 days)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (50 tabs every 75 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (50 tabs every 75 days)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (50 tabs every 75 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (1080 tabs every 75 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (1080 tabs every 75 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (720 tabs every 75 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (540 tabs every 75 days)
oxycodone-aspirin tab 4.8355-325 mg	1	PA, QL (1080 tabs every 75 days)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (40 tabs every 25 days)
trezix cap	1	PA, QL (900 caps every 75 days)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA
BELBUCA MIS 150MCG	2	PA
BELBUCA MIS 300MCG	2	PA
BELBUCA MIS 450MCG	2	PA
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl buccal film 75 mcg (base equivalent)	1	PA
buprenorphine hcl buccal film 150 mcg (base equivalent)	1	PA
buprenorphine hcl buccal film 300 mcg (base equivalent)	1	PA
buprenorphine hcl buccal film 450 mcg (base equivalent)	1	PA
buprenorphine hcl buccal film 600 mcg (base equivalent)	1	PA
buprenorphine hcl buccal film 750 mcg (base equivalent)	1	PA
buprenorphine hcl buccal film 900 mcg (base equivalent)	1	PA
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1	
buprenorphine hcl sl tab 2 mg (base equiv)	1	
buprenorphine hcl sl tab 8 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (90 films every 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (60 films every 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (90 tabs every 30 days)
buprenorphine td patch weekly 5 mcg/hr	1	PA
buprenorphine td patch weekly 7.5 mcg/hr	1	PA
buprenorphine td patch weekly 10 mcg/hr	1	PA
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	
butorphanol tartrate nasal soln 10 mg/ml	1	QL (6 bottles every 75 days)
nalbuphine hcl inj 10 mg/ml	1	
nalbuphine hcl inj 20 mg/ml	1	
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 tabs every 30 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 tabs every 30 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 tabs every 30 days)
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
oxandrolone tab 2.5 mg	1	PA
oxandrolone tab 10 mg	1	PA
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	PA
ANDRODERM DIS 4MG/24HR	2	PA
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
methyltestosterone cap 10 mg	1	PA
NATESTO GEL 5.5MG	2	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA

Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
RECTAL COMBINATIONS		
ana-lex kit	1	PA
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
anucort-hc sup 25mg	1	
ANUSOL-HC CRE 2.5%	3	
hemmorex-hc sup 30mg	1	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	
procto-med cre hc 2.5%	1	
procto-pak cre 1%	1	
proctosol hc cre 2.5%	1	
proctozone cre -hc 2.5%	1	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	
EMVERM CHW 100MG	2	
ivermectin tab 3 mg	1	PA
praziquantel tab 600 mg	1	
STROMECTOL TAB 3MG	3	PA
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
baciim inj 50000unt	1	
bacitracin intramuscular for soln 50000 unit	1	
FLAGYL TAB 500MG	3	
metronidazole cap 375 mg	1	
metronidazole iv soln 500 mg/100ml	1	
metronidazole tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
metronidazole tab 500 mg	1	
pentamidine isethionate for inj soln 300 mg	1	
pentamidine isethionate for nebulization soln 300 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	1	
nitazoxanide tab 500 mg	1	
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	1	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
meropenem iv for soln 1 gm	1	
meropenem iv for soln 500 mg	1	
CHLORAMPHENICOLS		
chloramphenicol sodium succinate for iv inj 1 gm	1	
CYCLIC LIPOPEPTIDES		
daptomycin for iv soln 350 mg	1	
daptomycin for iv soln 500 mg	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	
VANCOCIN CAP 250MG	3	
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	1	
vancomycin hcl for iv soln 10 gm (base equivalent)	1	
vancomycin hcl for iv soln 100 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
clindamycin phosphate inj 9 gm/60ml	1	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
lincomycin hcl inj 300 mg/ml	1	
MONOBACTAMS		
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
linezolid iv soln 600 mg/300ml (2 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
linezolid tab 600 mg	1	
POLYMYXINS		
colistimethate sod for inj 150 mg (colistin base activity)	1	
polymyxin b sulfate for inj 500000 unit	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
MACROBID CAP 100MG	3	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
minitran dis 0.1mg/hr	1	
minitran dis 0.2mg/hr	1	
minitran dis 0.4mg/hr	1	
minitran dis 0.6mg/hr	1	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin iv soln 100 mcg/ml in d5w	1	
nitroglycerin iv soln 200 mcg/ml in d5w	1	

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin iv soln 400 mcg/ml in d5w	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR PUMPSPRA	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
droperidol inj 2.5 mg/ml	1	
hydroxyzine hcl im soln 25 mg/ml	1	
hydroxyzine hcl im soln 50 mg/ml	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
alprazolam tab 2mg xr	1	
alprazolam tab 3mg xr	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam con 5mg/ml	1	
diazepam inj 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam con 2mg/ml	1	
lorazepam inj 2 mg/ml	1	
lorazepam inj 4 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS - MISC.		
adenosine iv soln 6 mg/2ml	1	
adenosine iv soln 12 mg/4ml	1	
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
procainamide hcl inj 100 mg/ml	1	
procainamide hcl inj 500 mg/ml	1	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
ANTIARRHYTHMICS TYPE I-B		
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	4	PA
dofetilide cap 250 mcg (0.25 mg)	4	PA
dofetilide cap 500 mcg (0.5 mg)	4	PA
ibutilide fumarate inj 1 mg/10ml	1	
MULTAQ TAB 400MG	2	
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
TIKOSYN CAP 125MCG	4	PA
TIKOSYN CAP 250MCG	4	PA
TIKOSYN CAP 500MCG	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (720 mL every 75 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML	4	PA
FASENRA PEN INJ 30MG/ML	4	PA
NUCALA INJ 100MG	4	PA
NUCALA INJ 100MG/ML	4	PA
XOLAIR INJ 75/0.5	4	PA
XOLAIR INJ 150MG/ML	4	PA
XOLAIR SOL 150MG	4	PA
ASTHMA AND BRONCHODILATOR AGENT COMBINATIONS		
difil-g fort liq 100-100	1	
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	QL (375.2 vials every 75 days)
SPIRIVA AER 1.25MCG	2	QL (3 inhalers every 75 days)
SPIRIVA CAP HANDIHLR	2	QL (90 caps every 75 days)
SPIRIVA SPR 2.5MCG	2	QL (3 inhalers every 75 days)
YUPELRI SOL	2	QL (270 mL every 75 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	2	
DALIRESP TAB 500MCG	2	
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	QL (3 inhalers every 75 days)
ARNUITY ELPT INH 100MCG	2	QL (90 blisters every 75 days)

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	2	QL (90 blisters every 75 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (360 mL every 75 days)
budesonide inhalation susp 0.25 mg/2ml	1	QL (540 mL every 75 days)
budesonide inhalation susp 1 mg/2ml	1	QL (180 mL every 75 days)
FLOVENT DISK AER 50MCG	2	QL (540 inhalations every 75 days)
FLOVENT DISK AER 100MCG	2	QL (720 inhalations every 75 days)
FLOVENT DISK AER 250MCG	2	QL (720 inhalations every 75 days)
FLOVENT HFA AER 44MCG	2	QL (6.038 inhalers every 75 days)
FLOVENT HFA AER 110MCG	2	QL (6 inhalers every 75 days)
FLOVENT HFA AER 220MCG	2	QL (6 inhalers every 75 days)
PULMICORT INH 90MCG	2	QL (9 inhalers every 75 days)
PULMICORT INH 180MCG	2	QL (6 inhalers every 75 days)
PULMICORT SUS 0.5MG/2	3	QL (360 mL every 75 days)
PULMICORT SUS 0.25MG/2	3	QL (540 mL every 75 days)
PULMICORT SUS 1MG/2ML	3	QL (180 mL every 75 days)
QVAR REDIHA AER 80MCG	2	QL (64 gm every 75 days)
QVAR REDIHAL AER 40MCG	2	QL (64 gm every 75 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL (180 inhalations every 75 days)
ADVAIR DISKU AER 250/50	2	QL (180 inhalations every 75 days)
ADVAIR DISKU AER 500/50	2	QL (180 inhalations every 75 days)
ADVAIR HFA AER 45/21	2	QL (3 inhalers every 75 days)
ADVAIR HFA AER 115/21	2	QL (3 inhalers every 75 days)
ADVAIR HFA AER 230/21	2	QL (3 inhalers every 75 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (6.269 inhalers every 75 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (7.612 inhalers every 75 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (180 mL every 75 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (360 ea every 75 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (1125 mL every 75 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (1125 mL every 75 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (1125 mL every 75 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
albuterol sulfate tab er 12hr 4 mg	1	
albuterol sulfate tab er 12hr 8 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (180 blisters every 75 days)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (360 mL every 75 days)
BREO ELLIPTA INH 100-25	2	QL (180 blisters every 75 days)
BREO ELLIPTA INH 200-25	2	QL (180 blisters every 75 days)
BREZTRI AERO AER SPHERE	2	QL (2.991 inhalers every 75 days)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (360 mL every 75 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (1620 mL every 75 days)
isoproterenol hcl inj 0.2 mg/ml	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (900 mL every 75 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (900 mL every 75 days)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (900 mL every 75 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (270 ea every 75 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (6 inhalers every 75 days)
PERFOROMIST NEB 20MCG	2	QL (360 mL every 75 days)

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DIS AER 50MCG	2	QL (180 inhalations every 75 days)
STIOLTO AER 2.5-2.5	2	QL (3 inhalers every 75 days)
STRIVERDI AER 2.5MCG	2	QL (3 inhalers every 75 days)
SYMBICORT AER 80-4.5	2	QL (9.02 inhalers every 75 days)
SYMBICORT AER 160-4.5	2	QL (9.02 inhalers every 75 days)
terbutaline sulfate inj 1 mg/ml	1	
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL (3 inhalers every 75 days)
TRELEGY AER 200MCG	2	QL (3 inhalers every 75 days)
XANTHINES		
aminophylline inj 25 mg/ml	1	
elixophyllin elx 80/15ml	1	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
jantoven tab 1mg	1	
jantoven tab 2.5mg	1	
jantoven tab 2mg	1	
jantoven tab 3mg	1	
jantoven tab 4mg	1	
jantoven tab 5mg	1	
jantoven tab 6mg	1	
jantoven tab 7.5mg	1	
jantoven tab 10mg	1	
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 5MG	2	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 95000UNT	3	
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%	1	
heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%	1	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
THROMBIN INHIBITORS		
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	1	
argatroban iv soln 50 mg/50ml (1 mg/ml)	1	
bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
DIASTAT ACDL GEL 5-10MG	3	
DIASTAT ACDL GEL 12.5-20	3	
DIASTAT PED GEL 2.5M GEL	3	

Drug Name	Drug Tier	Requirements/Limits
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
NAYZILAM SPR 5MG	2	
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
epitol tab 200mg	1	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	
pregabalin cap 200 mg	1	
pregabalin cap 225 mg	1	
pregabalin cap 300 mg	1	
pregabalin soln 20 mg/ml	1	
primidone tab 50 mg	1	
primidone tab 250 mg	1	
roweepra tab 500mg	1	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
subvenite kit start 35	1	
subvenite kit start 49	1	
subvenite kit start 98	1	
subvenite tab 25mg	1	
subvenite tab 100mg	1	
subvenite tab 150mg	1	
subvenite tab 200mg	1	
TEGRETOL SUS 100/5ML	3	
TEGRETOL TAB 200MG	3	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	
TOPAMAX TAB 200MG	3	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TRILEPTAL SUS 300MG/5M	3	
TRILEPTAL TAB 150MG	3	
TRILEPTAL TAB 300MG	3	
TRILEPTAL TAB 600MG	3	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT INJ 200MG/20	3	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 100MG	2	
VIMPAT TAB 150MG	2	
VIMPAT TAB 200MG	2	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 50-200MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	4	PA, QL (180 packets every 30 days)
vigabatrin tab 500 mg	4	PA, QL (180 tabs every 30 days)
vigadrone pow 500mg	4	PA, QL (180 packets every 30 days)
HYDANTOINS		
DILANTIN CAP 30MG	3	
DILANTIN CAP 100MG	3	
DILANTIN CHW 50MG	3	
DILANTIN-125 SUS 125/5ML	3	
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	1	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	1	
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin sodium inj 50 mg/ml	1	
phenytoin susp 125 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
SUCCINIMIDES		
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	3	
DEPAKOTE ER TAB 500MG	3	
DEPAKOTE SPR CAP 125MG	3	
DEPAKOTE TAB 125MG DR	3	
DEPAKOTE TAB 250MG DR	3	
DEPAKOTE TAB 500MG DR	3	
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium inj 100 mg/ml	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
maprotiline hcl tab 25 mg	1	
maprotiline hcl tab 50 mg	1	
maprotiline hcl tab 75 mg	1	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
WELLBUTRIN TAB XL 150MG	3	
WELLBUTRIN TAB XL 300MG	3	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	
PRECOSE TAB 25MG	3	
PRECOSE TAB 50MG	3	
PRECOSE TAB 100MG	3	

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-500MG	3	
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	

Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	
GLYXAMBI TAB 25-5 MG	2	
JANUMET TAB 50-500MG	2	
JANUMET TAB 50-1000	2	
JANUMET XR TAB 50-500MG	2	
JANUMET XR TAB 50-1000	2	
JANUMET XR TAB 100-1000	2	
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
SOLIQUA INJ 100/33	2	
SYNJARDY TAB	2	
SYNJARDY TAB 5-500MG	2	
SYNJARDY TAB 5-1000MG	2	
SYNJARDY TAB 12.5-500	2	
SYNJARDY XR TAB	2	
SYNJARDY XR TAB 5-1000MG	2	
SYNJARDY XR TAB 10-1000	2	
SYNJARDY XR TAB 25-1000	2	
TRIJARDY XR TAB	2	
XIGDUO XR TAB 2.5-1000	2	
XIGDUO XR TAB 5-500MG	2	
XIGDUO XR TAB 5-1000MG	2	
XIGDUO XR TAB 10-500MG	2	
XIGDUO XR TAB 10-1000	2	
XULTOPHY INJ 100/3.6	2	
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	

Drug Name	Drug Tier	Requirements/Limits
diazoxide susp 50 mg/ml	1	
glucagon (rdna) for inj kit 1 mg	1	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE HYPO 2 INJ 1MG/.2ML	2	
GVOKE HYPO 2 INJ .5/.1ML	2	
GVOKE KIT SOL 1MG/0.2M	2	
GVOKE PFS INJ	2	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG	2	
JANUVIA TAB 50MG	2	
JANUVIA TAB 100MG	2	
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	
OZEMPIC INJ 4MG/3ML	2	
RYBELSUS TAB 3MG	2	
RYBELSUS TAB 7MG	2	
RYBELSUS TAB 14MG	2	
TRULICITY INJ 0.75/0.5	2	PA
TRULICITY INJ 1.5/0.5	2	PA
TRULICITY INJ 3/0.5	2	PA
TRULICITY INJ 4.5/0.5	2	PA
VICTOZA INJ 18MG/3ML	2	PA
INSULIN		
BASAGLAR INJ 100UNIT	2	
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
HUMULIN R INJ U-500	2	
LEVEMIR INJ	2	
LEVEMIR INJ FLEXTOUC	2	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN N INJ 100 UNIT	2	
NOVOLIN N INJ U-100	2	
NOVOLIN R INJ 100 UNIT	2	
NOVOLIN R INJ U-100	2	
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300IU/ML	2	

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLO INJ 300IU/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
STARLIX TAB 60MG	3	
STARLIX TAB 120MG	3	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	
FARXIGA TAB 10MG	2	
JARDIANCE TAB 10MG	2	
JARDIANCE TAB 25MG	2	
SULFONYLUREAS		
AMARYL TAB 1MG	3	
AMARYL TAB 2MG	3	
AMARYL TAB 4MG	3	
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
glipizide xl tab 2.5mg	1	
glipizide xl tab 5mg	1	
glipizide xl tab 10mg	1	
GLUCOTROL TAB 5MG	3	
GLUCOTROL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tolbutamide tab 500 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	3	
loperamide hcl cap 2 mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet 90 mg	4	PA
deferasirox granules packet 180 mg	4	PA
deferasirox granules packet 360 mg	4	PA
deferasirox tab 90 mg	4	PA
deferasirox tab 180 mg	4	PA
deferasirox tab 360 mg	4	PA
deferasirox tab for oral susp 125 mg	4	PA
deferasirox tab for oral susp 250 mg	4	PA
deferasirox tab for oral susp 500 mg	4	PA
deferiprone tab 500 mg	4	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
acetylcysteine inj 200 mg/ml	1	
deferoxamine mesylate for inj 2 gm	4	PA
deferoxamine mesylate for inj 500 mg	4	PA
fomepizole inj 1 gm/ml (for iv infusion)	1	
methylene blue iv soln 1%	1	
sodium thiosulfate iv soln 250 mg/ml (25%)	1	
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
BENZODIAZEPINE ANTAGONISTS		
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	1	
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	1	
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN SPR 4MG	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl inj 1 mg/ml	1	QL (2 vials every 21 days)
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	QL (0.5 vials every 21 days)
granisetron hcl tab 1 mg	1	QL (12 tabs every 21 days)
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	QL (10 vials every 21 days)
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	QL (5 vials every 15 days)
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	QL (1 vial every 21 days)
ondansetron hcl inj soln pref syr 4 mg/2ml	1	QL (10 syringes every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL every 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs every 21 days)
ondansetron hcl tab 8 mg	1	QL (18 tabs every 21 days)
ondansetron hcl tab 24 mg	1	QL (2 ea every 21 days)
ondansetron orally disintegrating tab 4 mg	1	QL (18 tabs every 21 days)
ondansetron orally disintegrating tab 8 mg	1	QL (18 tabs every 21 days)
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	QL (2 vials every 21 days)
palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)	1	
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)
ZOFRAN TAB 4MG	3	QL (18 tabs every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN CAP 300MG	3	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	QL (180 caps every 75 days)

Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 5 mg	1	QL (180 caps every 75 days)
dronabinol cap 10 mg	1	QL (180 caps every 75 days)
MARINOL CAP 2.5MG	3	QL (180 caps every 75 days)
MARINOL CAP 5MG	3	QL (180 caps every 75 days)
MARINOL CAP 10MG	3	QL (180 caps every 75 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 caps every 21 days)
aprepitant capsule 125 mg	1	QL (2 ea every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 caps every 21 days)
fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	1	QL (2 vials every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
caspofungin acetate for iv soln 50 mg	1	
caspofungin acetate for iv soln 70 mg	1	
micafungin sodium for iv soln 50 mg	1	
micafungin sodium for iv soln 100 mg	1	
ANTIFUNGALS		
amphotericin b for iv soln 50 mg	1	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 10MG/ML	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 50MG	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	

Drug Name	Drug Tier	Requirements/Limits
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	PA
itraconazole oral soln 10 mg/ml	1	PA
ketoconazole tab 200 mg	1	
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VFEND TAB 200MG	3	
voriconazole for inj 200 mg	1	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl inj 50 mg/ml	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ZYRTEC ALLGY TAB 10MG	3	
ZYRTEC CHILD SOL 5MG/5ML	3	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl inj 25 mg/ml	1	
promethazine hcl inj 50 mg/ml	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	1	
promethegan sup 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
promethegan sup 50mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
LOVAZA CAP 1GM	3	
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM	2	
VASCEPA CAP 1GM	2	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	
COLESTID GRA 5GM	3	
COLESTID POW 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
prevalite pow 4gm	1	
prevalite pow 4gm pk	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 30 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 90 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg	1	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	AGE
atorvastatin calcium tab 20 mg (base equivalent)	1	AGE
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	1	AGE
fluvastatin sodium cap 40 mg (base equivalent)	1	AGE
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	1	AGE
lovastatin tab 10 mg	1	AGE
lovastatin tab 20 mg	1	AGE
lovastatin tab 40 mg	1	AGE
PRAVACHOL TAB 20MG	3	
PRAVACHOL TAB 40MG	3	
pravastatin sodium tab 10 mg	1	AGE
pravastatin sodium tab 20 mg	1	AGE
pravastatin sodium tab 40 mg	1	AGE
pravastatin sodium tab 80 mg	1	AGE
rosuvastatin calcium tab 5 mg	1	AGE
rosuvastatin calcium tab 10 mg	1	AGE
rosuvastatin calcium tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	1	AGE
simvastatin tab 10 mg	1	AGE
simvastatin tab 20 mg	1	AGE
simvastatin tab 40 mg	1	AGE
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	3	
ZOCOR TAB 20MG	3	
ZOCOR TAB 40MG	3	
ZOCOR TAB 80MG	3	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	
NIASPAN TAB 500MG ER	3	
NIASPAN TAB 750MG ER	3	
NIASPAN TAB 1000 ER	3	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA
PRALUENT INJ 150MG/ML	2	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 1.25MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate tab 20 mg	1	
enalaprilat iv inj 1.25 mg/ml	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
PRINIVIL TAB 20MG	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
phentolamine mesylate for inj 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES TAB 0.1MG	3	
CATAPRES TAB 0.2MG	3	
CATAPRES TAB 0.3MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
atenolol & chlorthalidone tab 100-25 mg	1	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LOPRESS HCT TAB 50-25MG	3	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
methyldopa & hydrochlorothiazide tab 250-15 mg	1	
methyldopa & hydrochlorothiazide tab 250-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
propranolol & hydrochlorothiazide tab 40-25 mg	1	
propranolol & hydrochlorothiazide tab 80-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
TARKA TAB 2-180 CR	3	
TARKA TAB 2-240 CR	3	
TARKA TAB 4-240 CR	3	
TEKTURNA HCT TAB 150-12.5	2	
TEKTURNA HCT TAB 150-25MG	2	
TEKTURNA HCT TAB 300-12.5	2	
TEKTURNA HCT TAB 300-25MG	2	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR20- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-12.5MG	3	
TRIBENZOR40- TAB 5-25MG	3	
TRIBENZOR40- TAB 10-12.5	3	
TRIBENZOR40- TAB 10-25MG	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ZIAC TAB 2.5/6.25	3	
ZIAC TAB 5-6.25MG	3	
ZIAC TAB 10/6.25	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
aliskiren fumarate tab 300 mg (base equivalent)	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
nitroprusside sodium iv soln 25 mg/ml	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
pyrimethamine tab 25 mg	1	
quinine sulfate cap 324 mg	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)	1	
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	1	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid inj 100 mg/ml	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifampin for inj 600 mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
ALKERAN TAB 2MG	3	
busulfan inj 6 mg/ml	1	
carboplatin iv soln 50 mg/5ml	1	
carboplatin iv soln 150 mg/15ml	1	
carboplatin iv soln 450 mg/45ml	1	
carboplatin iv soln 600 mg/60ml	1	
carmustine for inj 100 mg	1	
cisplatin inj 50 mg/50ml (1 mg/ml)	1	
cisplatin inj 100 mg/100ml (1 mg/ml)	1	
cisplatin inj 200 mg/200ml (1 mg/ml)	1	
cyclophosphamide cap 25 mg	1	
cyclophosphamide cap 50 mg	1	
cyclophosphamide for inj 1 gm	1	
cyclophosphamide for inj 2 gm	1	
cyclophosphamide for inj 500 mg	1	
ifosfamide for inj 1 gm	1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
LEUKERAN TAB 2MG	3	
melphalan hcl for inj 50 mg (base equiv)	1	
melphalan tab 2 mg	1	
MYLERAN TAB 2MG	3	
oxaliplatin for iv inj 50 mg	1	
oxaliplatin for iv inj 100 mg	1	
oxaliplatin iv soln 50 mg/10ml	1	
oxaliplatin iv soln 100 mg/20ml	1	
oxaliplatin iv soln 200 mg/40ml	1	

Drug Name	Drug Tier	Requirements/Limits
paraplatin inj 50mg/5ml	1	
paraplatin inj 150/15ml	1	
paraplatin inj 450/45ml	1	
paraplatin inj 600/60ml	1	
paraplatin inj 1000mg	1	
TEMODAR CAP 20MG	4	PA
TEMODAR CAP 100MG	4	PA
TEMODAR CAP 140MG	4	PA
TEMODAR CAP 180MG	4	PA
TEMODAR CAP 250MG	4	PA
temozolomide cap 5 mg	4	PA
temozolomide cap 20 mg	4	PA
temozolomide cap 100 mg	4	PA
temozolomide cap 140 mg	4	PA
temozolomide cap 180 mg	4	PA
temozolomide cap 250 mg	4	PA
thiotepa for inj 15 mg	4	
thiotepa for inj 100 mg	4	
ANTIMETABOLITES		
azacitidine for inj 100 mg	4	PA
capecitabine tab 150 mg	4	PA, QL (120 tabs every 30 days)
capecitabine tab 500 mg	4	PA, QL (300 tabs every 30 days)
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
clofarabine iv soln 1 mg/ml	1	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	
decitabine for inj 50 mg	4	PA
floxuridine for inj 0.5 gm	1	
fludarabine phosphate for inj 50 mg	1	
fludarabine phosphate inj 25 mg/ml	1	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1	
gemcitabine hcl for inj 1 gm	1	
gemcitabine hcl for inj 2 gm	1	
gemcitabine hcl for inj 200 mg	1	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	1	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	1	
mercaptopurine tab 50 mg	1	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
nelarabine iv soln 5 mg/ml	1	
TABLOID TAB 40MG	3	
TREXALL TAB 5MG	3	
TREXALL TAB 7.5MG	3	
TREXALL TAB 10MG	3	
TREXALL TAB 15MG	3	
XELODA TAB 150MG	4	PA, QL (120 tabs every 30 days)
XELODA TAB 500MG	4	PA, QL (300 tabs every 30 days)
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ZIRABEV INJ 100/4ML	4	PA
ZIRABEV INJ 400/16ML	4	PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
KANJINTI INJ 420MG	4	PA
KANJINTI SOL 150MG	4	PA
PERJETA INJ 420/14ML	4	PA
TRAZIMERA INJ 150MG	4	PA
TRAZIMERA INJ 420MG	4	PA
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML	4	PA
RUXIENCE INJ 500/50ML	4	PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	4	PA, QL (60 tabs every 30 days)
erlotinib hcl tab 100 mg (base equivalent)	4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
erlotinib hcl tab 150 mg (base equivalent)	4	PA, QL (30 tabs every 30 days)
IRESSA TAB 250MG	4	PA, QL (30 tabs every 30 days)
TAGRISSO TAB 40MG	4	PA, QL (30 tabs every 30 days)
TAGRISSO TAB 80MG	4	PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	4	PA, QL (30 caps every 30 days)
ODOMZO CAP 200MG	4	PA, QL (30 caps every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	4	PA, QL (120 tabs every 30 days)
abiraterone acetate tab 500 mg	4	PA, QL (60 tabs every 30 days)
anastrozole tab 1 mg	1	AGE
ARIMIDEX TAB 1MG	3	
AROMASIN TAB 25MG	3	
bicalutamide tab 50 mg	1	
CASODEX TAB 50MG	3	
ELIGARD INJ 7.5MG	4	PA
ELIGARD INJ 22.5MG	4	PA
ELIGARD INJ 30MG	4	PA
ELIGARD INJ 45MG	4	PA
EMCYT CAP 140MG	3	
ERLEADA TAB 60MG	4	PA, QL (120 tabs every 30 days)
exemestane tab 25 mg	1	AGE
FEMARA TAB 2.5MG	3	
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG	4	PA
flutamide cap 125 mg	1	
fulvestrant inj soln pref syr 250 mg/5ml	1	PA
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	1	
letrozole tab 2.5 mg	1	
LYSODREN TAB 500MG	3	
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
nilutamide tab 150 mg	1	
NUBEQA TAB 300MG	4	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tamoxifen citrate tab 10 mg (base equivalent)	1	AGE
tamoxifen citrate tab 20 mg (base equivalent)	1	AGE
toremifene citrate tab 60 mg (base equivalent)	1	
XTANDI CAP 40MG	4	PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	4	PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	4	PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	4	PA, QL (120 tabs every 30 days)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	4	PA, QL (42 caps every 28 days)
POMALYST CAP 2MG	4	PA, QL (42 caps every 28 days)
POMALYST CAP 3MG	4	PA, QL (42 caps every 28 days)
POMALYST CAP 4MG	4	PA, QL (42 caps every 28 days)
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj 10mg	1	
adriamycin inj 20mg	1	
adriamycin inj 50mg	1	
adriamycin inj 200mg	1	
bleomycin sulfate for inj 15 unit	1	
bleomycin sulfate for inj 30 unit	1	
dactinomycin for inj 0.5 mg	1	
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
doxorubicin hcl for inj 10 mg	1	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	1	
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	1	
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	1	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	1	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	1	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	1	
mitomycin for iv soln 5 mg	1	
mitomycin for iv soln 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
mitomycin for iv soln 40 mg	1	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	4	
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	4	
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	4	
mutamycin inj 5mg	1	
mutamycin inj 20mg	1	
mutamycin inj 40mg	1	
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	PA, QL (60 tabs every 30 days)
KISQALI 400 PAK FEMARA	4	PA, QL (60 tabs every 30 days)
KISQALI 600 PAK FEMARA	4	PA, QL (90 tabs every 30 days)
LONSURF TAB 15-6.14	4	PA, QL (120 tabs every 30 days)
LONSURF TAB 20-8.19	4	PA, QL (90 tabs every 30 days)
PHESGO SOL	4	PA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	4	PA, QL (240 caps every 30 days)
ALUNBRIG PAK	2	PA, QL (30 tabs every 30 days)
ALUNBRIG TAB 30MG	2	PA, QL (120 tabs every 30 days)
ALUNBRIG TAB 90MG	2	PA, QL (30 tabs every 30 days)
ALUNBRIG TAB 180MG	2	PA, QL (30 tabs every 30 days)
BOSULIF TAB 100MG	4	PA, QL (90 tabs every 30 days)
BOSULIF TAB 400MG	4	PA, QL (30 tabs every 30 days)
BOSULIF TAB 500MG	4	PA, QL (30 tabs every 30 days)
BRAFTOVI CAP 75MG	4	PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	2	PA, QL (120 caps every 30 days)
CABOMETYX TAB 20MG	4	PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 60MG	4	PA, QL (30 tabs every 30 days)
CALQUENCE CAP 100MG	2	PA, QL (60 caps every 30 days)
COPIKTRA CAP 15MG	2	PA, QL (60 caps every 30 days)
COPIKTRA CAP 25MG	2	PA, QL (60 caps every 30 days)
COTELLIC TAB 20MG	4	PA, QL (60 tabs every 30 days)
everolimus tab 2.5 mg	4	PA, QL (30 tabs every 30 days)
everolimus tab 5 mg	4	PA, QL (30 tabs every 30 days)
everolimus tab 7.5 mg	4	PA, QL (30 tabs every 30 days)
everolimus tab 10 mg	4	PA, QL (30 tabs every 30 days)
everolimus tab for oral susp 2 mg	4	PA, QL (60 ea every 30 days)
everolimus tab for oral susp 3 mg	4	PA, QL (90 ea every 30 days)
everolimus tab for oral susp 5 mg	4	PA, QL (60 ea every 30 days)
IBRANCE CAP 75MG	4	PA, QL (30 caps every 30 days)
IBRANCE CAP 100MG	4	PA, QL (30 caps every 30 days)
IBRANCE CAP 125MG	4	PA, QL (30 caps every 30 days)
IBRANCE TAB 75MG	4	PA, QL (42 tabs every 28 days)
IBRANCE TAB 100MG	4	PA, QL (42 tabs every 28 days)
IBRANCE TAB 125MG	4	PA, QL (42 tabs every 28 days)
imatinib mesylate tab 100 mg (base equivalent)	4	PA, QL (120 tabs every 30 days)
imatinib mesylate tab 400 mg (base equivalent)	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAP 70MG	2	PA, QL (30 caps every 30 days)
IMBRUVICA CAP 140MG	2	PA, QL (90 caps every 30 days)
IMBRUVICA TAB 140MG	2	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 280MG	2	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TAB 420MG	2	PA, QL (30 tabs every 30 days)
IMBRUVICA TAB 560MG	2	PA, QL (30 tabs every 30 days)
KISQALI TAB 200DOSE	4	PA, QL (21 tabs every 28 days)
KISQALI TAB 400DOSE	4	PA, QL (42 tabs every 28 days)
KISQALI TAB 600DOSE	4	PA, QL (63 tabs every 28 days)
KOSELUGO CAP 10MG	2	PA, QL (240 caps every 30 days)
KOSELUGO CAP 25MG	2	PA, QL (120 caps every 30 days)
lapatinib ditosylate tab 250 mg (base equiv)	4	PA, QL (180 tabs every 30 days)
LYNPARZA TAB 100MG	4	PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	4	PA, QL (120 tabs every 30 days)
MEKTOVI TAB 15MG	4	PA, QL (180 tabs every 30 days)
NINLARO CAP 2.3MG	4	PA, QL (6 ea every 28 days)
NINLARO CAP 3MG	4	PA, QL (6 ea every 28 days)
NINLARO CAP 4MG	4	PA, QL (6 ea every 28 days)
romidepsin for iv inj 10 mg	4	PA
ROZLYTREK CAP 100MG	4	PA, QL (30 caps every 30 days)
ROZLYTREK CAP 200MG	4	PA, QL (90 caps every 30 days)
RUBRACA TAB 200MG	4	PA, QL (120 tabs every 30 days)
RUBRACA TAB 250MG	4	PA, QL (120 tabs every 30 days)
RUBRACA TAB 300MG	4	PA, QL (120 tabs every 30 days)
RYDAPT CAP 25MG	4	PA, QL (240 caps every 30 days)
SPRYCEL TAB 20MG	4	PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	4	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	4	PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 80MG	4	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	4	PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	4	PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	4	PA, QL (90 tabs every 30 days)
sunitinib malate cap 12.5 mg (base equivalent)	4	PA, QL (30 caps every 30 days)
sunitinib malate cap 25 mg (base equivalent)	4	PA, QL (30 caps every 30 days)
sunitinib malate cap 37.5 mg (base equivalent)	4	PA, QL (30 caps every 30 days)
sunitinib malate cap 50 mg (base equivalent)	4	PA, QL (30 caps every 30 days)
temsirolimus soln for iv infusion 25 mg/ml	4	PA
VELCADE INJ 3.5MG	4	PA
VITRAKVI CAP 25MG	4	PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	4	PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	4	PA, QL (300 mL every 30 days)
VOTRIENT TAB 200MG	4	PA, QL (120 tabs every 30 days)
XOSPATA TAB 40MG	4	PA, QL (90 tabs every 30 days)
ZEJULA CAP 100MG	4	PA, QL (90 caps every 30 days)
ZELBORAF TAB 240MG	4	PA, QL (240 tabs every 30 days)
ZOLINZA CAP 100MG	4	PA, QL (120 caps every 30 days)
ZYKADIA TAB 150MG	4	PA, QL (90 tabs every 30 days)
ANTINEOPLASTICS MISC.		
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	1	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	1	
bexarotene cap 75 mg	4	PA
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
HYDREA CAP 500MG	3	
hydroxyurea cap 500 mg	1	
INTRON A INJ 10MU	4	PA

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJ 18MU	4	PA
INTRON A INJ 25MU	4	PA
INTRON A INJ 50MU	4	PA
MATULANE CAP 50MG	3	
TARGRETIN CAP 75MG	4	PA
tretinoin cap 10 mg	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
dexrazoxane hcl for inj 250 mg (base equivalent)	1	
dexrazoxane hcl for inj 500 mg (base equivalent)	1	
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium inj 100 mg/10ml (10 mg/ml)	1	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	1	
leucovorin calcium tab 5 mg	1	
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	1	
levoleucovorin calcium for iv inj 50 mg (base equiv)	4	PA
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	4	PA
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	4	PA
mesna inj 100 mg/ml	1	
MITOTIC INHIBITORS		
docetaxel for inj conc 20 mg/ml	1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	1	
docetaxel soln for iv infusion 20 mg/2ml	1	
docetaxel soln for iv infusion 80 mg/8ml	1	
docetaxel soln for iv infusion 160 mg/16ml	1	
etoposide cap 50 mg	1	
etoposide inj 1 gm/50ml (20 mg/ml)	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
etoposide inj 500 mg/25ml (20 mg/ml)	1	
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1	
toposar inj 1gm/50ml	1	
toposar inj 100/5ml	1	
toposar inj 500/25ml	1	
vinblastine sulfate inj 1 mg/ml	1	
vincasar pfs inj 1mg/ml	1	
vincristine sulfate iv soln 1 mg/ml	1	
vinorelbine tartrate inj 10 mg/ml (base equiv)	1	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	4	PA
HYCAMTIN CAP 1MG	4	PA
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	1	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	1	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	1	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	1	
topotecan hcl for inj 4 mg (base equiv)	1	
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate inj 1 mg/ml	1	
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
bromocriptine mesylate cap 5 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
INBRIJA CAP 42MG	2	PA, QL (300 caps every 30 days)
KYNMOBI MIS 10MG	4	PA, QL (150 films every 30 days)
KYNMOBI MIS 15MG	4	PA, QL (150 films every 30 days)
KYNMOBI MIS 20MG	4	PA, QL (150 films every 30 days)
KYNMOBI MIS 25MG	4	PA, QL (150 films every 30 days)
KYNMOBI MIS 30MG	4	PA, QL (150 films every 30 days)
MIRAPEX TAB 0.5MG	3	
MIRAPEX TAB 0.75MG	3	
MIRAPEX TAB 0.125MG	3	
MIRAPEX TAB 1MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	

Drug Name	Drug Tier	Requirements/Limits
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
SINEMET TAB 25-250MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 42MG	2	
LATUDA TAB 20MG	2	
LATUDA TAB 40MG	2	
LATUDA TAB 60MG	2	
LATUDA TAB 80MG	2	
LATUDA TAB 120MG	2	
VRAYLAR CAP 1.5-3MG	2	
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
compro sup 25mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine edisylate inj 50 mg/10ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
hydrogen peroxide soln 30%	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	4	QL (900 mL every 30 days)
abacavir sulfate tab 300 mg (base equiv)	4	QL (60 tabs every 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tabs every 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	4	QL (60 tabs every 30 days)
atazanavir sulfate cap 150 mg (base equiv)	4	QL (30 caps every 30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	QL (60 caps every 30 days)
atazanavir sulfate cap 300 mg (base equiv)	4	QL (30 caps every 30 days)
BIKTARVY TAB	4	QL (30 tabs every 30 days)
CIMDUO TAB 300-300	4	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	4	QL (30 tabs every 30 days)
didanosine delayed release capsule 200 mg	4	QL (30 caps every 30 days)
didanosine delayed release capsule 250 mg	4	QL (30 caps every 30 days)
didanosine delayed release capsule 400 mg	4	QL (30 caps every 30 days)
DOVATO TAB 50-300MG	4	QL (30 tabs every 30 days)
EDURANT TAB 25MG	4	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
efavirenz cap 50 mg	4	QL (90 caps every 30 days)
efavirenz cap 200 mg	4	QL (90 caps every 30 days)
efavirenz tab 600 mg	4	QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	4	QL (30 tabs every 30 days)
emtricitabine caps 200 mg	4	QL (30 caps every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	4	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	QL (30 tabs every 30 days)
EMTRIVA CAP 200MG	4	QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	4	QL (720 mL every 30 days)
EPZICOM TAB 600-300	4	QL (30 tabs every 30 days)
etravirine tab 100 mg	4	QL (120 tabs every 30 days)
etravirine tab 200 mg	4	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	4	QL (30 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	4	QL (120 tabs every 30 days)
FUZEON INJ 90MG	4	PA, QL (60 vials every 30 days)
GENVOYA TAB	4	QL (30 tabs every 30 days)
INTELENCE TAB 25MG	4	QL (120 tabs every 30 days)
INTELENCE TAB 100MG	4	QL (120 tabs every 30 days)
INTELENCE TAB 200MG	4	QL (60 tabs every 30 days)
ISENTRESS CHW 25MG	4	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHW 100MG	4	QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	4	QL (60 tabs every 30 days)
ISENTRESS POW 100MG	4	QL (60 packets every 30 days)
ISENTRESS TAB 400MG	4	QL (120 tabs every 30 days)
lamivudine oral soln 10 mg/ml	4	QL (960 mL every 30 days)
lamivudine tab 150 mg	4	QL (60 tabs every 30 days)
lamivudine tab 300 mg	4	QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	4	QL (60 tabs every 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	QL (480 mL every 30 days)
lopinavir-ritonavir tab 100-25 mg	4	QL (240 tabs every 30 days)
lopinavir-ritonavir tab 200-50 mg	4	QL (120 tabs every 30 days)
nevirapine susp 50 mg/5ml	4	QL (1200 mL every 30 days)
nevirapine tab 200 mg	4	QL (60 tabs every 30 days)
nevirapine tab er 24hr 100 mg	4	QL (90 tabs every 30 days)
nevirapine tab er 24hr 400 mg	4	QL (30 tabs every 30 days)
NORVIR POW 100MG	4	QL (360 packets every 30 days)
NORVIR SOL 80MG/ML	4	QL (480 mL every 30 days)
NORVIR TAB 100MG	4	QL (360 tabs every 30 days)
ODEFSEY TAB	4	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	QL (30 tabs every 30 days)
PREZISTA SUS 100MG/ML	4	QL (390 mL every 30 days)
PREZISTA TAB 75MG	4	QL (300 tabs every 30 days)
PREZISTA TAB 150MG	4	QL (180 tabs every 30 days)
PREZISTA TAB 600MG	4	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 800MG	4	QL (30 tabs every 30 days)
RETROVIR CAP 100MG	4	QL (180 caps every 30 days)
RETROVIR SYP 50MG/5ML	4	QL (1920 mL every 30 days)
ritonavir tab 100 mg	4	QL (360 tabs every 30 days)
stavudine cap 15 mg	4	QL (60 caps every 30 days)
stavudine cap 20 mg	4	QL (60 caps every 30 days)
stavudine cap 30 mg	4	QL (60 caps every 30 days)
stavudine cap 40 mg	4	QL (60 caps every 30 days)
SYMTUZA TAB	4	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	4	QL (30 tabs every 30 days)
tenofovir disoproxil fumarate tab 300 mg	4	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG	4	QL (360 tabs every 30 days)
TIVICAY TAB 10MG	4	QL (240 tabs every 30 days)
TIVICAY TAB 25MG	4	QL (60 tabs every 30 days)
TIVICAY TAB 50MG	4	QL (60 tabs every 30 days)
TRIUMEQ TAB	4	QL (30 tabs every 30 days)
VIREAD POW 40MG/GM	4	QL (240 gm every 30 days)
VIREAD TAB 150MG	4	QL (30 tabs every 30 days)
VIREAD TAB 200MG	4	QL (30 tabs every 30 days)
VIREAD TAB 250MG	4	QL (30 tabs every 30 days)
VIREAD TAB 300MG	4	QL (30 tabs every 30 days)
zidovudine cap 100 mg	4	QL (180 caps every 30 days)
zidovudine syrup 10 mg/ml	4	QL (1920 mL every 30 days)
zidovudine tab 300 mg	4	QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
CMV AGENTS		
cidofovir iv inj 75 mg/ml	1	
foscarnet sodium inj 6000 mg/250ml (24 mg/ml)	1	
ganciclovir sodium for inj 500 mg	1	
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (990 mL every 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (120 tabs every 30 days)
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	4	
BARACLUDE SOL	4	QL (630 mL every 30 days)
entecavir tab 0.5 mg	4	QL (30 tabs every 30 days)
entecavir tab 1 mg	4	QL (30 tabs every 30 days)
EPCLUSA PAK 150-37.5	4	ST, PA, QL (30 packets every 30 days)
EPCLUSA PAK 200-50MG	4	ST, PA, QL (30 packets every 30 days)
EPCLUSA TAB 200-50MG	4	ST, PA, QL (30 tabs every 30 days)
EPCLUSA TAB 400-100	4	ST, PA, QL (30 tabs every 30 days)
HARVONI PAK	4	ST, PA, QL (30 packets every 30 days)
HARVONI PAK 45-200MG	4	ST, PA, QL (30 packets every 30 days)
HARVONI TAB 45-200MG	4	ST, PA, QL (30 tabs every 30 days)
HARVONI TAB 90-400MG	4	ST, PA, QL (30 tabs every 30 days)
lamivudine tab 100 mg (hbv)	4	
ribavirin cap 200 mg	4	PA
ribavirin tab 200 mg	4	PA
VEMLIDY TAB 25MG	4	QL (30 tabs every 30 days)
VOSEVI TAB	4	ST, PA, QL (30 tabs every 30 days)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir sodium iv soln 50 mg/ml	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tab 100 mg	1	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl iv soln 5 mg/ml	1	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
esmolol hcl inj 100 mg/10ml	1	
esmolol hcl-sodium chloride iv soln 2000 mg/100ml	1	
esmolol hcl-sodium chloride iv soln 2500 mg/250ml	1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate iv soln 5 mg/5ml	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
BETA BLOCKERS NON-SELECTIVE		
CORGARD TAB 20MG	3	
CORGARD TAB 40MG	3	
CORGARD TAB 80MG	3	
nadolol tab 20 mg	1	
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl inj 1 mg/ml	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sorine tab 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
sorine tab 120mg	1	
sorine tab 160mg	1	
sorine tab 240mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
CALAN SR TAB 120MG	3	
CALAN SR TAB 180MG	3	
CALAN SR TAB 240MG	3	
cartia xt cap 120/24hr	1	
cartia xt cap 180/24hr	1	
cartia xt cap 240/24hr	1	
cartia xt cap 300/24hr	1	
dilt-xr cap 120mg	1	
dilt-xr cap 180mg	1	
dilt-xr cap 240mg	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nicardipine hcl iv soln 2.5 mg/ml	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
PROCARDIA XL TAB 30MG CR	3	
PROCARDIA XL TAB 60MG CR	3	
PROCARDIA XL TAB 90MG CR	3	
taztia xt cap 120mg/24	1	
taztia xt cap 180mg/24	1	
taztia xt cap 240mg/24	1	
taztia xt cap 300mg er	1	
taztia xt cap 360mg/24	1	
tiadylt cap 120mg/24	1	
tiadylt cap 180mg/24	1	
tiadylt cap 240mg/24	1	
tiadylt cap 300mg/24	1	
tiadylt cap 360mg/24	1	
tiadylt cap 420mg/24	1	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	

CARDIOTONICS

CARDIAC GLYCOSIDES

digitek tab 0.25mg	1	
digitek tab 0.125mg	1	
digox tab 0.25mg	1	
digox tab 0.125mg	1	
digoxin inj 0.25 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
INOTROPES		
dobutamine hcl inj 12.5 mg/ml	1	
dopamine hcl inj 40 mg/ml	1	
milrinone lactate in dextrose 5% iv soln 20 mg/100ml	1	
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	1	
milrinone lactate iv soln 10 mg/10ml (base equivalent)	1	
milrinone lactate iv soln 20 mg/20ml (base equivalent)	1	
milrinone lactate iv soln 50 mg/50ml (base equivalent)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	2	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO TAB 24-26MG	2	PA
ENTRESTO TAB 49-51MG	2	PA
ENTRESTO TAB 97-103MG	2	PA
IMPOTENCE AGENTS		
MUSE SUP 125MCG	2	PA, QL (18 sup every 75 days)
MUSE SUP 250MCG	2	PA, QL (18 sup every 75 days)
MUSE SUP 500MCG	2	PA, QL (18 sup every 75 days)
MUSE SUP 1000MCG	2	PA, QL (18 sup every 75 days)
sildenafil citrate tab 25 mg	1	PA, QL (18 tabs every 75 days)
sildenafil citrate tab 50 mg	1	PA, QL (18 tabs every 75 days)
sildenafil citrate tab 100 mg	1	PA, QL (18 tabs every 75 days)
tadalafil tab 2.5 mg	1	PA, QL (90 tabs every 75 days)
tadalafil tab 5 mg	1	PA, QL (90 tabs every 75 days)
tadalafil tab 10 mg	1	PA, QL (18 tabs every 75 days)
tadalafil tab 20 mg	1	PA, QL (18 tabs every 75 days)
vardenafil hcl orally disintegrating tab 10 mg	1	PA, QL (18 tabs every 75 days)
vardenafil hcl tab 2.5 mg	1	PA, QL (18 tabs every 75 days)
vardenafil hcl tab 5 mg	1	PA, QL (18 tabs every 75 days)
vardenafil hcl tab 10 mg	1	PA, QL (18 tabs every 75 days)
vardenafil hcl tab 20 mg	1	PA, QL (18 tabs every 75 days)
PERIPHERAL VASODILATORS		
isoxsuprine hcl tab 10 mg	1	
isoxsuprine hcl tab 20 mg	1	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium for inj 0.5 mg	4	PA
epoprostenol sodium for inj 1.5 mg	4	PA
FLOLAN INJ 0.5MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
FLOLAN INJ 1.5MG	4	PA
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	4	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	4	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	4	PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	4	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	4	PA, QL (30 tabs every 30 days)
ambrisentan tab 10 mg	4	PA, QL (30 tabs every 30 days)
bosentan tab 62.5 mg	4	PA, QL (60 tabs every 30 days)
bosentan tab 125 mg	4	PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	4	PA, QL (30 tabs every 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tab 20mg	4	PA, QL (60 tabs every 30 days)
sildenafil citrate for suspension 10 mg/ml	4	PA, QL (240 mL every 30 days)
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	4	PA
sildenafil citrate tab 20 mg	4	PA, QL (90 tabs every 30 days)
tadalafil tab 20 mg (pah)	4	PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG	2	PA
UPTRAVI PACK TAB 200/800	4	PA, QL (210 tabs every 30 days)
UPTRAVI TAB 200MCG	4	PA, QL (150 tabs every 30 days)
UPTRAVI TAB 400MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	4	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	4	PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	4	PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	4	PA, QL (90 tabs every 30 days)
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG	2	
CORLANOR TAB 7.5MG	2	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	
VERQUVO TAB 5MG	2	
VERQUVO TAB 10MG	2	
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cefazolin sodium for inj 1 gm	1	
cefazolin sodium for inj 10 gm	1	
cefazolin sodium for inj 500 mg	1	
cefazolin sodium for iv soln 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cephalexin tab 500 mg	1	
KEFLEX CAP 250MG	3	
KEFLEX CAP 500MG	3	
KEFLEX CAP 750MG	3	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/5ml	1	
cefotetan disodium for inj 1 gm	1	
cefotetan disodium for inj 2 gm	1	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
cefoxitin sodium for iv soln 10 gm	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 750 mg	1	
cefuroxime sodium for iv soln 1.5 gm	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefotaxime sodium for inj 1 gm	1	
cefotaxime sodium for inj 2 gm	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
ceftazidime for inj 1 gm	1	
ceftazidime for inj 6 gm	1	
ceftazidime for iv soln 2 gm	1	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	1	
ceftriaxone sodium for inj 10 gm	1	
ceftriaxone sodium for inj 250 mg	1	
ceftriaxone sodium for inj 500 mg	1	
ceftriaxone sodium for iv soln 1 gm	1	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium for iv soln 2 gm	1	
ceftriaxone sodium in dextrose inj 20 mg/ml	1	
ceftriaxone sodium in dextrose inj 40 mg/ml	1	
SUPRAX CAP 400MG	2	
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
SUPRAX SUS 100/5ML	2	
SUPRAX SUS 200/5ML	2	
SUPRAX SUS 500/5ML	2	
tazicef inj 1gm	1	
tazicef inj 2gm	1	
tazicef inj 6gm	1	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl for inj 1 gm	1	
cefepime hcl for inj 2 gm	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	1	GENDER
altavera tab	1	GENDER
alyacen tab 1/35	1	GENDER
alyacen tab 7/7/7	1	GENDER
amethia lo tab	1	GENDER
amethia tab	1	GENDER
amethyst tab 90-20mcg	1	GENDER
apri tab	1	GENDER
aranelle tab	1	GENDER
ashlyna tab	1	GENDER
aubra eq tab 0.1-0.02	1	GENDER
aubra tab 0.1-0.02	1	GENDER
aurovela 24 tab fe 1/20	1	GENDER
aurovela fe tab 1.5/30	1	GENDER
aurovela fe tab 1/20	1	GENDER
aurovela tab 1.5/30	1	GENDER
aurovela tab 1/20	1	GENDER
aviane tab	1	GENDER
ayuna tab	1	GENDER
azurette tab	1	GENDER
azurette tab 28 day	1	GENDER
balziva tab	1	GENDER
bekyree tab	1	GENDER
blisovi 24 tab fe 1/20	1	GENDER
blisovi fe tab 1.5/30	1	GENDER
blisovi fe tab 1/20	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
briellyn tab	1	GENDER
camrese lo tab	1	GENDER
camrese tab	1	GENDER
caziant pak	1	GENDER
charlotte 24 chw fe 1/20	1	GENDER
chateal eq tab 0.15/30	1	GENDER
chateal tab 0.15/30	1	GENDER
cryselle-28 tab 28 tabs	1	GENDER
cyclafem tab 1/35	1	GENDER
cyclafem tab 7/7/7	1	GENDER
cyred eq tab	1	GENDER
cyred tab	1	GENDER
dasetta tab 1/35	1	GENDER
dasetta tab 7/7/7	1	GENDER
daysee tab	1	GENDER
delyla tab 0.1-0.02	1	GENDER
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	GENDER
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	GENDER
dolishale tab 90-20mcg	1	GENDER
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	GENDER
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	GENDER
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	GENDER
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	GENDER
elinest tab	1	GENDER
emoquette tab	1	GENDER
enpresse-28 tab	1	GENDER
enskyce tab	1	GENDER
estarylla tab 0.25-35	1	GENDER
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	GENDER
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	GENDER
falmina tab	1	GENDER
fayosim tab	1	GENDER
femynor tab 0.25-35	1	GENDER
gemmily cap 1/20	1	GENDER
gianvi tab 3-0.02mg	1	GENDER
hailey 24 tab fe	1	GENDER
hailey fe tab 1.5/30	1	GENDER
hailey fe tab 1/20	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
hailey tab 1.5/30	1	GENDER
iclevia tab	1	GENDER
introvale tab	1	GENDER
isibloom tab	1	GENDER
jaimiess tab	1	GENDER
jasmiel tab 3-0.02mg	1	GENDER
jolessa tab	1	GENDER
juleber tab	1	GENDER
junel 1.5/30 tab	1	GENDER
junel 1/20 tab	1	GENDER
junel fe 24 tab 1/20	1	GENDER
junel fe tab 1.5/30	1	GENDER
junel fe tab 1/20	1	GENDER
kaitlib fe chw	1	GENDER
kalliga tab	1	GENDER
kariva tab 28 day	1	GENDER
kelnor 1/50 tab	1	GENDER
kelnor tab 1/35	1	GENDER
kurvelo tab 0.15/30	1	GENDER
larin 24 tab fe 1/20	1	GENDER
larin fe tab 1.5/30	1	GENDER
larin fe tab 1/20	1	GENDER
larin tab 1.5/30	1	GENDER
larin tab 1/20	1	GENDER
larissia tab	1	GENDER
layolis fe chw	1	GENDER
leena tab	1	GENDER
lessina tab	1	GENDER
levonest tab	1	GENDER
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	GENDER
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	GENDER
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	GENDER
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	GENDER
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	GENDER
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	GENDER
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	GENDER
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	GENDER
levora-28 tab 0.15/30	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
lillow tab 0.15/30	1	GENDER
LO LOESTRIN TAB 1-10-10	2	GENDER
lo-zumandimi tab 3-0.02mg	1	GENDER
loestrin 21 tab 1.5/30	1	GENDER
loestrin fe tab 1.5/30	1	GENDER
loestrin fe tab 1/20	1	GENDER
loestrin tab 1/20-21	1	GENDER
lojaimiess tab	1	GENDER
loryna tab 3-0.02mg	1	GENDER
LOSEASONIQUE TAB	3	
low-ogestrel tab	1	GENDER
lutera tab	1	GENDER
marlissa tab 0.15/30	1	GENDER
melodetta chw 24 fe	1	GENDER
merzee cap 1/20	1	GENDER
mibelas 24 chw fe	1	GENDER
micrgstin 24 tab fe 1/20	1	GENDER
microgestin tab 1.5/30	1	GENDER
microgestin tab 1/20	1	GENDER
microgestin tab fe1.5/30	1	GENDER
microgestin tab fe 1/20	1	GENDER
mili tab 0.25/35	1	GENDER
MIRCETTE TAB 28 DAY	3	
mono-linyah tab 0.25-35	1	GENDER
NATAZIA TAB	2	GENDER
necon tab 0.5/35	1	GENDER
nikki tab 3-0.02mg	1	GENDER
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	GENDER
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	GENDER
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	GENDER
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	GENDER
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	GENDER
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	GENDER
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	GENDER
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	GENDER
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	GENDER
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	GENDER
nortrel tab 0.5/35	1	GENDER
nortrel tab 1/35	1	GENDER
nortrel tab 7/7/7	1	GENDER
nylia tab 1/35	1	GENDER
nylia tab 7/7/7	1	GENDER
nymyo tab 0.25-35	1	GENDER
ocella tab 3-0.03mg	1	GENDER
orsythia tab	1	GENDER
philith tab 0.4-35	1	GENDER
pimtrea tab	1	GENDER
pirmella tab 1/35	1	GENDER
pirmella tab 7/7/7	1	GENDER
portia-28 tab	1	GENDER
previfem tab	1	GENDER
reclipsen tab	1	GENDER
rivelsa tab	1	GENDER
setlakin tab	1	GENDER
simliya tab 28 day	1	GENDER
simpesse tab	1	GENDER
sprintec 28 tab 28 day	1	GENDER
sronyx tab	1	GENDER
syeda tab 3-0.03mg	1	GENDER
tarina 24 fe tab	1	GENDER
tarina fe tab 1/20	1	GENDER
tarina fe tab 1/20 eq	1	GENDER
taysofy cap 1/20	1	GENDER
tilia fe tab	1	GENDER
tri femynor tab	1	GENDER
tri-estaryll tab	1	GENDER
tri-legest tab fe	1	GENDER
tri-linyah tab	1	GENDER
tri-lo tab estaryll	1	GENDER
tri-lo- tab marzia	1	GENDER
tri-lo- tab sprintec	1	GENDER
tri-lo-mili tab	1	GENDER
tri-mili tab	1	GENDER
tri-nymyo tab	1	GENDER
tri-previfem tab	1	GENDER
tri-sprintec tab	1	GENDER
tri-vylibra tab	1	GENDER
tri-vylibra tab lo	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
trivora-28 tab	1	GENDER
tydemy tab	1	GENDER
velivet pak	1	GENDER
vestura tab 3-0.02mg	1	GENDER
vienva tab 0.1-20	1	GENDER
viorele tab	1	GENDER
volnea tab	1	GENDER
vyfemla tab 0.4-35	1	GENDER
vylibra tab 0.25-35	1	GENDER
wera tab 0.5/35	1	GENDER
wymzya fe chw 0.4mg-35	1	GENDER
zovia 1/35 tab	1	GENDER
zovia 1/35e tab	1	GENDER
zumandimine tab 3-0.03mg	1	GENDER
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
xulane dis 150-35	1	GENDER
zafemy dis 150/35	1	GENDER
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	2	QL (1 ring every 300 days); GENDER
eluryng mis	1	QL (13 rings every 300 days); GENDER
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	1	QL (13 rings every 300 days); GENDER
NUVARING MIS	2	QL (13 rings every 300 days)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	PA
DEPO-SQ PROV INJ 104	3	QL (6.154 injections every 300 days); GENDER
medroxyprogesterone acetate im susp 150 mg/ml	1	QL (4 injections every 300 days); GENDER
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	1	QL (4 injections every 300 days); GENDER
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	2	GENDER
MIRENA IUD SYSTEM	2	GENDER
SKYLA IUD 13.5MG	2	GENDER
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	1	GENDER
deblitane tab 0.35mg	1	GENDER
errin tab 0.35mg	1	GENDER
heather tab 0.35mg	1	GENDER
incassia tab 0.35mg	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
jencycla tab 0.35mg	1	GENDER
lyleq tab 0.35mg	1	GENDER
lyza tab 0.35mg	1	GENDER
nora-be tab 0.35mg	1	GENDER
norethindrone tab 0.35 mg	1	GENDER
norlyda tab 0.35mg	1	GENDER
norlyroc tab 0.35mg	1	GENDER
ORTHO MICRON TAB 0.35MG	3	
sharobel tab 0.35mg	1	GENDER
tulana tab 0.35mg	1	GENDER
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	1	
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
decadron tab 0.5mg	1	
decadron tab 0.75mg	1	
decadron tab 4mg	1	
decadron tab 6mg	1	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 4 mg/ml	1	
dexamethasone sodium phosphate inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hidex 6-day pak 1.5mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
MEDROL TAB 32MG	3	
methylprednisolone acetate inj susp 40 mg/ml	1	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 500 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	1	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
triamcinolone acetonide inj susp 40 mg/ml	1	
UCERIS TAB 9MG	2	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	
hydromet syp 5-1.5/5	1	
TESSALON PER CAP 100MG	3	
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	
prometh vc syp 6.25-5/5	1	
prometh vc/ syp codeine	1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	

Drug Name	Drug Tier	Requirements/Limits
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane cap 10mg	1	PA
accutane cap 20mg	1	PA
accutane cap 30mg	1	PA
accutane cap 40mg	1	PA
adapalene cream 0.1%	1	PA; AGE
adapalene gel 0.1%	1	PA; AGE
adapalene gel 0.3%	1	PA; AGE
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
amnesteem cap 10mg	1	PA
amnesteem cap 20mg	1	PA
amnesteem cap 40mg	1	PA
avita cre 0.025%	1	AGE
avita gel 0.025%	1	AGE
BENZAC AC LIQ 5% WASH	3	
BENZAMYCIN GEL 5-3%	3	
benzepro aer 5.3%	1	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide gel 8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
claravis cap 10mg	1	PA
claravis cap 20mg	1	PA
claravis cap 30mg	1	PA
claravis cap 40mg	1	PA
clindacin mis etz 1%	1	
clindacin-p pad 1%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1%	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	AGE
dapsone gel 5%	1	

Drug Name	Drug Tier	Requirements/Limits
dapsone gel 7.5%	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ery pad 2%	1	
ERYGEL GEL 2%	3	
erythromycin gel 2%	1	
erythromycin soln 2%	1	
isotretinoin cap 10 mg	1	PA
isotretinoin cap 20 mg	1	PA
isotretinoin cap 25 mg	1	PA
isotretinoin cap 30 mg	1	PA
isotretinoin cap 35 mg	1	PA
isotretinoin cap 40 mg	1	PA
KLARON LOT 10%	3	
myorisan cap 10mg	1	PA
myorisan cap 20mg	1	PA
myorisan cap 30mg	1	PA
myorisan cap 40mg	1	PA
neuac gel 1.2-5%	1	
ONEXTON GEL 1.2-3.75	2	
pr benzoyl liq 7% wash	1	
resorcinol-sulfur lotion 2-5%	1	
RETIN-A CRE 0.1%	3	AGE
RETIN-A CRE 0.05%	3	AGE
RETIN-A CRE 0.025%	3	AGE
RETIN-A GEL 0.01%	3	AGE
RETIN-A GEL 0.025%	3	AGE
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	
sulfamez emu 10-1%	1	
tretinoin cream 0.1%	1	AGE
tretinoin cream 0.05%	1	AGE
tretinoin cream 0.025%	1	AGE
tretinoin gel 0.01%	1	AGE
tretinoin gel 0.05%	1	AGE
tretinoin gel 0.025%	1	AGE

Drug Name	Drug Tier	Requirements/Limits
tretinoin microsphere gel 0.1%	1	AGE
tretinoin microsphere gel 0.04%	1	AGE
zenatane cap 10mg	1	PA
zenatane cap 20mg	1	PA
zenatane cap 30mg	1	PA
zenatane cap 40mg	1	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	
diclofenac sodium soln 1.5%	1	
ANTIBIOTICS - TOPICAL		
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	PA
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	PA
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
dermazene cre 1-1%	1	
econazole nitrate cream 1%	1	
iodoquimez cre 1-1.9%	1	
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%	1	PA
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
LOPROX SHA 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	
naftifine hcl cream 1%	1	
naftifine hcl cream 2%	1	
naftifine hcl gel 1%	1	
NAFTIN CRE 2%	2	

Drug Name	Drug Tier	Requirements/Limits
NAFTIN GEL 1%	2	
NAFTIN GEL 2%	2	
nyamyc pow 100000	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop pow 100000	1	
oxiconazole nitrate cream 1%	1	
sulconazole nitrate cream 1%	1	
sulconazole nitrate solution 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
PICATO GEL 0.05%	2	
PICATO GEL 0.015%	2	
TOLAK CRE 4%	2	
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
calcipotriene oint 0.005%	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
calcitrene oin 0.005%	1	
COSENTYX INJ 75MG/0.5	4	PA
COSENTYX INJ 150MG/ML	4	PA
COSENTYX INJ 300DOSE	4	PA
COSENTYX PEN INJ 150MG/ML	4	PA
COSENTYX PEN INJ 300DOSE	4	PA
methoxsalen rapid cap 10 mg	1	
SKYRIZI INJ 150DOSE	4	PA
SKYRIZI INJ 150MG/ML	4	PA
SKYRIZI PEN INJ 150MG/ML	4	PA
SORIATANE CAP 10MG	3	
SORIATANE CAP 25MG	3	
STELARA INJ 45MG/0.5	4	PA
STELARA INJ 90MG/ML	4	PA
tazarotene cream 0.1%	1	PA
TREMFYA INJ 100MG/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.25%	1	PA
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
ssd cre 1%	1	
CAUTERIZING AGENTS		
grafco silvr mis nit appl	1	
CORTICOSTEROIDS - TOPICAL		
ala-cort cre 1%	1	
ala-cort cre 2.5%	1	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
amcinonide cream 0.1%	1	
amcinonide lotion 0.1%	1	
beser lot 0.05%	1	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone valerate aerosol foam 0.12%	1	
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
BRYHALI LOT 0.01%	2	
CAPEX SHA 0.01%	3	
clobetasol e cre 0.05%	1	
clobetasol propionate cream 0.05%	1	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate lotion 0.05%	1	
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate soln 0.05%	1	
CLOBEX LOT 0.05%	3	
CLOBEX SHA 0.05%	3	
clodan sha 0.05%	1	
DERMA-SMOOTH OIL /FS BODY	3	
DERMA-SMOOTH OIL /FS SCLP	3	
desonide cream 0.05%	1	
desonide lotion 0.05%	1	
desonide oint 0.05%	1	
desoximetasone cream 0.05%	1	
desoximetasone cream 0.25%	1	
desoximetasone gel 0.05%	1	
desoximetasone oint 0.25%	1	
desoximetasone spray 0.25%	1	
ENSTILAR AER	2	
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025%	1	
fluocinolone acetonide oil 0.01% (body oil)	1	
fluocinolone acetonide oil 0.01% (scalp oil)	1	
fluocinolone acetonide oint 0.025%	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.05%	1	
fluocinonide emulsified base cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	1	
fluticasone propionate oint 0.005%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	

Drug Name	Drug Tier	Requirements/Limits
lidocaine-hydrocortisone acetate cream 1-1%	1	PA
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
nutriarx kit creampak	1	PA
prednicarbate cream 0.1%	1	
prednicarbate oint 0.1%	1	
sanadermrx kit skin rep	1	PA
TEMOVATE CRE 0.05%	3	
TEMOVATE OIN 0.05%	3	
TEXACORT SOL 2.5%	3	
triadime-80 kit 0.1-5%	1	PA
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triamcinolone acetonide oint 0.025%	1	
triderm cre 0.1%	1	
triderm cre 0.5%	1	
triheal-80 kit 0.1-5%	1	PA
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA
DUPIXENT INJ 100/0.67	4	PA
DUPIXENT INJ 200/1.14	4	PA
DUPIXENT INJ 200MG	4	PA
DUPIXENT INJ 300/2ML	4	PA
EMOLLIENT/KERATOLYTIC AGENTS		
cerovel lot 40%	1	PA
urea cream 40%	1	PA
urea cream 41%	1	
urea nail gel 45%	1	PA
urea suspension 40%	1	PA
urea-c40 lot 40%	1	PA
uredeb cre 39%	1	
uremez-40 cre 40%	1	PA
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	

Drug Name	Drug Tier	Requirements/Limits
imiquimod cream 5%	1	
ZYCLARA CRE 3.75%	2	
ZYCLARA PUMP CRE 2.5%	2	
ZYCLARA PUMP CRE 3.75%	2	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	PA
tacrolimus oint 0.1%	1	PA
tacrolimus oint 0.03%	1	PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
podofilox soln 0.5%	1	
LOCAL ANESTHETICS - TOPICAL		
anodyne lpt kit 2.5-2.5%	1	PA
dermacinrx kit prizopak	1	PA
empricaine kit 2.5-2.5%	1	PA
ethyl chloride aerosol spray	1	
glydo gel 2%	1	QL (10 injections every 25 days)
lidocaine hcl lotion 3%	1	PA
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (12 injections every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (3 injections every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
lidocaine-prilocaine cream kit 2.5-2.5%	1	PA
LIDODERM DIS 5%	3	
lidopin cre 3%	1	PA
lidopril kit 2.5-2.5%	1	PA
lidopril xr kit 2.5-2.5%	1	PA
nuvakaan kit 2.5-2.5%	1	PA
prilolid kit 2.5-2.5%	1	PA
relador pak kit 2.5-2.5%	1	PA
relador pak kit plus	1	PA
7t lido gel 2%	1	QL (30 gm every 25 days)
vexatrol kit 2.5-2.5%	1	PA
zeruvia pad 4-1%	1	PA

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
PIGMENTING-DEPIGMENTING AGENTS		
blanche cre 4%	1	
hydroquinone cream 4%	1	
remergent hq cre 4%	1	
tl hydroquin cre 4%	1	
ROSACEA AGENTS		
azelaic acid gel 15%	1	
FINACEA AER 15%	2	
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
ORACEA CAP 40MG	2	
rosadan cre 0.75%	1	
rosadan gel 0.75%	1	
SOOLANTRA CRE 1%	2	
SCABICIDES & PEDICULICIDES		
crotan lot 10%	1	
ELIMITE CRE 5%	3	
ivermectin lotion 0.5%	1	
lindane shampoo 1%	1	
malathion lotion 0.5%	1	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SCAR TREATMENT PRODUCTS		
celacyn gel	1	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
scarcare kit large	1	PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
adenosine iv soln 3 mg/ml (diagnostic)	1	
cosyntropin for inj 0.25 mg	1	
dipyridamole iv soln 5 mg/ml	1	
indocyanine green for iv soln 25 mg	1	
isosulfan blue subcutaneous soln 1%	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CONTRAST MEDIA		
clariscan inj 2.5mmol	1	
clariscan inj 5mmol	1	
clariscan inj 7.5mmol	1	
clariscan inj 10mmol	1	
clariscan inj 50mmol	1	
RADIOGRAPHIC CONTRAST MEDIA		
md-gastrovie sol 66-10%	1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
NUTRITIONAL SUPPLEMENTS		
asilnasal cap rms	1	
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
ALDACTAZIDE TAB 25/25	3	
ALDACTAZIDE TAB 50/50	3	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
DYAZIDE CAP 37.5-25	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	

Drug Name	Drug Tier	Requirements/Limits
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynate sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide inj 10 mg/ml	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
OSMOTIC DIURETICS		
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
osmitrol inj 10%	1	
osmitrol inj 15%	1	
osmitrol vfx inj 20%	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium for inj 500 mg	1	
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 5 mg	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BONIVA TAB 150MG	3	
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 600/2.4	4	PA
FOSAMAX TAB 70MG	3	
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1	
ibandronate sodium tab 150 mg (base equivalent)	1	
pamidronate disodium iv soln 3 mg/ml	1	
pamidronate disodium iv soln 9 mg/ml	1	
PROLIA INJ 60MG/ML	4	PA
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
TYMLOS INJ	4	PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	PA
zoledronic acid iv soln 4 mg/100ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
zoledronic acid iv soln 5 mg/100ml	4	PA
GNRH/LHRH ANTAGONISTS		
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	
raloxifene hcl tab 60 mg	1	AGE
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPR DEP-PED INJ 3M 30MG	4	PA
LUPR DEP-PED INJ 7.5MG	4	PA
LUPR DEP-PED INJ 11.25MG	4	PA
LUPR DEP-PED INJ 15MG	4	PA
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SUS 22.5MG	2	PA
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol inj 1 mcg/ml	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	1	PA
cinacalcet hcl tab 30 mg (base equiv)	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 90 mg (base equiv)	4	PA, QL (120 tabs every 30 days)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	1	
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
nitisinone cap 2 mg	4	PA
nitisinone cap 5 mg	4	PA
nitisinone cap 10 mg	4	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	2	PA
ORFADIN SUS 4MG/ML	2	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
paricalcitol iv soln 2 mcg/ml	1	
paricalcitol iv soln 5 mcg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	4	PA
sapropterin dihydrochloride powder packet 500 mg	4	PA
sapropterin dihydrochloride tab 100 mg	4	PA
sodium benzoate & sodium phenylacetate iv soln 10-10%	1	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	PA, QL (750 gm every 30 days)
sodium phenylbutyrate tab 500 mg	4	PA, QL (1200 tabs every 30 days)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	1	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
vasopressin iv soln 20 unit/ml (for iv infusion)	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	PA, QL (90 vials every 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	PA, QL (90 vials every 30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	PA, QL (48 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	PA, QL (90 vials every 30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	PA, QL (12 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	PA, QL (90 syringes every 30 days)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	PA, QL (90 syringes every 30 days)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	PA, QL (90 syringes every 30 days)
SOMATULINE INJ 60/0.2ML	4	PA
SOMATULINE INJ 90/0.3ML	4	PA
SOMATULINE INJ 120/.5ML	4	PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
tolvaptan tab 15 mg	4	PA
tolvaptan tab 30 mg	4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
amabelz tab 0.5-0.1	1	
amabelz tab 1-0.5mg	1	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
MYFEMBREE TAB	2	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
ESTROGENS		
CLIMARA DIS 0.1MG	3	
CLIMARA DIS 0.05MG	3	
CLIMARA DIS 0.06MG	3	
CLIMARA DIS 0.025MG	3	
CLIMARA DIS 0.075MG	3	
CLIMARA DIS 0.0375MG	3	

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.5MG	2	
DIVIGEL GEL 0.25MG	2	
DIVIGEL GEL 0.75MG	2	
DIVIGEL GEL 1.25MG	2	
DIVIGEL GEL 1MG/GM	2	
dotti dis 0.1mg	1	
dotti dis 0.05mg	1	
dotti dis 0.025mg	1	
dotti dis 0.075mg	1	
dotti dis 0.0375mg	1	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
EVAMIST SPR 1.53MG	2	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	

FLUOROQUINOLONES

FLUOROQUINOLONES

CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	

Drug Name	Drug Tier	Requirements/Limits
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
levofloxacin iv soln 25 mg/ml	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
ACTIGALL CAP 300MG	3	
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	PA
lubiprostone cap 24 mcg	1	PA
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl inj 5 mg/ml (base equivalent)	1	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
INFLAMMATORY BOWEL AGENTS		
ASACOL HD TAB 800MG	2	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
REMICADE INJ 100MG	4	PA
ROWASA KIT 4GM	3	
STELARA INJ 5MG/ML	4	PA, QL (2.308 injections every 30 days)
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
LINZESS CAP 72MCG	2	PA
LINZESS CAP 145MCG	2	PA
LINZESS CAP 290MCG	2	PA
VIBERZI TAB 75MG	2	PA
VIBERZI TAB 100MG	2	PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
SYMPROIC TAB 0.2MG	2	
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
PHOSLYRA SOL	2	
sevelamer carbonate packet 0.8 gm	1	

Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
VELPHORO CHW 500MG	2	
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
etomidate iv soln 2 mg/ml	1	
ketamine hcl inj 10 mg/ml	1	
ketamine hcl inj 50 mg/ml	1	
ketamine hcl inj 100 mg/ml	1	
propofol iv emul 200 mg/20ml (10 mg/ml)	1	
propofol iv emul 500 mg/50ml (10 mg/ml)	1	
propofol iv emul 1000 mg/100ml (10 mg/ml)	1	
propoven inj	1	
propoven inj 200/20ml	1	
propoven inj 500/50ml	1	
VOLATILE ANESTHETICS		
desflurane inhal soln	1	
isoflurane inhal soln	1	
sevoflurane inhal soln	1	
terrell sol	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
cytra k gra crystals	1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
taron gra crystals	1	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	1	
glycine irrigation soln 1.5%	1	
neomycin-polymyxin b gu irrigation soln	1	
sodium chloride irrigation soln 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazo tab 200mg	1	
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
URINARY STONE AGENTS		
tiopronin tab 100 mg	4	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	2	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT	4	PA
ADVATE INJ 500UNIT	4	PA
ADVATE INJ 1000UNIT	4	PA
ADVATE INJ 1500UNIT	4	PA
ADVATE INJ 2000UNIT	4	PA
ADVATE INJ 3000UNIT	4	PA
ADVATE INJ 4000UNIT	4	PA
ADYNOVATE INJ 250UNIT	4	PA
ADYNOVATE INJ 500UNIT	4	PA
ADYNOVATE INJ 750UNIT	4	PA
ADYNOVATE INJ 1000UNIT	4	PA
ADYNOVATE INJ 1500UNIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE INJ 2000UNIT	4	PA
ADYNOVATE INJ 3000UNIT	4	PA
AFSTYLA KIT 250UNIT	4	PA
AFSTYLA KIT 500UNIT	4	PA
AFSTYLA KIT 1000UNIT	4	PA
AFSTYLA KIT 1500UNIT	4	PA
AFSTYLA KIT 2000UNIT	4	PA
AFSTYLA KIT 2500UNIT	4	PA
AFSTYLA KIT 3000UNIT	4	PA
ELOCTATE INJ 250UNIT	4	PA
ELOCTATE INJ 500UNIT	4	PA
ELOCTATE INJ 750UNIT	4	PA
ELOCTATE INJ 1000UNIT	4	PA
ELOCTATE INJ 1500UNIT	4	PA
ELOCTATE INJ 2000UNIT	4	PA
ELOCTATE INJ 3000UNIT	4	PA
ELOCTATE INJ 4000UNIT	4	PA
ELOCTATE INJ 5000UNIT	4	PA
ELOCTATE INJ 6000UNIT	4	PA
ESPEROCT INJ 500UNIT	4	PA
ESPEROCT INJ 1000UNIT	4	PA
ESPEROCT INJ 1500UNIT	4	PA
ESPEROCT INJ 2000UNIT	4	PA
ESPEROCT INJ 3000UNIT	4	PA
JIVI INJ 500 UNIT	4	PA
JIVI INJ 1000UNIT	4	PA
JIVI INJ 2000UNIT	4	PA
JIVI INJ 3000UNIT	4	PA
KOGENATE FS INJ 250UNIT	4	PA
KOGENATE FS INJ 500UNIT	4	PA
KOGENATE FS INJ 1000UNIT	4	PA
KOGENATE FS INJ 2000UNIT	4	PA
KOGENATE FS INJ 3000UNIT	4	PA
KOVALTRY INJ 250UNIT	4	PA
KOVALTRY INJ 500UNIT	4	PA
KOVALTRY INJ 1000UNIT	4	PA
KOVALTRY INJ 2000UNIT	4	PA
KOVALTRY INJ 3000UNIT	4	PA
NOVOEIGHT INJ 250UNIT	4	PA
NOVOEIGHT INJ 500UNIT	4	PA
NOVOEIGHT INJ 1000UNIT	4	PA
NOVOEIGHT INJ 1500UNIT	4	PA
NOVOEIGHT INJ 2000UNIT	4	PA
NOVOEIGHT INJ 3000UNIT	4	PA
NOVOSEVEN RT INJ 1MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
NOVOSEVEN RT INJ 2MG	4	PA
NOVOSEVEN RT INJ 5MG	4	PA
NOVOSEVEN RT INJ 8MG	4	PA
NUWIQ INJ 250UNIT	4	PA
NUWIQ INJ 500UNIT	4	PA
NUWIQ INJ 1000UNIT	4	PA
NUWIQ INJ 2000UNIT	4	PA
NUWIQ INJ 2500UNIT	4	PA
NUWIQ INJ 3000UNIT	4	PA
NUWIQ INJ 4000UNIT	4	PA
NUWIQ KIT 250UNIT	4	PA
NUWIQ KIT 500UNIT	4	PA
NUWIQ KIT 1000UNIT	4	PA
NUWIQ KIT 2000UNIT	4	PA
NUWIQ KIT 2500UNIT	4	PA
NUWIQ KIT 3000UNIT	4	PA
NUWIQ KIT 4000UNIT	4	PA
REBINYN SOL 500UNIT	4	PA
REBINYN SOL 1000UNIT	4	PA
REBINYN SOL 2000UNIT	4	PA
SEVENFACT INJ 1MG	4	PA
SEVENFACT INJ 5MG	4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	4	PA, QL (45 syringes every 90 days)
sajazir inj 30mg/3ml	4	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG	2	PA, QL (10.5 vials every 30 days)
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
SOLIRIS INJ 10MG/ML	4	PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	2	PA, QL (60 tabs every 30 days)
TAVALISSE TAB 150MG	2	PA, QL (60 tabs every 30 days)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA EXPANDERS		
hetastarch in sodium chloride inj 6-0.9%	1	
lmd 10%/d5w inj	1	
lmd 10%/nacl inj 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (30 caps every 30 days)
ORLADEYO CAP 150MG	2	PA, QL (30 caps every 30 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
eptifibatide iv soln 20 mg/10ml (2 mg/ml)	1	
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)	1	
eptifibatide iv soln 200 mg/100ml (2 mg/ml)	1	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
PROTAMINE		
protamine sulfate inj 10 mg/ml	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (60 caps every 30 days)
CEREZYME INJ 400UNIT	4	PA, QL (30 vials every 30 days)
miglustat cap 100 mg	4	PA, QL (90 caps every 30 days)
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
FOLIC ACID/FOLATES		
folic acid inj 5 mg/ml	1	
folic acid tab 1 mg	1	
HEMATOPOIETIC GROWTH FACTORS		
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
PROMACTA PAK 25MG	4	PA, QL (180 packets every 30 days)
PROMACTA POW 12.5MG	4	PA, QL (120 packets every 30 days)
PROMACTA TAB 12.5MG	4	PA, QL (30 tabs every 30 days)
PROMACTA TAB 25MG	4	PA, QL (30 tabs every 30 days)
PROMACTA TAB 50MG	4	PA, QL (60 tabs every 30 days)
PROMACTA TAB 75MG	4	PA, QL (60 tabs every 30 days)
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA
ZIEXTENZO INJ 6/0.6ML	4	PA, QL (3.333 syringes every 28 days)
HEMATOPOIETIC MIXTURES		
abaneu-sl sub	1	
airavite tab	1	
corvita 150 tab	1	
fabb tab 2.2-25-1	1	
ferocon cap	1	
ferotrinsic cap	1	
ferrocite tab plus	1	
folbee tab	1	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	1	
folplex 2.2 tab	1	
foltrin cap	1	
hematinic pl tab vit/min	1	
hematinic/fa tab	1	
hemocyte tab -plus	1	
hemocyte-f tab	1	

Drug Name	Drug Tier	Requirements/Limits
iferex 150 cap forte	1	
k-tan plus cap	1	
nufol tab	1	
poly-iron cap 150 fort	1	
polysacchari cap iron	1	
tl-hem 150 tab	1	
tricon cap	1	
trigels-f cap forte	1	
virt-gard tab 2.2-25-1	1	
westab mini tab 2.2-25-1	1	
westab one tab 2.5-25-1	1	
IRON		
ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)	1	
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	1	
STEM CELL MOBILIZERS		
MOZOBIL INJ	4	PA
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid inj 250 mg/ml	1	
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	1	
tranexamic acid tab 650 mg	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
pentobarbital sodium inj 50 mg/ml	1	
phenobarbital elixir 20 mg/5ml	1	
phenobarbital sodium inj 65 mg/ml	1	
phenobarbital sodium inj 130 mg/ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	QL (45 tabs every 75 days)
AMBIEN CR TAB 12.5MG	3	QL (45 tabs every 75 days)
AMBIEN TAB 5MG	3	QL (45 tabs every 75 days)
AMBIEN TAB 10MG	3	QL (45 tabs every 75 days)
dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	1	
dexmedetomidine hcl iv soln 200 mcg/2ml	1	
estazolam tab 1 mg	1	QL (45 tabs every 75 days)
estazolam tab 2 mg	1	QL (45 tabs every 75 days)
eszopiclone tab 1 mg	1	QL (45 tabs every 75 days)
eszopiclone tab 2 mg	1	QL (45 tabs every 75 days)
eszopiclone tab 3 mg	1	QL (45 tabs every 75 days)
flurazepam hcl cap 15 mg	1	QL (45 caps every 75 days)
flurazepam hcl cap 30 mg	1	QL (45 caps every 75 days)
HALCION TAB 0.25MG	3	QL (30 tabs every 75 days)
midazolam hcl inj 2 mg/2ml (base equivalent)	1	
midazolam hcl inj 5 mg/5ml (base equivalent)	1	
midazolam hcl inj 5 mg/ml (base equivalent)	1	
midazolam hcl inj 10 mg/2ml (base equivalent)	1	
midazolam hcl inj 10 mg/10ml (base equivalent)	1	
midazolam hcl inj 25 mg/5ml (base equivalent)	1	
midazolam hcl inj 50 mg/10ml (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
midazolam hcl inj pf 2 mg/2ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/5ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/ml (base equivalent)	1	
midazolam hcl inj pf 10 mg/2ml (base equivalent)	1	
midazolam hcl syrup 2 mg/ml (base equivalent)	1	
RESTORIL CAP 7.5MG	3	QL (45 caps every 75 days)
RESTORIL CAP 15MG	3	QL (45 caps every 75 days)
RESTORIL CAP 22.5MG	3	QL (45 caps every 75 days)
RESTORIL CAP 30MG	3	QL (45 caps every 75 days)
temazepam cap 7.5 mg	1	QL (45 caps every 75 days)
temazepam cap 15 mg	1	QL (45 caps every 75 days)
temazepam cap 22.5 mg	1	QL (45 caps every 75 days)
temazepam cap 30 mg	1	QL (45 caps every 75 days)
triazolam tab 0.25 mg	1	QL (30 tabs every 75 days)
triazolam tab 0.125 mg	1	QL (30 tabs every 75 days)
zaleplon cap 5 mg	1	QL (45 caps every 75 days)
zaleplon cap 10 mg	1	QL (45 caps every 75 days)
zolpidem tartrate tab 5 mg	1	QL (45 tabs every 75 days)
zolpidem tartrate tab 10 mg	1	QL (45 tabs every 75 days)
zolpidem tartrate tab er 6.25 mg	1	QL (45 tabs every 75 days)
zolpidem tartrate tab er 12.5 mg	1	QL (45 tabs every 75 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	PA
BELSOMRA TAB 10MG	2	PA
BELSOMRA TAB 15MG	2	PA
BELSOMRA TAB 20MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab 8 mg	1	QL (45 tabs every 75 days)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	2	AGE
gavilyte-c sol	1	
gavilyte-g sol	1	
gavilyte-n sol flav pk	1	
NULYTELY SOL FLAV PKS	3	
NULYTELY SOL LMN/LIME	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
trilyte sol	1	
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	1	
lactulose solution 10 gm/15ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
articadent inj dental	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	1	
lidocaine inj 0.5% w/ epinephrine-1:200000	1	
lidocaine inj 1% w/ epinephrine-1:100000	1	
lidocaine inj 1.5% w/ epinephrine-1:200000	1	
lidocaine inj 2% w/ epinephrine-1:50000	1	
lidocaine inj 2% w/ epinephrine-1:100000	1	
lidocaine inj 2% w/ epinephrine-1:200000	1	
sensorcaine inj -mpf/epi	1	
sensorcaine/ inj epi 0.5%	1	
sensorcaine/ inj epi 0.25	1	
xylocaine inj dent 2%	1	

Drug Name	Drug Tier	Requirements/Limits
LOCAL ANESTHETICS - AMIDES		
bupivacaine hcl inj 0.5%	1	
bupivacaine hcl inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.5%	1	
bupivacaine hcl preservative free (pf) inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.75%	1	
lidocaine hcl local inj 0.5%	1	
lidocaine hcl local inj 1%	1	
lidocaine hcl local inj 2%	1	
lidocaine hcl local preservative free (pf) inj 0.5%	1	
lidocaine hcl local preservative free (pf) inj 1%	1	
lidocaine hcl local preservative free (pf) inj 1.5%	1	
lidocaine hcl local preservative free (pf) inj 2%	1	
lidocaine hcl local preservative free (pf) inj 4%	1	
polocaine inj 1%	1	
polocaine inj 2%	1	
polocaine inj -mpf 1%	1	
polocaine inj -mpf 2%	1	
polocaine inj mpf 1.5%	1	
ropivacaine hcl inj 2 mg/ml	1	
ropivacaine hcl inj 5 mg/ml	1	
ropivacaine hcl inj 7.5 mg/ml	1	
ropivacaine hcl inj 10 mg/ml	1	
sensorcaine inj 0.5%	1	
sensorcaine inj 0.25%	1	
sensorcaine inj mpf0.25%	1	
sensorcaine inj mpf0.75%	1	
sensorcaine inj mpf 0.5%	1	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl preservative free (pf) inj 2%	1	
chloroprocaine hcl preservative free (pf) inj 3%	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
azithromycin iv for soln 500 mg	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	1	
ery-tab tab 250mg ec	1	
ery-tab tab 333mg ec	1	
ery-tab tab 500mg ec	1	
erythrocin inj 500mg	1	
erythrocin tab 250mg	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
ACCU-CHECK KIT GUIDE ME	2	
ACCU-CHEK KIT AVIVA PL	2	
ACCU-CHEK KIT COMPACT	2	
ACCU-CHEK KIT GUIDE	2	
ACCU-CHEK KIT NANO	2	
ACCU-CHEK LIQ GUIDE	3	
ACCU-CHEK LIQ SMART	3	
ACCU-CHEK SOL	3	
ACCU-CHEK SOL COMPACT	3	

Drug Name	Drug Tier	Requirements/Limits
ACCUTREND SOL GLUCOSE	3	
ACTI-LANCE MIS 28G	3	
ACTI-LANCE MIS LITE 28G	3	
ACTI-LANCE MIS SPEC 17G	3	
ACTI-LANCE MIS UNIV 23G	3	
ADV TRAVEL MIS LANC 28G	3	
ADVANCE LIQ CONTROL	3	
ADVANCE NORM LIQ CONTROL	3	
ADVCATE SAFE MIS LANC 26G	3	
ADVOCATE MIS LANC 30G	3	
ADVOCATE MIS LANCETS	3	
AGAMATRIX MIS 33G	3	
AGAMATRIX SOL LEVEL 2	3	
AGAMATRIX SOL LEVEL 4	3	
AGAMATRIX SOL NORM/HGH	3	
AIMSCO TWIST MIS 32G	3	
AIMSCO TWIST MIS 33G	3	
AQUALANCE MIS 30G	3	
ASSURE 3 LIQ CONTROL	3	
ASSURE 4 LIQ LEVEL1/2	3	
ASSURE CMFRT MIS 28G	3	
ASSURE DOSE SOL NORM/HGH	3	
ASSURE II LIQ LEVEL1/2	3	
ASSURE II LIQ LEVEL 1	3	
ASSURE LANCE MIS 21G	3	
ASSURE LANCE MIS 28G	3	
ASSURE LANCE MIS LOW FLOW	3	
ASSURE LANCE MIS MICRO	3	
ASSURE LANCE MIS SAFE 25G	3	
ASSURE LANCE MIS SAFE 30G	3	
ASSURE MIS LANCETS	3	
ASSURE PLUS MIS HIGH 18G	3	
ASSURE PLUS MIS LOW 25G	3	
ASSURE PLUS MIS MCRO 28G	3	
ASSURE PLUS MIS NORM 21G	3	
ASSURE PLUS MIS PEDIATRI	3	
ASSURE PRISM SOL LEVEL1/2	3	
ASSURE PRO LIQ LEVEL1/2	3	
AURORA LANCE MIS 30G	3	
AURORA LANCE MIS THIN 23G	3	
AUTO LANCET MIS	3	
AUTOLET PLAT MIS 1.8MM	3	
AUTOLET PLAT MIS 2.4MM	3	
AUTOLET PLAT MIS 3.0MM	3	
BD LANCET UF MIS 30G	3	

Drug Name	Drug Tier	Requirements/Limits
BD LANCET UF MIS 33G	3	
BD MICROTAIN MIS LANCETS	3	
BLULINK LIQ HIGH/LOW	3	
BULLSEYE MIS LANCETS	3	
BULLSEYE MIS MINI LNC	3	
CAREONE LANC MIS 30G	3	
CAREONE LANC MIS THIN 23G	3	
CARESENS 30G MIS LANCETS	3	
CARESENS SOL CONTROL	3	
CARETOUCH MIS LANC 26G	3	
CARETOUCH MIS LANC 28G	3	
CARETOUCH MIS LANC 30G	3	
CARETOUCH MIS TWIST 28	3	
CARETOUCH MIS TWIST 30	3	
CARETOUCH MIS TWIST 33	3	
CLEANLET 28G MIS LANCETS	3	
CLEVER CHECK MIS	3	
CLEVER CHECK MIS 30G	3	
COAGUCHEK MIS LANCETS	3	
COMFORT ASSU MIS LANC 28G	3	
COMFORT ASSU MIS LANC 33G	3	
COMFORT EZ MIS 21G	3	
COMFORT EZ MIS 23G	3	
COMFORT EZ MIS 28G	3	
COMFORT MIS LANCETS	3	
COMFORT TCH MIS LANC 30G	3	
COMFORT TCH MIS LANC 31G	3	
COMFORTOUCH MIS LANCET	3	
CONTROL SOL LIQ HI/MID/L	3	
CONTROL SOL LIQ HIGH/LOW	3	
CONTROL SOL LIQ LEVEL 2	3	
CONTROL SOL LIQ MID	3	
COOL CONTROL SOL A	3	
COOL CONTROL SOL B	3	
CVS LANCETS MIS 21G	3	
CVS LANCETS MIS 30G	3	
CVS LANCETS MIS 33G	3	
CVS LANCETS MIS ORIGINAL	3	
CVS LANCETS MIS THIN 26G	3	
CVS LANCETS MIS THIN 30G	3	
CVS LANCETS MIS THIN 33G	3	
DEXCOM G5 MIS RECEIVER	2	PA
DEXCOM G5 MIS TRANSMIT	2	PA
DEXCOM G6 MIS RECEIVER	2	PA
DEXCOM G6 MIS SENSOR	2	PA

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS TRANSMIT	2	PA
DIATHRIVE LIQ CONTROL	3	
DIATHRIVE MIS LANCETS	3	
DIATHRIVE MIS UT 30G	3	
DROPLET LANC MIS 30G	3	
DROPLET PERS MIS LANC 30G	3	
DUO-CARE LIQ LEVEL1/2	3	
E-Z JECT MIS 21G	3	
E-Z JECT MIS 21G COLR	3	
E-Z JECT MIS 30G	3	
E-Z JECT MIS 32G COLR	3	
E-Z JECT MIS LANC 21G	3	
E-Z JECT MIS THIN 26G	3	
E-ZJECT LANC MIS 33G	3	
EASY COMFORT MIS 30G	3	
EASY COMFORT MIS LANC/30G	3	
EASY COMFORT MIS TWIST	3	
EASY TOUCH LIQ HIGH/LOW	3	
EASY TOUCH MIS LANC/21G	3	
EASY TOUCH MIS LANC/23G	3	
EASY TOUCH MIS LANC/26G	3	
EASY TOUCH MIS LANC/28G	3	
EASY TOUCH MIS LANC/30G	3	
EASY TOUCH MIS LANC/32G	3	
EASY TOUCH MIS LANC/33G	3	
EASY TOUCH SOL CONTROL	3	
EASY TOUCH SOL HIGH/LOW	3	
EASYMAX 15 LIQ LEVEL2-3	3	
EASYMAX 15 SOL LEVEL 2	3	
EASYMAX LIQ NORM/HIG	3	
ELEMNT COMPA SOL LEVEL 2	3	
ELEMNT COMPA SOL LEVEL 3	3	
EMBRACE LANC MIS 21G	3	
EMBRACE LANC MIS 28G	3	
EMBRACE LANC MIS THIN 30G	3	
EMBRACE PRO LIQ GLUCOSE	3	
EQL LANCETS MIS 21G COLR	3	
EQL LANCETS MIS 33G COLR	3	
EQL LANCETS MIS THIN 26G	3	
EQL LANCETS MIS THIN 30G	3	
EVENCARE G2 SOL LOW/HIGH	3	
EVENCARE G3 SOL LOW/HIGH	3	
EVENCARE SOL LIQ LOW/HIGH	3	
EZ-LETS 21G MIS LANCETS	3	
EZ-LETS 26G MIS LANCETS	3	

Drug Name	Drug Tier	Requirements/Limits
EZ-LETS 28G MIS LANCETS	3	
EZ-LETS 30G MIS LANCETS	3	
FASTCLIX MIS LANCETS	3	
FIFTY50 SAFE MIS LANCETS	3	
FINE 30 MIS	3	
FINGERSTIX MIS LANCETS	3	
FORA LANCETS MIS 30G	3	
FORA MIS LANCETS	3	
FREESTYLE LIQ CONTROL	3	
FREESTYLE MIS LANCETS	3	
FREESTYLE MIS UNISTICK	3	
G4 PLAT PED MIS RVC/SHAR	2	PA
G4 PLATINUM MIS PEDIATRC	2	PA
G4 PLATINUM MIS RCV/SHAR	2	PA
G4 PLATINUM MIS RECEIVER	2	PA
G4 PLATINUM MIS TRANSMIT	2	PA
G5/G4 MIS SENSOR	2	PA
GENTEEL MIS LANCETS	3	
GENTEEL MIS NOZZLES	3	
GENTEEL TIPS MIS BLUE	3	
GENTEEL TIPS MIS CLEAR	3	
GENTEEL TIPS MIS GREEN	3	
GENTEEL TIPS MIS ORANGE	3	
GENTEEL TIPS MIS RAINBOW	3	
GENTEEL TIPS MIS VIOLET	3	
GENTEEL TIPS MIS YELLOW	3	
GENTLE-LET MIS 26G	3	
GENTLE-LET MIS 28G	3	
GENTLE-LET MIS LANCETS	3	
GENTLE-LET MIS PLATFORM	3	
GLOBAL 28G MIS LANCETS	3	
GLOBAL 30G MIS LANCETS	3	
GLUC CONTROL SOL	3	
GLUC CONTROL SOL MID	3	
GLUCOCARD 01 LIQ NORM/HGH	3	
GLUCOCARD LIQ LEVEL 1	3	
GLUCOCARD SOL SHINE	3	
GLUCOCOM MIS 28G	3	
GLUCOCOM MIS 30G	3	
GLUCOCOM MIS 33G	3	
GLUCOSE CONT LIQ HIGH/LOW	3	
GLUCOSE CONT SOL PRECISIO	3	
GNP LANCETS MIS 21G	3	
GNP LANCETS MIS 28G	3	
GNP LANCETS MIS 30G	3	

Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS MIS 33G	3	
GNP LANCETS MIS THIN	3	
GNP LANCETS MIS THIN 26G	3	
GOJJI LANCET MIS 30G	3	
GOODSENSE MIS LANC 26G	3	
GOODSENSE MIS LANC 30G	3	
GOODSENSE MIS LANC 33G	3	
HAEMOLANCE MIS HIGH FLO	3	
HAEMOLANCE MIS LOW FLOW	3	
HAEMOLANCE MIS PLUS	3	
HAEMOLANCE MIS PLUS LOW	3	
HAEMOLANCE MIS PLUS MAX	3	
HAEMOLANCE MIS PLUS PED	3	
HAEMOLANCE MIS RETRACT	3	
HLTHY ACCNTS MIS LANC 30G	3	
IN TOUCH LAN MIS 30G	3	
IN TOUCH SOL GLUCOSE	3	
INCONTROL MIS LANC 28G	3	
INCONTROL MIS LANC 30G	3	
INCONTROL MIS LANC 33G	3	
KINNEY MIS LANCETS	3	
KINNEY THIN MIS LANCETS	3	
KROGER LANCE MIS	3	
KROGER LANCE MIS 26G	3	
KROGER LANCE MIS THIN	3	
KROGER LANCE MIS THIN 30G	3	
LANCET CARRY MIS CASE	3	
LANCET MICRO MIS THIN 33G	3	
LANCET STAND MIS 21G	3	
LANCET SUPER MIS THIN 30G	3	
LANCET ULTRA MIS 28G	3	
LANCET ULTRA MIS FINE	3	
LANCET ULTRA MIS THIN 30G	3	
LANCETS MICR MIS THIN 33G	3	
LANCETS MIS	3	
LANCETS MIS 21G	3	
LANCETS MIS 21G COLR	3	
LANCETS MIS 26G	3	
LANCETS MIS 28G	3	
LANCETS MIS 30G	3	
LANCETS MIS 31G	3	
LANCETS MIS 33G	3	
LANCETS MIS ORANGE	3	
LANCETS MIS ORIGINAL	3	
LANCETS MIS THIN	3	

Drug Name	Drug Tier	Requirements/Limits
LANCETS MIS THIN 26G	3	
LANCETS MIS THIN 30G	3	
LANCETS SUPR MIS THIN 28G	3	
LANCETS THIN MIS	3	
LANCETS THIN MIS 26G	3	
LANCETS ULTR MIS THIN	3	
LB LANCET MIS 28G	3	
LIFESCAN MIS UNISTIK2	3	
LITE TOUCH MIS LANCETS	3	
LITETOUCH MIS LANCETS	3	
LONGS LANCET MIS STANDARD	3	
LONGS LANCET MIS THIN	3	
LONGS LANCET MIS ULTRA TH	3	
MEDICHOICE MIS LANCET	3	
MEDISENSE LIQ GLUC-KET	3	
MEDISENSE LIQ GLUC/KET	3	
MEDLANCE MIS 30G PLUS	3	
MEDLANCE MIS EXTR 21G	3	
MEDLANCE MIS LITE 25G	3	
MEDLANCE MIS PLUS	3	
MEDLANCE MIS PLUS 30G	3	
MEDLANCE MIS UNV 21G	3	
MEDLANCE PLS MIS 0.8MM	3	
MEDLANCE PLS MIS EXTR 21G	3	
MEDLANCE PLS MIS LITE 25G	3	
MEDLANCE PLS MIS UNIV 21G	3	
MEIJER LANCE MIS COLOR	3	
MEIJER LANCE MIS UNIV 21G	3	
MEIJER LANCE MIS UNIV 30G	3	
MEIJER LANCE MIS UNIVERSA	3	
MEIJER MIS LANCETS	3	
MICRO THIN MIS LANC 33G	3	
MICRODOT CON SOL HIGH/LOW	3	
MICROLET MIS LANCETS	3	
MM TWIST MIS LANCETS	3	
MOBILE LANCE MIS 30G	3	
MONOLET MIS LANCETS	3	
MONOLET OPD MIS LANCETS	3	
MONOLETTOR MIS LANCETS	3	
MPD SFTY LAN MIS 21G	3	
MPD SFTY LAN MIS 23G	3	
MPD SFTY LAN MIS 28G	3	
MPD SFTY LAN MIS 30G	3	
MYGLUCOHEALT MIS LANC 30G	3	
MYGLUCOHEALT SOL LO/NL/HI	3	

Drug Name	Drug Tier	Requirements/Limits
NEUTEK 2TEK SOL CONTROL	3	
NOVA MAX GLU LIQ /KET CON	3	
NOVA SAFETY MIS LANC 23G	3	
NOVA SAFETY MIS LANC 28G	3	
NOVA SURE MIS LANCETS	3	
OMNIPOD DASH MIS PODS	2	PA
OMNIPOD MIS CLASSIC	2	PA
OMNIPOD PDM KIT CLASSIC	2	PA
ON-THE-GO MIS LANC 30G	3	
ONE TOUCH KIT VERIO FL	2	
ONETOUCH DEL MIS PLUS 30G	3	
ONETOUCH DEL MIS PLUS 33G	3	
ONETOUCH FP MIS LANCETS	3	
ONETOUCH KIT ULT MINI	2	
ONETOUCH KIT ULTRA 2	2	
ONETOUCH KIT VERIO	2	
ONETOUCH KIT VERIO FL	2	
ONETOUCH KIT VERIO IQ	2	
ONETOUCH KIT VERIO RE	2	
ONETOUCH MIS 30G	3	
ONETOUCH MIS LANCETS	3	
ONETOUCH SOL KIT STARTER	2	
ONETOUCH SOL ULT CONT	3	
ONETOUCH SOL VERIO	3	
ONETOUCH US MIS LANCETS	3	
PC LANCETS MIS 30G	3	
PENLET II MIS REPL CAP	3	
PERFECT 28G MIS LANCETS	3	
PERFECT 30G MIS LANCETS	3	
PHARMACY COU MIS LANCETS	3	
PIP LANCETS MIS 28G	3	
PIP LANCETS MIS 30G	3	
POCKETCHEM SOL EZ	3	
PRECISION LIQ CONTROL	3	
PRECISION LIQ GLUC/KET	3	
PRECISION LIQ NRML/MID	3	
PRESSURE ACT MIS LANCET	3	
PRESSURE ACT MIS LANCETS	3	
PRO COMFORT MIS 31G	3	
PRO COMFORT MIS LANCETS	3	
PRODIGY MIS 26G	3	
PRODIGY MIS 28G	3	
PSS SAFE LAN MIS	3	
PSS SEL LANC MIS	3	
PSS SEL PLAT MIS	3	

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT MIS 30G LAN	3	
PX LANCETS MIS 28G	3	
PX LANCETS MIS 33G	3	
PX LANCETS MIS ULT THIN	3	
QC LANCETS MIS 28G	3	
QC LANCETS MIS 30G	3	
QUICKTEK LIQ SOLUTION	3	
QUINTET CONT SOL HGH/NORM	3	
RA E-ZJECT MIS 28G	3	
RA E-ZJECT MIS THIN 26G	3	
RA E-ZJECT MIS THIN 28G	3	
RA E-ZJECT MIS ULT THIN	3	
READYLANCE MIS 21G	3	
READYLANCE MIS 23G	3	
READYLANCE MIS 26G	3	
READYLANCE MIS 28G	3	
READYLANCE MIS 30G	3	
REALITY MIS LANCETS	3	
REALITY TRIG MIS LANCETS	3	
REFUAH PLUS SOL CONTROL	3	
RELION LANCE MIS THIN 26G	3	
RELION LANCE MIS THIN 30G	3	
RELION MICRO MIS THIN 33G	3	
RELION ULTRA MIS THIN 30G	3	
RELION ULTRA MIS THIN PLS	3	
RIGHTEST ALT MIS ADAPTOR	3	
RIGHTEST MIS GL300	3	
SAFE-T-LANCE MIS 21G	3	
SAFE-T-LANCE MIS 25G	3	
SAFE-T-LANCE MIS HI FLOW	3	
SAFE-T-LANCE MIS LOW FLOW	3	
SAFE-T-LANCE MIS NOR FLOW	3	
SAFE-T-PRO MIS LANCETS	3	
SAFE-T-PRO MIS PLUS	3	
SAFETY 21G MIS LANCETS	3	
SAFETY 23G MIS LANCETS	3	
SAFETY 28G MIS LANCETS	3	
SAFETY 30G MIS LANCETS	3	
SAFETY LET MIS LANCETS	3	
SAFETY MIS LANCETS	3	
SAFETY SEAL MIS 28G	3	
SAFETY SEAL MIS 30G	3	
SAPS HEALTH MIS TWIST	3	
SAPS TWIST MIS 30G	3	
SAPSCARE MIS TWIST	3	

Drug Name	Drug Tier	Requirements/Limits
SB LANCETS MIS THIN	3	
SB LANCETS MIS ULTR THN	3	
SIDE BUTTON MIS SAFETY	3	
SINGLE-LET MIS 23G	3	
SM LANCETS MIS 33G	3	
SMART SENSE MIS LANC 21G	3	
SMART SENSE MIS LANC 26G	3	
SMART SENSE MIS LANC 30G	3	
SMART SENSE MIS LANC 33G	3	
SMARTEST MIS LANCETS	3	
SMARTEST SOL CONTROL	3	
SOFTCLIX MIS LANCETS	3	
SOLUS V2 MIS LANC 28G	3	
SOLUS V2 MIS LANC 30G	3	
STERILANCE MIS 1.8MM	3	
STERILANCE MIS TL 28G	3	
STERILANCE MIS TL 30G	3	
STERILANCE MIS TL 32G	3	
SUPER THIN MIS LANC 28G	3	
SUPER THIN MIS LANCETS	3	
SUPREME II LIQ HIGH/LOW	3	
SURE COMFORT MIS LANC 18G	3	
SURE COMFORT MIS LANC 21G	3	
SURE COMFORT MIS LANC 23G	3	
SURE COMFORT MIS LANC 30G	3	
SURE COMFORT MIS LANCETS	3	
SURE-LANCE MIS 26G	3	
SURE-LANCE MIS LANCETS	3	
SURE-TOUCH MIS UNV LANC	3	
SUREFLEX MIS LANCETS	3	
SURELITE MIS LANCETS	3	
SURESTEP GLU SOL	3	
SURESTEP GLU SOL HIGH/LOW	3	
SURESTEP SOL CONTROL	3	
TECHLITE AST MIS LANCETS	3	
TECHLITE MIS LANC 30G	3	
TECHLITE MIS LANCETS	3	
TELCARE SOL LEVEL1/2	3	
TGT LANCET MIS 26G	3	
TGT LANCET MIS 30G	3	
TGT LANCET MIS 33G	3	
THIN LANCETS MIS	3	
THIN LANCETS MIS 26G	3	
THIN LANCETS MIS 30G	3	
THINLETS GP MIS 26G	3	

Drug Name	Drug Tier	Requirements/Limits
TOPCARE MIS LANC 33G	3	
TRAVEL LANCE MIS 30G	3	
TRAVEL LANCE MIS ADV 28G	3	
TRUE COMFORT MIS LANC 30G	3	
TRUECONTROL LIQ LEVEL 0	3	
TRUECONTROL LIQ LEVEL 1	3	
TRUPLUS LANC MIS 26G	3	
TRUPLUS LANC MIS 28G	3	
TRUPLUS LANC MIS 30G	3	
TRUPLUS LANC MIS 33G	3	
ULTILET MIS 26G	3	
ULTILET MIS 28G	3	
ULTILET MIS 30G	3	
ULTILET MIS 33G	3	
ULTILET MIS LANCETS	3	
ULTILET MIS SAFETY	3	
ULTILET SAFE MIS 21G	3	
ULTRA THIN MIS 28G	3	
ULTRA THIN MIS 30G	3	
ULTRA THIN MIS 31G	3	
ULTRA THIN MIS 33G	3	
ULTRA THIN MIS LAN 31G	3	
ULTRA THIN MIS LANC 28G	3	
ULTRA THIN MIS LANC 30G	3	
ULTRA THIN MIS LANCETS	3	
ULTRALANCE MIS 1.8MM	3	
ULTRATRK PRO SOL HIGH/LOW	3	
ULTRATRK ULT SOL HIGH/LOW	3	
UNILET CMFR MIS TCH 28G	3	
UNILET CMFR MIS TCH 30G	3	
UNILET EX II MIS 28G	3	
UNILET EXCEL MIS 23G	3	
UNILET G.P MIS SUPR 23G	3	
UNILET G.P. MIS 21G	3	
UNILET GP 28 MIS ULT THIN	3	
UNILET LANC MIS 33G	3	
UNILET LANCE MIS 21G	3	
UNILET LANCE MIS 28G	3	
UNILET LANCE MIS 33G	3	
UNILET LANCT MIS 28G	3	
UNILET LANCT MIS 30G	3	
UNILET LANCT MIS 33G	3	
UNILET MICRO MIS 33G	3	
UNILET MIS 21G	3	
UNILET SUPER MIS 23G	3	

Drug Name	Drug Tier	Requirements/Limits
UNILET SUPER MIS G.P. 23G	3	
UNISTIK 1 MIS 2.4MM	3	
UNISTIK 1 MIS 3.0MM	3	
UNISTIK 2 MIS	3	
UNISTIK 2 MIS 1.8MM	3	
UNISTIK 2 MIS 2.4MM	3	
UNISTIK 2 MIS COMFORT	3	
UNISTIK 2 MIS EXTRA	3	
UNISTIK 2 MIS NEONATAL	3	
UNISTIK 2 MIS NORMAL	3	
UNISTIK 2 MIS SUPER	3	
UNISTIK 3 MIS 1.8MM	3	
UNISTIK 3 MIS COMFORT	3	
UNISTIK 3 MIS EXTRA	3	
UNISTIK 3 MIS GENT 30G	3	
UNISTIK 3 MIS NEONATAL	3	
UNISTIK 3 MIS NORMAL	3	
UNISTIK 3 MIS XTR 21G	3	
UNISTIK 23G MIS NORMAL	3	
UNISTIK CZT MIS COMFORT	3	
UNISTIK CZT MIS NORMAL	3	
UNISTIK II MIS LANCETS	3	
UNISTIK PRO MIS LANC 21G	3	
UNISTIK PRO MIS LANC 28G	3	
UNISTIK SAFE MIS LANC 28G	3	
UNISTIK SAFE MIS LANC 30G	3	
UNISTIK TOUC MIS LANC 21G	3	
UNISTIK TOUC MIS LANC 23G	3	
UNISTIK TOUC MIS LANC 28G	3	
UNISTIK TOUC MIS LANC 30G	3	
UNITSTIK PRO MIS LANC 25G	3	
UNIVERSAL 1 MIS 33G	3	
UNIVERSAL 1 MIS LANC 26G	3	
UNIVERSAL 1 MIS LANC 30G	3	
V-GO 20 KIT	2	PA
V-GO 30 KIT	2	PA
V-GO 40 KIT	2	PA
VERASENS LIQ LEVEL 1	3	
VIVAGUARD LIQ CONTROL	3	
VIVAGUARD MIS 30G	3	
ZEVRX TWIST MIS LANC 30G	3	
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 29X3/16"	2	
AUTOSHIELD MIS 29X5/16"	2	
AUTOSHIELD MIS 30GX5MM	2	

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDL MIS 29GX12.7	2	
BD PEN NEEDL MIS 31GX5MM	2	
BD PEN NEEDL MIS 31GX8MM	2	
BD PEN NEEDL MIS 32GX4MM	2	
BD PEN NEEDL MIS 32GX6MM	2	
BD U-500 MIS 31GX6MM	2	
INSULIN SYRG MIS 0.3/29G	2	
INSULIN SYRG MIS 0.3/30G	2	
INSULIN SYRG MIS 0.3/31G	2	
INSULIN SYRG MIS 0.5/28G	2	
INSULIN SYRG MIS 0.5/29G	2	
INSULIN SYRG MIS 0.5/30G	2	
INSULIN SYRG MIS 0.5/31G	2	
INSULIN SYRG MIS 1ML	2	
INSULIN SYRG MIS 1ML/25G	2	
INSULIN SYRG MIS 1ML/26G	2	
INSULIN SYRG MIS 1ML/27G	2	
INSULIN SYRG MIS 1ML/28G	2	
INSULIN SYRG MIS 1ML/29G	2	
INSULIN SYRG MIS 1ML/30G	2	
INSULIN SYRG MIS 1ML/31G	2	
INSULIN SYRG MIS 2/27.5G	2	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5	2	ST, QL (2.667 pens every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (2.667 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA
NURTEC TAB 75MG ODT	2	ST, QL (48 tabs every 75 days)
UBRELVY TAB 50MG	2	ST, QL (48 ea every 75 days)
UBRELVY TAB 100MG	2	ST, QL (48 ea every 75 days)

MIGRAINE PRODUCTS

D.H.E. 45 INJ 1MG/ML	3	
dihydroergotamine mesylate inj 1 mg/ml	1	

SEROTONIN AGONISTS

almotriptan malate tab 6.25 mg	1	QL (36 ea every 75 days)
almotriptan malate tab 6.25 mg	1	QL (36 tabs every 75 days)

Drug Name	Drug Tier	Requirements/Limits
almotriptan malate tab 12.5 mg	1	QL (36 ea every 75 days)
almotriptan malate tab 12.5 mg	1	QL (36 tabs every 75 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (36 tabs every 75 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (36 tabs every 75 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (54 ea every 75 days)
IMITREX INJ 4MG/0.5	3	QL (54 injections every 75 days)
IMITREX INJ 6MG/0.5	3	QL (36 injections every 75 days)
IMITREX INJ 6MG/0.5	3	QL (40 injections every 75 days)
IMITREX SPR 5MG/ACT	3	QL (72 inhalers every 75 days)
IMITREX SPR 20MG/ACT	3	QL (36 inhalers every 75 days)
IMITREX TAB 25MG	3	QL (36 tabs every 75 days)
IMITREX TAB 50MG	3	QL (36 tabs every 75 days)
IMITREX TAB 100MG	3	QL (36 tabs every 75 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (36 tabs every 75 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (36 tabs every 75 days)
ONZETRA XSAI MIS 11MG	2	QL (64 nosepieces every 75 days)
RELPAX TAB 20MG	3	QL (36 tabs every 75 days)
RELPAX TAB 40MG	3	QL (36 tabs every 75 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (54 tabs every 75 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (54 tabs every 75 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (54 ea every 75 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (54 ea every 75 days)
sumatriptan nasal spray 5 mg/act	1	QL (72 inhalers every 75 days)
sumatriptan nasal spray 20 mg/act	1	QL (36 inhalers every 75 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate inj 6 mg/0.5ml	1	QL (40 injections every 75 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (54 injections every 75 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (36 injections every 75 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (54 injections every 75 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (36 injections every 75 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	1	QL (36 injections every 75 days)
sumatriptan succinate tab 25 mg	1	QL (36 tabs every 75 days)
sumatriptan succinate tab 50 mg	1	QL (36 tabs every 75 days)
sumatriptan succinate tab 100 mg	1	QL (36 tabs every 75 days)
ZEMBRACE SYM INJ 3/0.5ML	2	QL (72 injections every 75 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (36 inhalers every 75 days)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (36 ea every 75 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (36 tabs every 75 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (36 tabs every 75 days)
zolmitriptan tab 2.5 mg	1	QL (36 tabs every 75 days)
zolmitriptan tab 5 mg	1	QL (36 tabs every 75 days)
ZOMIG SPR 2.5MG	2	QL (36 inhalers every 75 days)
ZOMIG SPR 5MG	2	QL (36 bottles every 75 days)
ZOMIG TAB 2.5MG	3	QL (36 tabs every 75 days)
ZOMIG TAB 5MG	3	QL (36 tabs every 75 days)
ZOMIG ZMT TAB 2.5 MG	3	QL (36 tabs every 75 days)
ZOMIG ZMT TAB 5MG ODT	3	QL (36 tabs every 75 days)

MINERALS & ELECTROLYTES

BICARBONATES

sodium acetate inj 2 meq/ml	1	

Drug Name	Drug Tier	Requirements/Limits
sodium acetate inj 4 meq/ml	1	
sodium bicarbonate iv soln 4.2%	1	
sodium bicarbonate iv soln 7.5%	1	
sodium bicarbonate iv soln 8.4%	1	
CALCIUM		
calcium chloride inj 10%	1	
ELECTROLYTE MIXTURES		
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.33%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
lactated ringer's solution	1	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
ringer's solution	1	
FLUORIDE		
fluoritab dro 0.125mg	1	AGE
flura-drops dro 0.25mg f	1	AGE
nafrinse chw 1mg f	1	
nafrinse dro 0.125mg	1	AGE
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	AGE
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	AGE
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	AGE
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	AGE
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	1	
MAGNESIUM		
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
magnesium sulfate inj 50%	1	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	1	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	1	
MANGANESE		
manganese chloride inj 0.1 mg/ml	1	
PHOSPHATE		
phospha 250 tab neutral	1	
phospho-trin tab 250 neut	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)	1	
potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)	1	
sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)	1	
virt-phos tab 250 neut	1	
POTASSIUM		
effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
K-TAB TAB 10MEQ CR	3	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	

Drug Name	Drug Tier	Requirements/Limits
klor-con spr cap 8meq	1	
klor-con spr cap 10meq	1	
klor-con/ef tab 25meq fr	1	
potassium acetate inj 2 meq/ml	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride inj 2 meq/ml	1	
potassium chloride inj 10 meq/50ml	1	
potassium chloride inj 10 meq/100ml	1	
potassium chloride inj 20 meq/50ml	1	
potassium chloride inj 20 meq/100ml	1	
potassium chloride inj 40 meq/100ml	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
SODIUM		
sodium chloride inj 2.5 meq/ml (14.6%)	1	
sodium chloride iv soln 0.9%	1	
sodium chloride iv soln 0.45%	1	
sodium chloride iv soln 3%	1	
sodium chloride iv soln 4 meq/ml (23.4%)	1	
sodium chloride iv soln 5%	1	
sodium chloride preservative free (pf) inj 0.9%	1	
TRACE MINERALS		
chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)	1	
cupric chloride inj 0.4 mg/ml (elemental)	1	
selenious acid inj 40 mcg/ml	1	
ZINC		
zinc chloride inj 1 mg/ml	1	
zinc sulfate inj 1 mg/ml	1	
zinc sulfate inj 5 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
clovique cap 250mg	4	
penicillamine cap 250 mg	4	
penicillamine tab 250 mg	4	
trientine hcl cap 250 mg	4	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	4	PA, QL (30 caps every 30 days)
REVLIMID CAP 5MG	4	PA, QL (30 caps every 30 days)
REVLIMID CAP 10MG	4	PA, QL (30 caps every 30 days)
REVLIMID CAP 15MG	4	PA, QL (30 caps every 30 days)
REVLIMID CAP 20MG	4	PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	4	PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	4	PA, QL (30 caps every 30 days)
THALOMID CAP 100MG	4	PA, QL (30 caps every 30 days)
THALOMID CAP 150MG	4	PA, QL (60 caps every 30 days)
THALOMID CAP 200MG	4	PA, QL (60 caps every 30 days)
IMMUNOSUPPRESSIVE AGENTS		
azasan tab 75 mg	1	
azasan tab 100mg	1	
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
cyclosporine cap 25 mg	4	
cyclosporine cap 100 mg	4	
cyclosporine iv soln 50 mg/ml	4	
cyclosporine modified cap 25 mg	4	
cyclosporine modified cap 50 mg	4	
cyclosporine modified cap 100 mg	4	
cyclosporine modified oral soln 100 mg/ml	4	
ENSPRYNG INJ	4	PA
everolimus tab 0.5 mg	4	
everolimus tab 0.25 mg	4	
everolimus tab 0.75 mg	4	
everolimus tab 1 mg	4	

Drug Name	Drug Tier	Requirements/Limits
gengraf cap 25mg	4	
gengraf cap 100mg	4	
gengraf sol 100mg/ml	4	
IMURAN TAB 50MG	3	
mycophenolate mofetil cap 250 mg	4	
mycophenolate mofetil for oral susp 200 mg/ml	4	
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	4	
mycophenolate mofetil tab 500 mg	4	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	
sirolimus oral soln 1 mg/ml	4	
sirolimus tab 0.5 mg	4	
sirolimus tab 1 mg	4	
sirolimus tab 2 mg	4	
tacrolimus cap 0.5 mg	4	
tacrolimus cap 1 mg	4	
tacrolimus cap 5 mg	4	
IRRIGATION SOLUTIONS		
lactated ringer's for irrigation	1	
physiolyte sol	1	
physiosol sol irrigat	1	
ringer's solution for irrigation	1	
tis-u-sol sol	1	
water for irrigation, sterile irrigation soln	1	
POTASSIUM REMOVING AGENTS		
kionex sus 15gm/60	1	
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps sus 15gm/60	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROSTAGLANDINS		
alprostadil inj 500 mcg/ml	1	
SCLEROSING AGENTS		
sodium tetradecyl sulfate inj 3%	1	
sotradecol inj 1%	1	
sotradecol inj 3%	1	

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
paroex sol 0.12%	1	
periogard sol 0.12%	1	
DENTAL PRODUCTS		
cavarest gel 1.1%	1	
easygel gel 0.4%	1	
easygel gel 0.4%chry	1	
easygel gel 0.4%citr	1	
easygel gel 0.4%mint	1	
fluoridex con dly ren	1	
sodium fluor cre 5000 pls	1	
sodium fluoride gel 1.1% (0.5% f)	1	
STEROIDS - MOUTH/THROAT/DENTAL		
oralone dent pst 0.1%	1	
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-plex tab	1	
folbee plus tab	1	
folbee plus tab cz	1	
nephronex tab	1	
reno cap	1	
triphrocaps cap	1	
virt-caps cap	1	
vp-vite rx tab	1	
MULTIPLE VITAMINS W/ MINERALS		
b-plex plus tab	1	
biocel tab	1	

Drug Name	Drug Tier	Requirements/Limits
corvita tab	1	
lysiplex tab plus	1	
nutrifac zx tab	1	
v-c forte cap	1	
vic-forte cap	1	
vita s forte tab	1	
vitacel tab	1	
PED MULTI VITAMINS W/FL & FE		
multi-vit/fl dro /fe 0.25	1	
PED MULTIPLE VITAMINS W/ MINERALS		
vitamax ped dro	1	
PED MV W/ FLUORIDE		
multi vit/fl chw 0.25mg	1	
multi-vit/fl dro 0.5mg/ml	1	
multivit/fl chw 0.5mg	1	
multivit/fl chw 0.25mg	1	
multivit/fl chw 1mg	1	
multivit/fl dro 0.25mg	1	
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	1	
tri-vit/fluo dro 0.5mg	1	
tri-vit/fluo dro 0.25mg	1	
vit a/c/d/fl dro 0.25mg	1	
PRENATAL VITAMINS		
elite-ob tab	1	
inatal gt tab	1	
pnv-dha cap	1	
pnv-select tab	1	
prenatabs rx tab	1	
prenatal 19 chw tab	1	
trinate tab	1	
SPECIALTY VITAMINS PRODUCTS		
urosex tab	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 800 mg	1	
methocarbamol inj 1000 mg/10ml	1	

Drug Name	Drug Tier	Requirements/Limits
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate inj 30 mg/ml	1	
orphenadrine citrate tab er 12hr 100 mg	1	
ROBAXIN-750 TAB 750MG	3	
SKELAXIN TAB 800MG	3	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
DANTRIUM CAP 50MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
dantrolene sodium for iv soln 20 mg	1	
revonto inj 20mg	1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	1	
VISCOSUPPLEMENTS		
DUROLANE INJ 60MG/3ML	2	PA
EUFLEXXA INJ 10MG/ML	2	PA
GELSYN-3 INJ 16.8/2ML	2	PA
SUPARTZ FX INJ 25/2.5ML	2	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (3 bottles every 75 days)
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (6 bottles every 75 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	1	QL (6 bottles every 75 days)
olopatadine hcl nasal soln 0.6%	1	QL (3.049 bottles every 75 days)
PATANASE SPR 0.6%	3	QL (3.049 bottles every 75 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (9 bottles every 75 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (3 bottles every 75 days)
mometasone furoate nasal susp 50 mcg/act	1	QL (102 gm every 75 days)
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	1	
DEPOLARIZING MUSCLE RELAXANTS		
succinylcholine chloride inj 20 mg/ml	1	
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate iv soln 100 mg/10ml	1	
atracurium besylate preservative free (pf) iv soln 50 mg/5ml	1	
cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)	1	
cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)	1	
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)	1	
rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)	1	
rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)	1	
vecuronium bromide for inj 10 mg	1	
vecuronium bromide for inj 20 mg	1	
NUTRIENTS		
CARBOHYDRATES		
dextrose inj 5%	1	
dextrose inj 10%	1	
dextrose inj 25%	1	
dextrose inj 50%	1	
dextrose inj 70%	1	
PROTEINS		
aminoam cap rms	1	
aminorelief cap rms	1	
aminosyn ii sol 15%	1	
clinisol sf inj 15%	1	
hepatamine sol 8%	1	
plenamine inj 15%	1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	1	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
CYCLOPLEGIC MYDRIATICS		
altafrin sol 2.5% op	1	
altafrin sol 10% op	1	
atropine sulfate ophth soln 1%	1	
cyclopentolate hcl ophth soln 0.5%	1	
cyclopentolate hcl ophth soln 1%	1	
cyclopentolate hcl ophth soln 2%	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
MIOTICS		
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
EYLEA INJ 2/0.05ML	4	PA
LUCENTIS INJ 0.3MG	4	PA
LUCENTIS INJ 0.5MG	4	PA
LUCENTIS SOL 0.3MG	4	PA
LUCENTIS SOL 0.5MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
ak-poly-bac oin op	1	
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BLEPH-10 SOL 10% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentak oin 0.3% op	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
neo-polycin oin op	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POLYTRIM SOL OP	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
TOBREX SOL 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	2	

Drug Name	Drug Tier	Requirements/Limits
RESTASIS MUL EMU 0.05% OP	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	2	
ROCKLATAN DRO	2	
OPHTHALMIC LOCAL ANESTHETICS		
altacaine sol 0.5% op	1	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin oin hc 1%op	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4%	3	
ACULAR SOL 0.5% OP	3	
ak-fluor inj 10% op	1	
altafluor-be sol 0.25-0.4	1	
azelastine hcl ophth soln 0.05%	1	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
cromolyn sodium ophth soln 4%	1	
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	
fluor-i-stri tes 1mg op	1	
fluorescein w/ benoxinate ophth soln 0.25-0.4%	1	
fluorescein w/ proparacaine ophth soln 0.25-0.5%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
lissamine green strips 1.5 mg	1	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PAZEO DRO 0.7%	2	
PROLENSA SOL 0.07%	2	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
ZIOPTAN DRO 0.0015%	2	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
cortic-nd dro	1	PA
exotic-hc dro otic	1	PA
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
flac oil 0.01%	1	
fluocinolone acetonide (otic) oil 0.01%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
carboprost tromethamine im soln 250 mcg/ml	1	
OXYTOCICS		
methergine tab 0.2mg	1	
methylergonovine maleate inj 0.2 mg/ml	1	
methylergonovine maleate tab 0.2 mg	1	
oxytocin inj 10 unit/ml	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOL 1.65GM	4	PA
CUTAQUIG SOL 1GM	4	PA
CUTAQUIG SOL 2GM	4	PA
CUTAQUIG SOL 3.3GM	4	PA
CUTAQUIG SOL 4GM	4	PA
CUTAQUIG SOL 8GM	4	PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	1	
ampicillin sodium for inj 2 gm	1	
ampicillin sodium for inj 125 mg	1	
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	

Drug Name	Drug Tier	Requirements/Limits
NATURAL PENICILLINS		
penicillin g potassium for inj 5000000 unit	1	
penicillin g potassium for inj 20000000 unit	1	
penicillin g sodium for inj 5000000 unit	1	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen inj 5mu	1	
pfizerpen inj 20mu	1	
pfizerpen inj 20000000	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS 250/5ML	3	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
nafcillin sodium for inj 1 gm	1	
nafcillin sodium for inj 2 gm	1	
nafcillin sodium for iv soln 1 gm	1	
nafcillin sodium for iv soln 2 gm	1	
nafcillin sodium for iv soln 10 gm	1	
oxacillin sodium for inj 1 gm (base equivalent)	1	
oxacillin sodium for inj 2 gm (base equivalent)	1	
oxacillin sodium for iv soln 10 gm (base equivalent)	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
bacteriostatic sodium chloride inj soln 0.9%	1	
glycine diluent for injection	1	
water for injection	1	
PROGESTINS		
PROGESTINS		
AYGESTIN TAB 5MG	3	
hydroxyprogesterone caproate im in oil 250 mg/ml	4	PA, QL (21 mL every year)
hydroxyprogesterone caproate im in oil 250 mg/ml	4	PA, QL (25 mL every year)
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
ANTI-CATAPLECTIC AGENTS		
XYWAV SOL 0.5GM/ML	2	PA, QL (540 mL every 30 days)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
NAMZARIC CAP	2	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	4	PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	4	PA, QL (120 tabs every 30 days)
INGREZZA CAP 40-80MG	4	PA
INGREZZA CAP 40MG	4	PA, QL (30 caps every 30 days)
INGREZZA CAP 60MG	4	PA, QL (30 caps every 30 days)
INGREZZA CAP 80MG	4	PA, QL (30 caps every 30 days)
tetrabenazine tab 12.5 mg	4	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
tetrabenazine tab 25 mg	4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	4	PA, QL (30 tabs every 30 days)
AUBAGIO TAB 14MG	4	PA, QL (30 tabs every 30 days)
AVONEX PEN KIT 30MCG	4	PA
AVONEX PREFL KIT 30MCG	4	PA
BETASERON INJ 0.3MG	4	PA
COPAXONE INJ 20MG/ML	4	PA, QL (30 injections every 30 days)
COPAXONE INJ 40MG/ML	4	PA
dalfampridine tab er 12hr 10 mg	4	PA, QL (60 tabs every 30 days)
dimethyl fumarate capsule delayed release 120 mg	4	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	4	PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	PA, QL (1 kit every 30 days)
GILENYA CAP 0.5MG	4	PA, QL (30 caps every 30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	4	PA, QL (30 injections every 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	4	PA
glatopa inj 20mg/ml	4	PA, QL (30 injections every 30 days)
glatopa inj 40mg/ml	4	PA
KESIMPTA INJ 20/.4ML	4	PA
MAYZENT PAK STARTER	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 0.25MG	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 2MG	4	PA, QL (30 tabs every 30 days)
OCREVUS INJ 300/10ML	4	PA
REBIF INJ 22/0.5	4	PA
REBIF INJ 44/0.5	4	PA
REBIF REBIDO INJ 22/0.5	4	PA
REBIF REBIDO INJ 44/0.5	4	PA
REBIF REBIDO INJ TITRATN	4	PA
REBIF TITRTN INJ PACK	4	PA
TYSABRI INJ 300/15ML	4	PA, QL (2 vials every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VUMERITY CAP 231MG	4	PA, QL (120 caps every 30 days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (30 ea every 30 days)
ZEPOSIA CAP .92MG	4	PA, QL (30 caps every 30 days)
ZEPOSIA CAP STR KIT	4	PA, QL (30 ea every 30 days)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
GRALISE TAB 300MG	2	
GRALISE TAB 600MG	2	
pregabalin tab er 24hr 82.5 mg	1	
pregabalin tab er 24hr 165 mg	1	
pregabalin tab er 24hr 330 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	
CHANTIX PAK 1MG	3	
CHANTIX TAB 0.5& 1MG	3	
CHANTIX TAB 0.5MG	3	
CHANTIX TAB 1MG	3	
varenicline tartrate tab 0.5 mg (base equiv)	1	
varenicline tartrate tab 1 mg (base equiv)	1	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	2	PA
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C INJ 1000MG	2	PA
PROLASTIN-C INJ 1000MG	4	PA
CYSTIC FIBROSIS AGENTS		
PULMOZYME SOL 1MG/ML	4	PA, QL (150 mL every 30 days)
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	4	PA, QL (270 caps every 30 days)
ESBRIET TAB 267MG	4	PA, QL (270 tabs every 30 days)
ESBRIET TAB 801MG	4	PA, QL (90 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OFEV CAP 100MG	4	PA, QL (60 caps every 30 days)
OFEV CAP 150MG	4	PA, QL (60 caps every 30 days)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	
TETRACYCLINES		
GLYCYLCYCLINES		
tigecycline for iv soln 50 mg	1	
TETRACYCLINES		
avidoxy tab 100mg	1	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxy 100 inj 100mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate for inj 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
mondoxyne nl cap 100mg	1	
morgidox cap 1x100mg	1	
morgidox cap 2x100mg	1	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
VIBRAMYCIN SYP 50MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
TAPAZOLE TAB 10MG	3	
THYROID HORMONES		
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	
euthyrox tab 200mcg	1	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200 mcg	1	
levo-t tab 300 mcg	1	
levothyroxine sodium for iv inj 100 mcg	1	
levothyroxine sodium for iv inj 200 mcg	1	
levothyroxine sodium for iv inj 500 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liothyronine sodium iv soln 10 mcg/ml	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
np thyroid tab 15mg	1	
np thyroid tab 30mg	1	
np thyroid tab 60mg	1	
np thyroid tab 90mg	1	
np thyroid tab 120mg	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ANASPAZ TAB 0.125MG	3	
atropine sulfate inj 8 mg/20ml (0.4 mg/ml)	1	
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	1	
atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)	1	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	1	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl inj 10 mg/ml	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
ed-spaz tab 0.125mg	1	
glycopyrrolate inj 0.2 mg/ml	1	
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	1	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
nulev tab 0.125mg	1	
oscimin sub 0.125mg	1	
oscimin tab 0.125mg	1	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
propantheline bromide tab 15 mg	1	
symax-sl sub 0.125mg	1	

Drug Name	Drug Tier	Requirements/Limits
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine preservative free inj 20 mg/2ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
nizatidine oral soln 15 mg/ml	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	QL (90 vials every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 ea every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)

Drug Name	Drug Tier	Requirements/Limits
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	1	
PYLERA CAP	2	
TALICIA CAP	2	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
DITROPAN XL TAB 5MG	3	
DITROPAN XL TAB 10MG	3	
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	2	
TOVIAZ TAB 8MG	2	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
miconazole 3 sup 200mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	2	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
ENDOMETRIN SUP 100MG	2	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	4	PA, QL (90 caps every 30 days)
droxidopa cap 200 mg	4	PA, QL (180 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
droxidopa cap 300 mg	4	PA, QL (180 caps every 30 days)
VASOPRESSORS		
ephedrine sulfate iv soln 50 mg/ml	1	
epinephrine pf inj 1 mg/ml	1	
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benztropine mesylate inj 1 mg/ml 68
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betamethasone dipropionate augmented oint 0.05% 103
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bupivacaine hcl inj 0.5% 127
bupivacaine hcl preservative free (pf) inj 0.25% 127
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bupivacaine hcl preservative free (pf) inj 0.75% 127
bupivacaine inj 0.25% w/ epinephrine 1:200000 126
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ciclopirox olamine cream 0.77% (base equiv) 101
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