Centra Group Health Plan

2023 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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Piedmont CENTRA 23 Effective 04/01/2023

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
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 cap er 24hr 5 mg	1	QL (270 caps every 75 days); AGE
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (270 caps every 75 days); AGE
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (90 caps every 75 days); AGE
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (90 caps every 75 days); AGE
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (90 caps every 75 days); AGE
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (90 caps 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
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
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

Drug Name	Drug Tier	Requirements/Limits
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
ZENZEDI TAB 2.5MG	1	QL (360 tabs every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
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 oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 50 mg	1	PA
BENZPHETMINE TAB 25MG	1	PA
DIETHYLPROP TAB 75MG ER	1	PA
diethylpropion hcl tab 25 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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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	SP, PA, QL (60 tabs every 30 days)
WAKIX TAB 17.8MG	4	SP, 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)
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

Drug Name	Drug Tier	Requirements/Limits
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
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (180 tabs every 75 days); AGE
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (180 tabs every 75 days); AGE
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (180 tabs every 75 days); AGE
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (90 tabs every 75 days); AGE

Drug Name	Drug Tier	Requirements/Limits
modafinil tab 100 mg	1	PA
modafinil tab 200 mg	1	PA
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
BETHKIS NEB 300/4ML	4	SP, PA, QL (240 mL every 30 days)
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	1	
STREPTOMYCIN INJ 1GM	1	
tobramycin nebu soln 300 mg/4ml	4	SP, PA, QL (240 mL every 30 days)
tobramycin nebu soln 300 mg/5ml	4	SP, PA, QL (300 mL every 30 days)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	4	SP, PA
HUMIRA INJ 20/0.2ML	4	SP, PA
HUMIRA INJ 40/0.4ML	4	SP, PA
HUMIRA KIT 40MG/0.8	4	SP, PA
HUMIRA PEDIA INJ CROHNS	4	SP, PA
HUMIRA PEN INJ 40/0.4ML	4	SP, PA
HUMIRA PEN INJ 40MG/0.8	4	SP, PA
HUMIRA PEN INJ 80/0.8ML	4	SP, PA
HUMIRA PEN INJ CD/UC/HS	4	SP, PA
HUMIRA PEN INJ PS/UV	4	SP, PA
HUMIRA PEN KIT CD/UC/HS	4	SP, PA
HUMIRA PEN KIT PED UC	4	SP, PA
HUMIRA PEN KIT PS/UV	4	SP, PA
SIMPONI ARIA SOL 50MG/4ML	4	SP, PA
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	4	SP, PA, QL (30 tabs every 30 days)
RINVOQ TAB 30MG ER	4	SP, PA, QL (30 tabs every 30 days)
XELJANZ SOL 1MG/ML	4	SP, PA, QL (300 mL every 30 days)
XELJANZ TAB 5MG	4	SP, PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG	4	SP, PA, QL (60 tabs every 30 days)
XELJANZ XR TAB 11MG	4	SP, PA, QL (30 tabs every 30 days)
XELJANZ XR TAB 22MG	4	SP, PA, QL (30 tabs every 30 days)
ANTIRHEUMATIC ANTIMETABOLITES		
RASUVO INJ 7.5MG	4	SP, PA
RASUVO INJ 10MG	4	SP, PA
RASUVO INJ 12.5MG	4	SP, PA
RASUVO INJ 15MG	4	SP, PA
RASUVO INJ 17.5MG	4	SP, PA
RASUVO INJ 20MG	4	SP, PA
RASUVO INJ 22.5MG	4	SP, PA
RASUVO INJ 25MG	4	SP, PA
RASUVO INJ 30MG	4	SP, PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	4	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	SP, PA
KEVZARA INJ 200/1.14	4	SP, PA
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
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	
FLURBIPROFEN TAB 50MG	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	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	
KETOPROFEN CAP 50MG	1	
KETOPROFEN CAP 75MG	1	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine tab 10 mg	1	
MECLOFEN SOD CAP 50MG	1	
MECLOFEN SOD CAP 100MG	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	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
TOLMETIN SOD CAP 400MG	1	
TOLMETIN SOD TAB 600MG	1	

Drug Name	Drug Tier	Requirements/Limits
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	4	SP, PA, QL (60 tabs every 30 days)
OTEZLA TAB 30MG	4	SP, PA, QL (60 tabs every 30 days)
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	SP, PA
ORENCIA INJ 50/0.4ML	4	SP, PA
ORENCIA INJ 87.5/0.7	4	SP, PA
ORENCIA INJ 125MG/ML	4	SP, PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	SP, PA
ENBREL INJ 25MG	4	SP, PA
ENBREL INJ 50MG/ML	4	SP, PA
ENBREL MINI INJ 50MG/ML	4	SP, PA
ENBREL SRCLK INJ 50MG/ML	4	SP, 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		
clonidine hcl inj (for epidural infusion) 100 mcg/ml	1	
clonidine hcl inj (for epidural infusion) 500 mcg/ml	1	
SALICYLATES		
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 30MG	1	PA
FENTANYL CIT TAB 100MCG	1	PA
FENTANYL CIT TAB 200MCG	1	PA
FENTANYL CIT TAB 400MCG	1	PA

Drug Name	Drug Tier	Requirements/Limits
FENTANYL CIT TAB 600MCG	1	PA
FENTANYL CIT TAB 800MCG	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 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 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
HYDROCODONE CAP 10MG ER	1	PA
HYDROCODONE CAP 15MG ER	1	PA
HYDROCODONE CAP 20MG ER	1	PA
HYDROCODONE CAP 30MG ER	1	PA
HYDROCODONE CAP 40MG ER	1	PA
HYDROCODONE CAP 50MG ER	1	PA
hydromorphone hcl liqd 1 mg/ml	1	PA
hydromorphone hcl tab 2 mg	1	PA
hydromorphone hcl tab 4 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
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
methadone con 10mg/ml	1	PA
methadone hcl conc 10 mg/ml	1	
methadone hcl inj 10 mg/ml	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	
METHADONE SOL 5MG/5ML	1	PA
METHADONE SOL 10MG/5ML	1	PA
methadose tab 40mg	1	
MORPHINE SUL CAP 30MG ER	1	PA
MORPHINE SUL CAP 40MG ER	1	PA
MORPHINE SUL CAP 45MG ER	1	PA
MORPHINE SUL CAP 60MG ER	1	PA
MORPHINE SUL CAP 75MG ER	1	PA
MORPHINE SUL CAP 90MG ER	1	PA
MORPHINE SUL CAP 120MG ER	1	PA
MORPHINE SUL SOL 20MG/5ML	1	PA
MORPHINE SUL TAB 15MG	1	PA
MORPHINE SUL TAB 30MG	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 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 oral soln 10 mg/5ml	1	PA
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	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
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

Drug Name	Drug Tier	Requirements/Limits
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 TAB 10MG ER	1	PA
OXYCODONE TAB 15MG ER	1	PA
OXYCODONE TAB 20MG ER	1	PA
OXYCODONE TAB 30MG ER	1	PA
OXYCODONE TAB 40MG ER	1	PA
OXYCODONE TAB 60MG ER	1	PA
OXYCODONE TAB 80MG ER	1	PA
oxymorphone hcl tab 5 mg	1	PA
oxymorphone hcl tab 10 mg	1	PA
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)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (540 tabs every 75 days)
APAP-CAFFEIN CAP DIHYDROC	1	PA, QL (900 caps every 75 days)
APAP/CAFFEIN TAB DIHYDROC	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	

Drug Name	Drug Tier	Requirements/Limits
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)
OXYCOD/ASA TAB	1	PA, QL (1080 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)
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)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (40 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
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 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)
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 nasal soln 10 mg/ml	1	QL (6 bottles every 75 days)

Drug Name	Drug Tier	Requirements/Limits
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
TESTOST ENAN INJ 200MG/ML	1	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate 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
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		
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	

Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
ana-lex kit	1	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
anucort-hc sup 25mg	1	
hemmorex-hc sup 30mg	1	
hydrocortisone acetate suppos 30 mg	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	
ivermectin tab 3 mg	1	PA
praziquantel tab 600 mg	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
bacitracin intramuscular for soln 50000 unit	1	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 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 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	
MEPRON SUS	2	

Drug Name	Drug Tier	Requirements/Limits
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
vancomycin hcl cap 125 mg (base equivalent)	1	
vancomycin hcl cap 250 mg (base equivalent)	1	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
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	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	
linezolid tab 600 mg	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
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		
ISOSORB MONO TAB 10MG	1	
ISOSORB MONO TAB 20MG	1	
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 er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
HYDROXYZ HCL INJ 25MG/ML	1	
HYDROXYZ HCL INJ 50MG/ML	1	
HYDROXYZ PAM CAP 100MG	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	
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 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 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 TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab 200 mg	1	
quinidine sulfate tab 300 mg	1	
ANTIARRHYTHMICS TYPE I-B		
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	

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
ANTIARRHYTHMICS TYPE III		
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	SP, PA
dofetilide cap 250 mcg (0.25 mg)	4	SP, PA
dofetilide cap 500 mcg (0.5 mg)	4	SP, PA
pacerone tab 100mg	1	
pacerone tab 200mg	1	
pacerone tab 400mg	1	
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	SP, PA
FASENRA PEN INJ 30MG/ML	4	SP, PA
NUCALA INJ 100MG/ML	4	SP, PA
TEZSPIRE SOL 210MG	4	SP, PA
XOLAIR INJ 75/0.5	4	SP, PA
XOLAIR INJ 150MG/ML	4	SP, PA
XOLAIR SOL 150MG	4	SP, PA
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	

Drug Name	Drug Tier	Requirements/Limits
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
STEROID INHALANTS		
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 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)
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)
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 TAB 4MG ER	1	
ALBUTEROL TAB 8MG ER	1	

Drug Name	Drug Tier	Requirements/Limits
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)
LEVALBUTEROL AER 45/ACT	1	QL (6 inhalers every 75 days)
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)
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 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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
DIAZEPAM GEL 2.5MG	1	
DIAZEPAM GEL 10MG	1	
DIAZEPAM GEL 20MG	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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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 oral soln 100 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
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	
TROKENDI XR CAP 25MG	2	
TROKENDI XR CAP 50MG	2	

Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR CAP 100MG	2	
TROKENDI XR CAP 200MG	2	
VIMPAT SOL 10MG/ML	2	
VIMPAT TAB 50MG	2	
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	SP, PA, QL (180 packets every 30 days)
vigabatrin tab 500 mg	4	SP, PA, QL (180 tabs every 30 days)
vigadrone pow 500mg	4	SP, PA, QL (180 packets every 30 days)
HYDANTOINS		
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 susp 125 mg/5ml	1	
SUCCINIMIDES		
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
VALPROIC ACID		
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 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	
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	
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 TAB 25MG	1	
MAPROTILINE TAB 50MG	1	
MAPROTILINE TAB 75MG	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
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 CAP 90MG DR	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 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	
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 TAB 50MG	1	
NEFAZODONE TAB 100MG	1	
NEFAZODONE TAB 150MG	1	
NEFAZODONE TAB 200MG	1	
NEFAZODONE TAB 250MG	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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 25MG	1	

Drug Name	Drug Tier	Requirements/Limits
AMOXAPINE TAB 50MG	1	
AMOXAPINE TAB 100MG	1	
AMOXAPINE TAB 150MG	1	
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	
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	
NORTRIPTYLIN SOL 10MG/5ML	1	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	
SYMLNPEN 120 INJ 1000MCG	2	
ANTIDIABETIC COMBINATIONS		
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	PA
GLYXAMBI TAB 25-5 MG	2	PA
JENTADUETO TAB 2.5-500	2	
JENTADUETO TAB 2.5-850	2	
JENTADUETO TAB 2.5-1000	2	
JENTADUETO TAB XR	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	PA
SYNJARDY TAB	2	PA
SYNJARDY TAB 5-500MG	2	PA
SYNJARDY TAB 5-1000MG	2	PA
SYNJARDY TAB 12.5-500	2	PA
SYNJARDY XR TAB	2	PA
SYNJARDY XR TAB 5-1000MG	2	PA
SYNJARDY XR TAB 10-1000	2	PA
SYNJARDY XR TAB 25-1000	2	PA
TRIJARDY XR TAB	2	PA
XIGDUO XR TAB 2.5-1000	2	PA
XIGDUO XR TAB 5-500MG	2	PA
XIGDUO XR TAB 5-1000MG	2	PA
XIGDUO XR TAB 10-500MG	2	PA
XIGDUO XR TAB 10-1000	2	PA
XULTOPHY INJ 100/3.6	2	PA
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	

Drug Name	Drug Tier	Requirements/Limits
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
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		
TRADJENTA TAB 5MG	2	
INCRETIN MIMETIC AGENTS		
OZEMPIC INJ 2/1.5ML	2	PA
OZEMPIC INJ 4MG/3ML	2	PA
RYBELSUS TAB 3MG	2	PA
RYBELSUS TAB 7MG	2	PA
RYBELSUS TAB 14MG	2	PA
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	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300IU/ML	2	
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	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	PA
FARXIGA TAB 10MG	2	PA
JARDIANCE TAB 10MG	2	PA
JARDIANCE TAB 25MG	2	PA
SULFONYLUREAS		
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	
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	
TOLBUTAMIDE TAB 500MG	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
DIPHEN/ATROP LIQ 2.5/5	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl cap 2 mg	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
deferasirox granules packet 90 mg	4	SP, PA
deferasirox granules packet 180 mg	4	SP, PA
deferasirox granules packet 360 mg	4	SP, PA
deferasirox tab 90 mg	4	SP, PA
deferasirox tab 180 mg	4	SP, PA
deferasirox tab 360 mg	4	SP, PA
deferasirox tab for oral susp 125 mg	4	SP, PA
deferasirox tab for oral susp 250 mg	4	SP, PA
deferasirox tab for oral susp 500 mg	4	SP, PA
deferiprone tab 500 mg	4	SP, PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
deferoxamine mesylate for inj 2 gm	4	SP, PA
deferoxamine mesylate for inj 500 mg	4	SP, PA
VISTOGARD PAK 10GM	2	QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
naloxone hcl nasal spray 4 mg/0.1ml	1	
naltrexone hcl tab 50 mg	1	
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 40 mg/20ml (2 mg/ml)	1	QL (1 vial 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)

Drug Name	Drug Tier	Requirements/Limits
ONDANSETRON INJ 4MG/2ML	1	QL (10 syringes 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)
ONDANSETRON TAB 24MG	1	QL (2 ea every 21 days)
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches 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	
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)
dronabinol cap 5 mg	1	QL (180 caps every 75 days)
dronabinol cap 10 mg	1	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		
ANTIFUNGALS		
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	

Drug Name	Drug Tier	Requirements/Limits
IMIDAZOLE-RELATED ANTIFUNGALS		
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	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	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMIN SOL 4MG/5ML	1	
carbinoxamine maleate tab 4 mg	1	
CLEMASTINE TAB 2.68MG	1	
diphenhydramine hcl elixir 12.5 mg/5ml	1	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
DESLORATADIN TAB 2.5 ODT	1	
DESLORATADIN TAB 5MG ODT	1	
desloratadine tab 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIHYPERLIPIDEMICS - MISC.		
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	
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	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
FENOFIBRATE CAP 150MG	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 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 TAB 35MG	1	
FENOFIBRIC TAB 105MG	1	
gemfibrozil tab 600 mg	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	AGE
atorvastatin calcium tab 20 mg (base equivalent)	1	AGE

Drug Name	Drug Tier	Requirements/Limits
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
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	
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	
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	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
PRALUENT INJ 75MG/ML	2	PA
PRALUENT INJ 150MG/ML	2	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
enalapril maleate tab 20 mg	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	
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	
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	
AGENTS FOR PHEOCHROMOCYTOMA		
metyrosine cap 250 mg	1	
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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		
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	
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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
CAPTOPR/HCTZ TAB 25-15MG	1	
CAPTOPR/HCTZ TAB 25-25MG	1	
CAPTOPR/HCTZ TAB 50-15MG	1	
CAPTOPR/HCTZ TAB 50-25MG	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	
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	
METHYLD/HCTZ TAB 250/15	1	
METHYLD/HCTZ TAB 250/25	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	

Drug Name	Drug Tier	Requirements/Limits
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	
PROPRAN/HCTZ TAB 40/25	1	
PROPRAN/HCTZ TAB 80/25	1	
QNAPRIL/HCTZ TAB 20-12.5	1	
QNAPRIL/HCTZ TAB 20-25MG	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
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	
TRANDO/VERAP TAB 1-240 ER	1	
TRANDO/VERAP TAB 2-180 ER	1	
TRANDO/VERAP TAB 2-240 ER	1	
TRANDO/VERAP TAB 4-240 ER	1	
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	

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
VASODILATORS		
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	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
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	
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		
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
CYCLOSERINE CAP 250MG	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
ISONIAZID SYP 50MG/5ML	1	
ISONIAZID TAB 100MG	1	
isoniazid tab 300 mg	1	
pyrazinamide tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH CAP 25MG	1	
CYCLOPHOSPH CAP 50MG	1	
LEUKERAN TAB 2MG	2	
melphalan tab 2 mg	1	
MYLERAN TAB 2MG	2	
temozolomide cap 5 mg	4	SP, PA
temozolomide cap 20 mg	4	SP, PA
temozolomide cap 100 mg	4	SP, PA
temozolomide cap 140 mg	4	SP, PA
temozolomide cap 180 mg	4	SP, PA
temozolomide cap 250 mg	4	SP, PA
ANTIMETABOLITES		
azacitidine for inj 100 mg	4	SP, PA
capecitabine tab 150 mg	4	SP, PA
capecitabine tab 500 mg	4	SP, PA
decitabine for inj 50 mg	4	SP, PA
mercaptopurine tab 50 mg	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
TABLOID TAB 40MG	2	
TREXALL TAB 5MG	2	
TREXALL TAB 7.5MG	2	
TREXALL TAB 10MG	2	
TREXALL TAB 15MG	2	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG	4	SP, PA, QL (240 tabs every 30 days)
INLYTA TAB 5MG	4	SP, PA, QL (120 tabs every 30 days)
LENVIMA CAP 4MG	4	SP, PA, QL (30 ea every 30 days)
LENVIMA CAP 8 MG	4	SP, PA, QL (60 ea every 30 days)
LENVIMA CAP 10 MG	4	SP, PA, QL (30 ea every 30 days)
LENVIMA CAP 12MG	4	SP, PA, QL (90 ea every 30 days)
LENVIMA CAP 14 MG	4	SP, PA, QL (60 ea every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 18 MG	4	SP, PA, QL (90 ea every 30 days)
LENVIMA CAP 20 MG	4	SP, PA, QL (60 ea every 30 days)
LENVIMA CAP 24 MG	4	SP, PA, QL (90 ea every 30 days)
ZIRABEV INJ 100/4ML	4	SP, PA
ZIRABEV INJ 400/16ML	4	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
KANJINTI INJ 420MG	4	SP, PA
KANJINTI SOL 150MG	4	SP, PA
PERJETA INJ 420/14ML	4	SP, PA
TRAZIMERA INJ 150MG	4	SP, PA
TRAZIMERA INJ 420MG	4	SP, PA
ANTINEOPLASTIC - ANTIBODIES		
RUXIENCE INJ 100/10ML	4	SP, PA
RUXIENCE INJ 500/50ML	4	SP, PA
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	4	SP, PA, QL (60 tabs every 30 days)
erlotinib hcl tab 100 mg (base equivalent)	4	SP, PA, QL (30 tabs every 30 days)
erlotinib hcl tab 150 mg (base equivalent)	4	SP, PA, QL (30 tabs every 30 days)
IRESSA TAB 250MG	4	SP, PA, QL (30 tabs every 30 days)
TAGRISSO TAB 40MG	4	SP, PA, QL (30 tabs every 30 days)
TAGRISSO TAB 80MG	4	SP, PA, QL (30 tabs every 30 days)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	4	SP, PA, QL (30 caps every 30 days)
ODOMZO CAP 200MG	4	SP, PA, QL (30 caps every 30 days)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	4	SP, PA, QL (120 tabs every 30 days)
abiraterone acetate tab 500 mg	4	SP, PA, QL (60 tabs every 30 days)
anastrozole tab 1 mg	1	AGE
bicalutamide tab 50 mg	1	
ELIGARD INJ 7.5MG	4	SP, PA
ELIGARD INJ 22.5MG	4	SP, PA
ELIGARD INJ 30MG	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 45MG	4	SP, PA
ERLEADA TAB 60MG	4	SP, PA, QL (120 tabs every 30 days)
exemestane tab 25 mg	1	AGE
FIRMAGON INJ 80MG	4	SP, PA
FIRMAGON INJ 120MG	4	SP, PA
FLUTAMIDE CAP 125MG	1	
fulvestrant inj soln pref syr 250 mg/5ml	1	PA
HYDROXY CAPR INJ 1.25/5ML	1	
letrozole tab 2.5 mg	1	
leuprolide acetate inj kit 5 mg/ml	4	SP, PA
LYSODREN TAB 500MG	2	
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	SP, PA, QL (120 tabs every 30 days)
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	SP, PA, QL (120 caps every 30 days)
XTANDI TAB 40MG	4	SP, PA, QL (120 tabs every 30 days)
XTANDI TAB 80MG	4	SP, PA, QL (60 tabs every 30 days)
YONSA TAB 125MG	4	SP, PA, QL (120 tabs every 30 days)
ANTINEOPLASTIC ANTIBIOTICS		
valrubicin soln for intravesical instillation 40 mg/ml	4	SP
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	4	SP, PA, QL (60 tabs every 30 days)
KISQALI 400 PAK FEMARA	4	SP, PA, QL (60 tabs every 30 days)
KISQALI 600 PAK FEMARA	4	SP, PA, QL (90 tabs every 30 days)
LONSURF TAB 15-6.14	4	SP, PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 20-8.19	4	SP, PA, QL (90 tabs every 30 days)
PHESGO SOL	4	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	4	SP, 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	SP, PA, QL (90 tabs every 30 days)
BOSULIF TAB 400MG	4	SP, PA, QL (30 tabs every 30 days)
BOSULIF TAB 500MG	4	SP, PA, QL (30 tabs every 30 days)
BRAFTOVI CAP 75MG	4	SP, PA, QL (180 caps every 30 days)
BRUKINSA CAP 80MG	2	PA, QL (120 caps every 30 days)
CABOMETYX TAB 20MG	4	SP, PA, QL (30 tabs every 30 days)
CABOMETYX TAB 40MG	4	SP, PA, QL (30 tabs every 30 days)
CABOMETYX TAB 60MG	4	SP, PA, QL (30 tabs every 30 days)
CALQUENCE CAP 100MG	2	PA, QL (60 caps every 30 days)
COPIKTRA CAP 15MG	4	SP, PA, QL (60 caps every 30 days)
COPIKTRA CAP 25MG	4	SP, PA, QL (60 caps every 30 days)
COTELLIC TAB 20MG	4	SP, PA, QL (60 tabs every 30 days)
everolimus tab 2.5 mg	4	SP, PA, QL (30 tabs every 30 days)
everolimus tab 5 mg	4	SP, PA, QL (30 tabs every 30 days)
everolimus tab 7.5 mg	4	SP, PA, QL (30 tabs every 30 days)
everolimus tab 10 mg	4	SP, PA, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
everolimus tab for oral susp 2 mg	4	SP, PA, QL (60 ea every 30 days)
everolimus tab for oral susp 3 mg	4	SP, PA, QL (90 ea every 30 days)
everolimus tab for oral susp 5 mg	4	SP, PA, QL (60 ea every 30 days)
GAVRETO CAP 100MG	4	SP, PA, QL (120 caps every 30 days)
IBRANCE CAP 75MG	4	SP, PA, QL (30 caps every 30 days)
IBRANCE CAP 100MG	4	SP, PA, QL (30 caps every 30 days)
IBRANCE CAP 125MG	4	SP, PA, QL (30 caps every 30 days)
IBRANCE TAB 75MG	4	SP, PA, QL (42 tabs every 28 days)
IBRANCE TAB 100MG	4	SP, PA, QL (42 tabs every 28 days)
IBRANCE TAB 125MG	4	SP, PA, QL (42 tabs every 28 days)
imatinib mesylate tab 100 mg (base equivalent)	4	SP, PA, QL (120 tabs every 30 days)
imatinib mesylate tab 400 mg (base equivalent)	4	SP, 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)
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	SP, PA, QL (21 tabs every 28 days)
KISQALI TAB 400DOSE	4	SP, PA, QL (42 tabs every 28 days)
KISQALI TAB 600DOSE	4	SP, 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)

Drug Name	Drug Tier	Requirements/Limits
lapatinib ditosylate tab 250 mg (base equiv)	4	SP, PA, QL (180 tabs every 30 days)
LYNPARZA TAB 100MG	4	SP, PA, QL (120 tabs every 30 days)
LYNPARZA TAB 150MG	4	SP, PA, QL (120 tabs every 30 days)
MEKTOVI TAB 15MG	4	SP, PA, QL (180 tabs every 30 days)
NEXAVAR TAB 200MG	4	SP, PA, QL (120 tabs every 30 days)
NINLARO CAP 2.3MG	4	SP, PA, QL (6 ea every 28 days)
NINLARO CAP 3MG	4	SP, PA, QL (6 ea every 28 days)
NINLARO CAP 4MG	4	SP, PA, QL (6 ea every 28 days)
RETEVMO CAP 40MG	4	SP, PA, QL (60 caps every 30 days)
RETEVMO CAP 80MG	4	SP, PA, QL (120 caps every 30 days)
romidepsin for iv inj 10 mg	4	SP, PA
ROZLYTREK CAP 100MG	4	SP, PA, QL (30 caps every 30 days)
ROZLYTREK CAP 200MG	4	SP, PA, QL (90 caps every 30 days)
RYDAPT CAP 25MG	4	SP, PA, QL (240 caps every 30 days)
SPRYCEL TAB 20MG	4	SP, PA, QL (90 tabs every 30 days)
SPRYCEL TAB 50MG	4	SP, PA, QL (30 tabs every 30 days)
SPRYCEL TAB 70MG	4	SP, PA, QL (30 tabs every 30 days)
SPRYCEL TAB 80MG	4	SP, PA, QL (30 tabs every 30 days)
SPRYCEL TAB 100MG	4	SP, PA, QL (30 tabs every 30 days)
SPRYCEL TAB 140MG	4	SP, PA, QL (30 tabs every 30 days)
STIVARGA TAB 40MG	4	SP, PA, QL (90 tabs every 30 days)
sunitinib malate cap 12.5 mg (base equivalent)	4	SP, PA, QL (30 caps every 30 days)
sunitinib malate cap 25 mg (base equivalent)	4	SP, PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate cap 37.5 mg (base equivalent)	4	SP, PA, QL (30 caps every 30 days)
sunitinib malate cap 50 mg (base equivalent)	4	SP, PA, QL (30 caps every 30 days)
temsirolimus soln for iv infusion 25 mg/ml	4	SP, PA
VITRAKVI CAP 25MG	4	SP, PA, QL (180 caps every 30 days)
VITRAKVI CAP 100MG	4	SP, PA, QL (60 caps every 30 days)
VITRAKVI SOL 20MG/ML	4	SP, PA, QL (300 mL every 30 days)
XOSPATA TAB 40MG	4	SP, PA, QL (90 tabs every 30 days)
ZEJULA CAP 100MG	4	SP, PA, QL (90 caps every 30 days)
ZELBORAF TAB 240MG	4	SP, PA, QL (240 tabs every 30 days)
ZOLINZA CAP 100MG	4	SP, PA, QL (120 caps every 30 days)
ZYDELIG TAB 100MG	4	SP, PA, QL (60 tabs every 30 days)
ZYDELIG TAB 150MG	4	SP, PA, QL (60 tabs every 30 days)
ZYKADIA TAB 150MG	4	SP, PA, QL (90 tabs every 30 days)
ANTINEOPLASTICS MISC.		
bexarotene cap 75 mg	4	SP, PA
hydroxyurea cap 500 mg	1	
MATULANE CAP 50MG	2	
tretinoin cap 10 mg	1	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
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	SP, PA
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	4	SP, PA
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	4	SP, PA
MITOTIC INHIBITORS		
ETOPOSIDE CAP 50MG	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
TRIHEXYPHEN SOL 0.4MG/ML	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
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	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
CARB/LEVO150 TAB /ENTACAP	1	
CARB/LEVO 50 TAB /ENTACAP	1	
CARB/LEVO 75 TAB /ENTACAP	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 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
INBRIJA CAP 42MG	2	PA, QL (300 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI MIS 10MG	4	SP, PA, QL (150 films every 30 days)
KYNMOBI MIS 15MG	4	SP, PA, QL (150 films every 30 days)
KYNMOBI MIS 20MG	4	SP, PA, QL (150 films every 30 days)
KYNMOBI MIS 25MG	4	SP, PA, QL (150 films every 30 days)
KYNMOBI MIS 30MG	4	SP, PA, QL (150 films every 30 days)
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
LITHIUM CARB CAP 150MG	1	
LITHIUM CARB CAP 300MG	1	
LITHIUM CARB CAP 600MG	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
ANTIPSYCHOTICS - MISC.		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
risperidone orally disintegrating tab 0.5 mg	1	
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 0.25 ODT	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 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 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
CLOZAPINE TAB 12.5/ODT	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
CLOZAPINE TAB 150/ODT	1	

Drug Name	Drug Tier	Requirements/Limits
clozapine tab 200 mg	1	
CLOZAPINE TAB 200/ODT	1	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
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	
DIHYDROINDOLONES		
MOLINDONE TAB HCL 5MG	1	
MOLINDONE TAB HCL 10MG	1	
MOLINDONE TAB HCL 25MG	1	
PHENOTHIAZINES		
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 CON 5MG/ML	1	
FLUPHENAZINE ELX 2.5/5ML	1	
fluphenazine hcl tab 1 mg	1	
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 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	
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		
FORMALDEHYDE SOL 10%	1	
HYDROGEN PER SOL 30%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	4	SP, QL (900 mL every 30 days)
abacavir sulfate tab 300 mg (base equiv)	4	SP, QL (60 tabs every 30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	SP, QL (30 tabs every 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	4	SP, QL (60 tabs every 30 days)
atazanavir sulfate cap 150 mg (base equiv)	4	SP, QL (30 caps every 30 days)
atazanavir sulfate cap 200 mg (base equiv)	4	SP, QL (60 caps every 30 days)
atazanavir sulfate cap 300 mg (base equiv)	4	SP, QL (30 caps every 30 days)
BIKTARVY TAB	4	SP, QL (30 tabs every 30 days)
CIMDUO TAB 300-300	4	SP, QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	4	SP, QL (30 tabs every 30 days)
DOVATO TAB 50-300MG	4	SP, QL (30 tabs every 30 days)
EDURANT TAB 25MG	4	SP, QL (60 tabs every 30 days)
efavirenz cap 50 mg	4	SP, QL (90 caps every 30 days)
efavirenz cap 200 mg	4	SP, QL (90 caps every 30 days)
efavirenz tab 600 mg	4	SP, QL (30 tabs every 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	SP, QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	SP, QL (30 tabs every 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	4	SP, QL (30 tabs every 30 days)
emtricitabine caps 200 mg	4	SP, QL (30 caps every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	SP, QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	4	SP, QL (30 tabs every 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	SP, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	SP, QL (30 tabs every 30 days)
EMTRIVA CAP 200MG	4	SP, QL (30 caps every 30 days)
EMTRIVA SOL 10MG/ML	4	SP, QL (720 mL every 30 days)
etravirine tab 100 mg	4	SP, QL (120 tabs every 30 days)
etravirine tab 200 mg	4	SP, QL (60 tabs every 30 days)
EVOTAZ TAB 300-150	4	SP, QL (30 tabs every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	4	SP, QL (120 tabs every 30 days)
FUZEON INJ 90MG	4	SP, PA, QL (60 vials every 30 days)
GENVOYA TAB	4	SP, QL (30 tabs every 30 days)
INTELENCE TAB 25MG	4	SP, QL (120 tabs every 30 days)
INTELENCE TAB 100MG	4	SP, QL (120 tabs every 30 days)
INTELENCE TAB 200MG	4	SP, QL (60 tabs every 30 days)
ISENTRESS CHW 25MG	4	SP, QL (180 tabs every 30 days)
ISENTRESS CHW 100MG	4	SP, QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG	4	SP, QL (60 tabs every 30 days)
ISENTRESS POW 100MG	4	SP, QL (60 packets every 30 days)
ISENTRESS TAB 400MG	4	SP, QL (120 tabs every 30 days)
lamivudine oral soln 10 mg/ml	4	SP, QL (960 mL every 30 days)
lamivudine tab 150 mg	4	SP, QL (60 tabs every 30 days)
lamivudine tab 300 mg	4	SP, QL (30 tabs every 30 days)
lamivudine-zidovudine tab 150-300 mg	4	SP, QL (60 tabs every 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	4	SP, QL (480 mL every 30 days)
lopinavir-ritonavir tab 100-25 mg	4	SP, QL (240 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
lopinavir-ritonavir tab 200-50 mg	4	SP, QL (120 tabs every 30 days)
NEVIRAPINE SUS 50MG/5ML	4	SP, QL (1200 mL every 30 days)
NEVIRAPINE TAB 100MG	4	SP, QL (90 tabs every 30 days)
nevirapine tab 200 mg	4	SP, QL (60 tabs every 30 days)
nevirapine tab er 24hr 400 mg	4	SP, QL (30 tabs every 30 days)
NORVIR POW 100MG	4	SP, QL (360 packets every 30 days)
NORVIR SOL 80MG/ML	4	SP, QL (480 mL every 30 days)
NORVIR TAB 100MG	4	SP, QL (360 tabs every 30 days)
ODEFSEY TAB	4	SP, QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	4	SP, QL (30 tabs every 30 days)
PREZISTA SUS 100MG/ML	4	SP, QL (390 mL every 30 days)
PREZISTA TAB 75MG	4	SP, QL (300 tabs every 30 days)
PREZISTA TAB 150MG	4	SP, QL (180 tabs every 30 days)
PREZISTA TAB 600MG	4	SP, QL (60 tabs every 30 days)
PREZISTA TAB 800MG	4	SP, QL (30 tabs every 30 days)
ritonavir tab 100 mg	4	SP, QL (360 tabs every 30 days)
STAVUDINE CAP 15MG	4	SP, QL (60 caps every 30 days)
STAVUDINE CAP 20MG	4	SP, QL (60 caps every 30 days)
STAVUDINE CAP 30MG	4	SP, QL (60 caps every 30 days)
STAVUDINE CAP 40MG	4	SP, QL (60 caps every 30 days)
SYMTUZA TAB	4	SP, QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	4	SP, QL (30 tabs every 30 days)
tenofovir disoproxil fumarate tab 300 mg	4	SP, QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TAB 5MG	4	SP, QL (360 tabs every 30 days)
TIVICAY TAB 10MG	4	SP, QL (240 tabs every 30 days)
TIVICAY TAB 25MG	4	SP, QL (60 tabs every 30 days)
TIVICAY TAB 50MG	4	SP, QL (60 tabs every 30 days)
TRIUMEQ TAB	4	SP, QL (30 tabs every 30 days)
zidovudine cap 100 mg	4	SP, QL (180 caps every 30 days)
zidovudine syrup 10 mg/ml	4	SP, QL (1920 mL every 30 days)
zidovudine tab 300 mg	4	SP, QL (60 tabs every 30 days)
CMV AGENTS		
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	SP
BARACLUDE SOL	4	SP, QL (630 mL every 30 days)
entecavir tab 0.5 mg	4	SP, QL (30 tabs every 30 days)
entecavir tab 1 mg	4	SP, QL (30 tabs every 30 days)
EPCLUSA PAK 150-37.5	4	SP, ST, PA, QL (30 packets every 30 days)
EPCLUSA PAK 200-50MG	4	SP, ST, PA, QL (30 packets every 30 days)
EPCLUSA TAB 200-50MG	4	SP, ST, PA, QL (30 tabs every 30 days)
EPCLUSA TAB 400-100	4	SP, ST, PA, QL (30 tabs every 30 days)
HARVONI PAK	4	SP, ST, PA, QL (30 packets every 30 days)
HARVONI PAK 45-200MG	4	SP, ST, PA, QL (30 packets every 30 days)
HARVONI TAB 45-200MG	4	SP, ST, PA, QL (30 tabs every 30 days)
HARVONI TAB 90-400MG	4	SP, ST, PA, QL (30 tabs every 30 days)
lamivudine tab 100 mg (hbv)	4	SP

Drug Name	Drug Tier	Requirements/Limits
ribavirin cap 200 mg	4	SP, PA
ribavirin tab 200 mg	4	SP, PA
VEMLIDY TAB 25MG	4	SP, QL (30 tabs every 30 days)
VOSEVI TAB	4	SP, ST, PA, QL (30 tabs every 30 days)
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
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 TAB 100MG	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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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 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		
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 oral soln 20 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	
PROPRANOLOL SOL 40MG/5ML	1	
sorine tab 80mg	1	
sorine tab 120mg	1	
sorine tab 160mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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 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	
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 20MG ER	1	
NISOLDIPINE TAB 25.5MG	1	
NISOLDIPINE TAB 30MG ER	1	
NISOLDIPINE TAB 40MG ER	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 34 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
VERAPAMIL CAP 100MG ER	1	
VERAPAMIL CAP 200MG ER	1	
VERAPAMIL CAP 300MG ER	1	
VERAPAMIL CAP 360MG SR	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 240 mg	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 SOL 50MCG/ML	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIOPLEGIC SOLUTIONS		
cardioplegic soln	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
IMPOTENCE AGENTS		
MUSE SUP 125MCG	2	QL (18 sup every 75 days)
MUSE SUP 250MCG	2	QL (18 sup every 75 days)
MUSE SUP 500MCG	2	QL (18 sup every 75 days)
MUSE SUP 1000MCG	2	QL (18 sup every 75 days)
sildenafil citrate tab 25 mg	1	QL (18 tabs every 75 days)
sildenafil citrate tab 50 mg	1	QL (18 tabs every 75 days)
sildenafil citrate tab 100 mg	1	QL (18 tabs every 75 days)
tadalafil tab 2.5 mg	1	ST, PA, QL (30 tabs every 25 days)
tadalafil tab 5 mg	1	ST, PA, QL (30 tabs every 25 days)
tadalafil tab 10 mg	1	QL (18 tabs every 75 days)
tadalafil tab 20 mg	1	QL (18 tabs every 75 days)
vardenafil hcl orally disintegrating tab 10 mg	1	QL (18 tabs every 75 days)
vardenafil hcl tab 2.5 mg	1	QL (18 tabs every 75 days)
vardenafil hcl tab 5 mg	1	QL (18 tabs every 75 days)
vardenafil hcl tab 10 mg	1	QL (18 tabs every 75 days)

Drug Name	Drug Tier	Requirements/Limits
vardenafil hcl tab 20 mg	1	QL (18 tabs every 75 days)
PERIPHERAL VASODILATORS		
isoxsuprine hcl tab 20 mg	1	
ISOXSUPRINE TAB 10MG	1	
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium for inj 0.5 mg	4	SP, PA
epoprostenol sodium for inj 1.5 mg	4	SP, PA
ORENITRAM TAB 0.25MG	4	SP, PA
ORENITRAM TAB 0.125MG	4	SP, PA
ORENITRAM TAB 1MG	4	SP, PA
ORENITRAM TAB 2.5MG	4	SP, PA
ORENITRAM TAB 5MG	4	SP, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	4	SP, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	4	SP, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	4	SP, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	4	SP, PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	4	SP, PA, QL (30 tabs every 30 days)
ambrisentan tab 10 mg	4	SP, PA, QL (30 tabs every 30 days)
bosentan tab 62.5 mg	4	SP, PA, QL (60 tabs every 30 days)
bosentan tab 125 mg	4	SP, PA, QL (60 tabs every 30 days)
OPSUMIT TAB 10MG	4	SP, PA, QL (30 tabs every 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
alyq tab 20mg	4	SP, PA, QL (60 tabs every 30 days)
sildenafil citrate for suspension 10 mg/ml	4	SP, PA, QL (240 mL every 30 days)
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	4	SP, PA
sildenafil citrate tab 20 mg	4	SP, PA, QL (90 tabs every 30 days)
tadalafil tab 20 mg (pah)	4	SP, PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG	2	PA

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI PACK TAB 200/800	4	SP, PA, QL (210 tabs every 30 days)
UPTRAVI TAB 200MCG	4	SP, PA, QL (150 tabs every 30 days)
UPTRAVI TAB 400MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 600MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 800MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1000MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1200MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG	4	SP, PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG	4	SP, PA, QL (60 tabs every 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	SP, PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1.5MG	4	SP, PA, QL (90 tabs every 30 days)
ADEMPAS TAB 1MG	4	SP, PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2.5MG	4	SP, PA, QL (90 tabs every 30 days)
ADEMPAS TAB 2MG	4	SP, 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 1GM	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
CEPHALEXIN TAB 250MG	1	
CEPHALEXIN TAB 500MG	1	
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR CAP 250MG	1	
CEFACLOR CAP 500MG	1	
CEFACLOR SUS 125/5ML	1	
CEFACLOR SUS 250/5ML	1	
CEFACLOR SUS 375/5ML	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	
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	
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	
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	
CHEMICALS		
LIQUIDS		
isopropyl alcohol 99%	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

Drug Name	Drug Tier	Requirements/Limits
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
blisovi 24 tab fe 1/20	1	GENDER
blisovi fe tab 1.5/30	1	GENDER
blisovi fe tab 1/20	1	GENDER
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

Drug Name	Drug Tier	Requirements/Limits
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
hailey 24 tab fe	1	GENDER
hailey fe tab 1.5/30	1	GENDER
hailey fe tab 1/20	1	GENDER
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

Drug Name	Drug Tier	Requirements/Limits
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
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
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
mono-linyah tab 0.25-35	1	GENDER

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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
NUVARING MIS	2	QL (13 rings every 300 days)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - INJECTABLE		
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
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
sharobel tab 0.35mg	1	GENDER
tulana tab 0.35mg	1	GENDER
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
decadron tab 0.5mg	1	
decadron tab 0.75mg	1	
decadron tab 4mg	1	
decadron tab 6mg	1	
DEXAMETHASON SOL 0.5/5ML	1	
DEXAMETHASON TAB 0.5MG	1	
DEXAMETHASON TAB 0.75MG	1	
DEXAMETHASON TAB 1MG	1	
DEXAMETHASON TAB 10-DAY	1	
DEXAMETHASON TAB 13-DAY	1	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab therapy pack 1.5 mg (21)	1	
hidex 6-day pak 1.5mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	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	
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 SOL 25MG/5ML	1	
prednisolone soln 15 mg/5ml	1	
PREDNISONE SOL 5MG/5ML	1	
prednisone tab 1 mg	1	
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
accutane cap 20mg	1	PA
accutane cap 30mg	1	PA
accutane cap 40mg	1	PA
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
AKLIEF CRE 0.005%	2	
amnesteem cap 10mg	1	PA
amnesteem cap 20mg	1	PA
amnesteem cap 40mg	1	PA
ARAZLO LOT 0.045%	2	
avita cre 0.025%	1	AGE
avita gel 0.025%	1	AGE

Drug Name	Drug Tier	Requirements/Limits
benzepro aer 5.3%	1	
BENZOYL PERO GEL 8%	1	
benzoyl peroxide foam 9.8%	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	
dapsone gel 7.5%	1	
EPIDUO FORTE GEL 0.3-2.5%	2	
EPIDUO GEL 0.1-2.5%	2	
ERY PAD 2%	1	
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
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	
resorcinol-sulfur lotion 2-5%	1	

Drug Name	Drug Tier	Requirements/Limits
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	
sulfacetamide sodium w/ sulfur susp 8-4%	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
tretinoin microsphere gel 0.1%	1	AGE
tretinoin microsphere gel 0.04%	1	AGE
WINLEVI CRE 1%	2	
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 DIS 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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	
MICO-ZN-PETR OIN	1	
NAFTIFINE CRE HCL 1%	1	
naftifine hcl cream 2%	1	
naftifine hcl gel 1%	1	
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 CRE 1%	1	
SULCONAZOLE SOL 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	1	
fluorouracil cream 5%	1	
FLUOROURACIL SOL 2%	1	
FLUOROURACIL SOL 5%	1	
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	SP, PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 150MG/ML	4	SP, PA
COSENTYX INJ 300DOSE	4	SP, PA
COSENTYX PEN INJ 150MG/ML	4	SP, PA
COSENTYX PEN INJ 300DOSE	4	SP, PA
ILUMYA SOL 100MG/ML	4	SP, PA
METHOXSALEN CAP 10MG	1	
SKYRIZI INJ 150DOSE	4	SP, PA
SKYRIZI INJ 150MG/ML	4	SP, PA
SKYRIZI PEN INJ 150MG/ML	4	SP, PA
STELARA INJ 45MG/0.5	4	SP, PA
STELARA INJ 90MG/ML	4	SP, PA
TALTZ INJ 80MG/ML	4	SP, PA
tazarotene cream 0.1%	1	PA
TREMFYA INJ 100MG/ML	4	SP, PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.25%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
silver sulfadiazine cream 1%	1	
ssd cre 1%	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 CRE 0.1%	1	
AMCINONIDE LOT 0.1%	1	
beser lot 0.05%	1	
BETA DIPROP GEL 0.05%	1	
betamethasone dipropionate augmented cream 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	

Drug Name	Drug Tier	Requirements/Limits
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	
clobetasol e cre 0.05%	1	
clobetasol propionate cream 0.05%	1	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotion 0.05%	1	
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate soln 0.05%	1	
clodan sha 0.05%	1	
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	
HC BUTYRATE CRE 0.1%	1	
HC BUTYRATE SOL 0.1%	1	
HC-LIDOCAINE CRE 1-1%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate oint 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	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
nutriarx kit creampak	1	
PREDNICARBAT CRE 0.1%	1	
PREDNICARBAT OIN 0.1%	1	
sanadermrx kit skin rep	1	
TACLONEX OIN	2	
TACLONEX SUS	2	
triadime-80 kit 0.1-5%	1	
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	
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	SP, PA
DUPIXENT INJ 100/0.67	4	SP, PA
DUPIXENT INJ 200/1.14	4	SP, PA
DUPIXENT INJ 200MG	4	SP, PA
DUPIXENT INJ 300/2ML	4	SP, PA
EMOLLIENT/KERATOLYTIC AGENTS		
cerovel lot 40%	1	
urea cream 40%	1	
urea cream 41%	1	
uredeb cre 39%	1	
uremez-40 cre 40%	1	
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	

Drug Name	Drug Tier	Requirements/Limits
lactic acid (ammonium lactate) lotion 12%	1	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	
imiquimod cream 5%	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	PA
tacrolimus oint 0.1%	1	ST, PA
tacrolimus oint 0.03%	1	ST, PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	1	
LOCAL ANESTHETICS - TOPICAL		
anodyne lpt kit 2.5-2.5%	1	
dermacinrx kit prizopak	1	
empricaine kit 2.5-2.5%	1	
ETHYL CHLOR AER SPRAY	1	
glydo gel 2%	1	QL (10 injections every 25 days)
LIDOCAINE GEL 2% JELLY	1	QL (60 mL every 25 days)
lidocaine hcl lotion 3%	1	
lidocaine hcl soln 4%	1	QL (50 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	
lidopin cre 3%	1	
lidopril kit 2.5-2.5%	1	
lidopril xr kit 2.5-2.5%	1	
nuvakaan kit 2.5-2.5%	1	
prilolid kit 2.5-2.5%	1	
relador pak kit 2.5-2.5%	1	
relador pak kit plus	1	
7t lido gel 2%	1	QL (30 gm every 25 days)
vexatrol kit 2.5-2.5%	1	
zeruvia pad 4-1%	1	

Drug Name	Drug Tier	Requirements/Limits
MISC. TOPICAL		
benzoin compound tincture	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ROSACEA AGENTS		
azelaic acid gel 15%	1	
FINACEA AER 15%	2	
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	
IVERMECTIN LOT 0.5%	1	
LINDANE SHA 1%	1	
malathion lotion 0.5%	1	
permethrin cream 5%	1	
SPINOSAD SUS 0.9%	1	
SCAR TREATMENT PRODUCTS		
celacyn gel	1	
TAR PRODUCTS		
COAL TAR SOL 20%	1	
WOUND CARE PRODUCTS		
scarcare kit large	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC BIOLOGICALS		
candida albicans skin test antigen	1	
DIAGNOSTIC DRUGS		
isosulfan blue subcutaneous soln 1%	1	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	2	
ACCU-CHEK TES GUIDE	2	
ACCU-CHEK TES SMART	2	
ONETOUCH TES ULTRA	2	
ONETOUCH TES VERIO	2	
RADIOGRAPHIC CONTRAST MEDIA		
md-gastrovie sol 66-10%	1	

Drug Name	Drug Tier	Requirements/Limits
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 tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
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 tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
FUROSEMIDE SOL 40MG/5ML	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
POTASSIUM SPARING DIURETICS		
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	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
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		
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ALENDRONATE SOL 70/75ML	1	
ALENDRONATE TAB 5MG	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 600/2.4	4	SP, PA
ibandronate sodium tab 150 mg (base equivalent)	1	
PROLIA INJ 60MG/ML	4	SP, 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	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab delayed release 35 mg	1	
TYMLOS INJ	4	SP, PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	SP, PA
zoledronic acid iv soln 5 mg/100ml	4	SP, PA
ZOLEDRONIC INJ 4MG/100	4	SP, PA
FERTILITY REGULATORS		
CLOMIPHENE TAB 50MG	1	
GONAL-F INJ 450UNIT	4	SP, PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT	4	SP, PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT	4	SP, PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5	4	SP, PA, QL (16 pens every 28 days)
GONAL-F RFF INJ 450/0.75	4	SP, PA, QL (10.667 pens every 28 days)
GONAL-F RFF INJ 900/1.5	4	SP, PA, QL (6.667 pens every 28 days)
MENOPUR INJ 75UNIT	4	SP, PA
OVIDREL INJ	4	SP, PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	4	SP, PA
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	4	SP, PA
ORILISSA TAB 150MG	2	
ORILISSA TAB 200MG	2	
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	4	SP, PA
GENOTROPIN INJ 0.4MG	4	SP, PA
GENOTROPIN INJ 0.6MG	4	SP, PA
GENOTROPIN INJ 0.8MG	4	SP, PA
GENOTROPIN INJ 1.2MG	4	SP, PA
GENOTROPIN INJ 1.4MG	4	SP, PA
GENOTROPIN INJ 1.6MG	4	SP, PA
GENOTROPIN INJ 1.8MG	4	SP, PA
GENOTROPIN INJ 1MG	4	SP, PA
GENOTROPIN INJ 2MG	4	SP, PA
GENOTROPIN INJ 5MG	4	SP, PA
GENOTROPIN INJ 12MG	4	SP, PA
NORDITROPIN INJ 5/1.5ML	4	SP, PA
NORDITROPIN INJ 10/1.5ML	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN INJ 15/1.5ML	4	SP, PA
NORDITROPIN INJ 30/3ML	4	SP, PA
HORMONE RECEPTOR MODULATORS		
raloxifene hcl tab 60 mg	1	AGE
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG	4	SP, PA
LUPR DEP-PED INJ 3M 30MG	4	SP, PA
LUPR DEP-PED INJ 7.5MG	4	SP, PA
LUPR DEP-PED INJ 11.25MG	4	SP, PA
LUPR DEP-PED INJ 15MG	4	SP, PA
SUPPRELIN LA KIT 50MG	4	SP, PA
TRIPTODUR SUS 22.5MG	2	PA
METABOLIC MODIFIERS		
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	4	SP, PA
cinacalcet hcl tab 30 mg (base equiv)	4	SP, PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 60 mg (base equiv)	4	SP, PA, QL (60 tabs every 30 days)
cinacalcet hcl tab 90 mg (base equiv)	4	SP, PA, QL (120 tabs every 30 days)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
nitisinone cap 2 mg	4	SP, PA
nitisinone cap 5 mg	4	SP, PA
nitisinone cap 10 mg	4	SP, PA
ORFADIN CAP 2MG	4	SP, PA
ORFADIN CAP 5MG	4	SP, PA
ORFADIN CAP 10MG	4	SP, 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	
sapropterin dihydrochloride powder packet 100 mg	4	SP, PA
sapropterin dihydrochloride powder packet 500 mg	4	SP, PA
sapropterin dihydrochloride tab 100 mg	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	SP, PA, QL (750 gm every 30 days)
sodium phenylbutyrate tab 500 mg	4	SP, PA, QL (1200 tabs every 30 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	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	SP, PA, QL (90 vials every 30 days)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	SP, PA, QL (90 vials every 30 days)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	SP, PA, QL (48 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	SP, PA, QL (90 vials every 30 days)
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	SP, PA, QL (12 vials every 30 days)
OCTREOTIDE INJ 50MCG/ML	4	SP, PA, QL (90 syringes every 30 days)
OCTREOTIDE INJ 100MCG	4	SP, PA, QL (90 syringes every 30 days)
OCTREOTIDE INJ 500MCG	4	SP, PA, QL (90 syringes every 30 days)
SOMATULINE INJ 60/0.2ML	4	SP, PA
SOMATULINE INJ 90/0.3ML	4	SP, PA
SOMATULINE INJ 120/.5ML	4	SP, PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
TOLVAPTAN TAB 15MG	4	SP, PA
tolvaptan tab 30 mg	4	SP, PA
ESTROGENS		
ESTROGEN COMBINATIONS		
amabelz tab 0.5-0.1	1	

Drug Name	Drug Tier	Requirements/Limits
amabelz tab 1-0.5mg	1	
BIJUVA CAP 1-100MG	2	
CLIMARA PRO DIS WEEKLY	2	
COMBIPATCH DIS	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	
ESTROGENS		
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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		
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
CIPROFLOXACN TAB 100MG	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 tab 400 mg (base equiv)	1	
OFLOXACIN TAB 300MG	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
GALLSTONE SOLUBILIZING AGENTS		
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	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
METOCLOPRAM TAB 5MG ODT	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
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium cap 750 mg	1	
CIMZIA PREFL KIT 200MG/ML	4	SP, PA
CIMZIA START KIT 200MG/ML	4	SP, PA
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	SP, PA
STELARA INJ 5MG/ML	4	SP, 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	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
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	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sevelamer hcl tab 800 mg	1	
SEVELAMER TAB 400MG	1	
VELPHORO CHW 500MG	2	
GENERAL ANESTHETICS		
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	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	SP, PA
CYSTAGON CAP 150MG	4	SP, PA
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	1	
argyl saline sol 0.9% irr	1	
curity salin sol 0.9% irr	1	
glycine irrigation soln 1.5%	1	
NEO/POLY GU SOL 40/ML IR	1	
sodium chloride irrigation soln 0.9%	1	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
URINARY STONE AGENTS		
tiopronin tab 100 mg	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
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	SP, PA
ADVATE INJ 500UNIT	4	SP, PA
ADVATE INJ 1000UNIT	4	SP, PA
ADVATE INJ 1500UNIT	4	SP, PA
ADVATE INJ 2000UNIT	4	SP, PA
ADVATE INJ 3000UNIT	4	SP, PA
ADVATE INJ 4000UNIT	4	SP, PA
ADYNOVATE INJ 250UNIT	4	SP, PA
ADYNOVATE INJ 500UNIT	4	SP, PA
ADYNOVATE INJ 750UNIT	4	SP, PA
ADYNOVATE INJ 1000UNIT	4	SP, PA
ADYNOVATE INJ 1500UNIT	4	SP, PA
ADYNOVATE INJ 2000UNIT	4	SP, PA
ADYNOVATE INJ 3000UNIT	4	SP, PA
AFSTYLA KIT 250UNIT	4	SP, PA
AFSTYLA KIT 500UNIT	4	SP, PA
AFSTYLA KIT 1000UNIT	4	SP, PA
AFSTYLA KIT 1500UNIT	4	SP, PA
AFSTYLA KIT 2000UNIT	4	SP, PA
AFSTYLA KIT 2500UNIT	4	SP, PA
AFSTYLA KIT 3000UNIT	4	SP, PA
ALPROLIX INJ 250UNIT	4	SP, PA
ALPROLIX INJ 500UNIT	4	SP, PA
ALPROLIX INJ 1000UNIT	4	SP, PA
ALPROLIX INJ 2000UNIT	4	SP, PA
ALPROLIX INJ 3000UNIT	4	SP, PA
ALPROLIX INJ 4000UNIT	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ELOCTATE INJ 250UNIT	4	SP, PA
ELOCTATE INJ 500UNIT	4	SP, PA
ELOCTATE INJ 750UNIT	4	SP, PA
ELOCTATE INJ 1000UNIT	4	SP, PA
ELOCTATE INJ 1500UNIT	4	SP, PA
ELOCTATE INJ 2000UNIT	4	SP, PA
ELOCTATE INJ 3000UNIT	4	SP, PA
ELOCTATE INJ 4000UNIT	4	SP, PA
ELOCTATE INJ 5000UNIT	4	SP, PA
ELOCTATE INJ 6000UNIT	4	SP, PA
ESPEROCT INJ 500UNIT	4	SP, PA
ESPEROCT INJ 1000UNIT	4	SP, PA
ESPEROCT INJ 1500UNIT	4	SP, PA
ESPEROCT INJ 2000UNIT	4	SP, PA
ESPEROCT INJ 3000UNIT	4	SP, PA
JIVI INJ 500 UNIT	4	SP, PA
JIVI INJ 1000UNIT	4	SP, PA
JIVI INJ 2000UNIT	4	SP, PA
JIVI INJ 3000UNIT	4	SP, PA
KOGENATE FS INJ 250UNIT	4	SP, PA
KOGENATE FS INJ 500UNIT	4	SP, PA
KOGENATE FS INJ 1000UNIT	4	SP, PA
KOGENATE FS INJ 2000UNIT	4	SP, PA
KOGENATE FS INJ 3000UNIT	4	SP, PA
KOVALTRY INJ 250UNIT	4	SP, PA
KOVALTRY INJ 500UNIT	4	SP, PA
KOVALTRY INJ 1000UNIT	4	SP, PA
KOVALTRY INJ 2000UNIT	4	SP, PA
KOVALTRY INJ 3000UNIT	4	SP, PA
NOVOEIGHT INJ 250UNIT	4	SP, PA
NOVOEIGHT INJ 500UNIT	4	SP, PA
NOVOEIGHT INJ 1000UNIT	4	SP, PA
NOVOEIGHT INJ 1500UNIT	4	SP, PA
NOVOEIGHT INJ 2000UNIT	4	SP, PA
NOVOEIGHT INJ 3000UNIT	4	SP, PA
NOVOSEVEN RT INJ 1MG	4	SP, PA
NOVOSEVEN RT INJ 2MG	4	SP, PA
NOVOSEVEN RT INJ 5MG	4	SP, PA
NOVOSEVEN RT INJ 8MG	4	SP, PA
NUWIQ INJ 250UNIT	4	SP, PA
NUWIQ INJ 500UNIT	4	SP, PA
NUWIQ INJ 1000UNIT	4	SP, PA
NUWIQ INJ 2000UNIT	4	SP, PA
NUWIQ INJ 2500UNIT	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
NUWIQ INJ 3000UNIT	4	SP, PA
NUWIQ INJ 4000UNIT	4	SP, PA
NUWIQ KIT 250UNIT	4	SP, PA
NUWIQ KIT 500UNIT	4	SP, PA
NUWIQ KIT 1000UNIT	4	SP, PA
NUWIQ KIT 2000UNIT	4	SP, PA
NUWIQ KIT 2500UNIT	4	SP, PA
NUWIQ KIT 3000UNIT	4	SP, PA
NUWIQ KIT 4000UNIT	4	SP, PA
REBINYN SOL 500UNIT	4	SP, PA
REBINYN SOL 1000UNIT	4	SP, PA
REBINYN SOL 2000UNIT	4	SP, PA
SEVENFACT INJ 1MG	4	SP, PA
SEVENFACT INJ 5MG	4	SP, PA
XYNTHA INJ 250UNIT	4	SP, PA
XYNTHA INJ 500UNIT	4	SP, PA
XYNTHA INJ 1000UNIT	4	SP, PA
XYNTHA INJ 2000UNIT	4	SP, PA
XYNTHA SOLOF INJ 500UNIT	4	SP, PA
XYNTHA SOLOF INJ 1000UNIT	4	SP, PA
XYNTHA SOLOF INJ 2000UNIT	4	SP, PA
XYNTHA SOLOF INJ 3000UNIT	4	SP, PA
XYNTHA SOLOF KIT 250UNIT	4	SP, PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	4	SP, PA, QL (45 syringes every 90 days)
sajazir inj 30mg/3ml	4	SP, 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	SP, PA, QL (60 vials every 90 days)
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 KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	2	PA, QL (30 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ORLADEYO CAP 150MG	2	PA, QL (30 caps every 30 days)
TAKHZYRO INJ 300/2ML	4	SP, PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
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	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	SP, PA, QL (60 caps every 30 days)
CEREZYME INJ 400UNIT	4	SP, PA, QL (30 vials every 30 days)
miglustat cap 100 mg	4	SP, PA, QL (90 caps every 30 days)
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POW 5GM	4	SP, PA, QL (180 packets every 30 days)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
HYDROXOCOBAL INJ 1000MCG	1	
FOLIC ACID/FOLATES		
folic acid inj 5 mg/ml	1	
folic acid tab 1 mg	1	
HEMATOPOIETIC GROWTH FACTORS		
DOPTELET TAB 20MG	4	SP, PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
DOPTELET TAB 20MG	4	SP, PA, QL (90 tabs every 30 days)
NIVESTYM INJ 300/0.5	4	SP, ST, PA
NIVESTYM INJ 300MCG	4	SP, ST, PA
NIVESTYM INJ 480/0.8	4	SP, ST, PA
NIVESTYM INJ 480MCG	4	SP, ST, PA
PROMACTA PAK 25MG	4	SP, PA, QL (180 packets every 30 days)
PROMACTA POW 12.5MG	4	SP, PA, QL (120 packets every 30 days)
PROMACTA TAB 12.5MG	4	SP, PA, QL (30 tabs every 30 days)
PROMACTA TAB 25MG	4	SP, PA, QL (30 tabs every 30 days)
PROMACTA TAB 50MG	4	SP, PA, QL (60 tabs every 30 days)
PROMACTA TAB 75MG	4	SP, PA, QL (60 tabs every 30 days)
RETACRIT INJ 2000UNIT	4	SP, PA
RETACRIT INJ 3000UNIT	4	SP, PA
RETACRIT INJ 4000UNIT	4	SP, PA
RETACRIT INJ 10000UNT	4	SP, PA
RETACRIT INJ 20000UNI	4	SP, PA
RETACRIT INJ 40000UNT	4	SP, PA
ZIEXTENZO INJ 6/0.6ML	4	SP, 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	
hemocyte-f tab	1	
iferex 150 cap forte	1	
k-tan plus cap	1	
nufol tab	1	
poly-iron cap 150 fort	1	

Drug Name	Drug Tier	Requirements/Limits
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	
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	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	
NON-BARBITURATE HYPNOTICS		
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 CAP 15MG	1	QL (45 caps every 75 days)
FLURAZEPAM CAP 30MG	1	QL (45 caps every 75 days)
midazolam hcl syrup 2 mg/ml (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
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)
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	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	1	
lactulose solution 10 gm/15ml	1	
LUBRICANT LAXATIVES		
mineral oil	1	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETICS - AMIDES		
bupivacaine 0.75% in dextrose inj 8.25%	1	

Drug Name	Drug Tier	Requirements/Limits
bupivacaine inj spinal	1	
LIDOCAINE INJ 0.5MG	1	

MACROLIDES

AZITHROMYCIN

azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
AZITHROMYCIN POW 1GM PAK	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	

CLARITHROMYCIN

CLARITHROMYC SUS 125/5ML	1	
CLARITHROMYC SUS 250/5ML	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 TAB 250MG	1	
ERYTHROM ETH TAB 400MG	1	
ERYTHROMYCIN CAP 250MG EC	1	
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	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	

FIDAXOMICIN

DIFICID SUS	2	
DIFICID TAB 200MG	2	

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

DEXCOM G5 MIS RECEIVER	2	PA
DEXCOM G5 MIS TRANSMIT	2	PA
DEXCOM G6 MIS RECEIVER	2	PA
DEXCOM G6 MIS SENSOR	2	PA
DEXCOM G6 MIS TRANSMIT	2	PA

Drug Name	Drug Tier	Requirements/Limits
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
OMNIPOD DASH MIS PODS	2	PA
OMNIPOD MIS CLASSIC	2	PA
OMNIPOD PDM KIT CLASSIC	2	PA
ONETOUCH DEL MIS LANC DEV	2	
ONETOUCH DEL MIS PLUS 30G	2	
ONETOUCH DEL MIS PLUS 33G	2	
ONETOUCH FP MIS LANCETS	2	
ONETOUCH MIS 30G	2	
ONETOUCH MIS LANC DEV	2	
ONETOUCH MIS LANCETS	2	
ONETOUCH US MIS LANCETS	2	
V-GO 20 KIT	2	PA
V-GO 30 KIT	2	PA
V-GO 40 KIT	2	PA
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 29X3/16"	2	
AUTOSHIELD MIS 29X5/16"	2	
AUTOSHIELD MIS 30GX5MM	2	
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	

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/31G	2	
INSULIN SYRG MIS 2/27.5G	2	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	2	ST, PA, QL (6 pens every 75 days)
AIMOVIG INJ 140MG/ML	2	ST, PA, QL (3 pens every 75 days)
AJOVY INJ 225/1.5	2	ST, PA, QL (2.667 pens every 75 days)
AJOVY INJ 225/1.5	2	ST, PA, QL (2.667 syringes every 75 days)
EMGALITY INJ 100MG/ML	2	ST, PA, QL (9 syringes every 75 days)
EMGALITY INJ 120MG/ML	2	PA
NURTEC TAB 75MG ODT	2	ST, PA, QL (48 tabs every 75 days)
QULIPTA TAB 10MG	2	ST, PA, QL (90 tabs every 75 days)
QULIPTA TAB 30MG	2	ST, PA, QL (90 tabs every 75 days)
QULIPTA TAB 60MG	2	ST, PA, QL (90 tabs every 75 days)
UBRELVY TAB 50MG	2	ST, PA, QL (48 ea every 75 days)
UBRELVY TAB 100MG	2	ST, PA, QL (48 ea every 75 days)

MIGRAINE PRODUCTS

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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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 INJ 6MG/0.5	1	QL (36 injections 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)
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 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)
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 SPR 2.5MG	1	QL (36 inhalers 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)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
FLUORIDE		
fluoritab dro 0.125mg	1	AGE
nafrinse chw 1mg f	1	
nafrinse dro 0.125mg	1	AGE
SOD FLUORIDE TAB 0.5MG F	1	AGE
SOD FLUORIDE TAB 1MG F	1	
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	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	AGE
IODINE PRODUCTS		
IODINE SOL STRONG	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	
virt-phos tab 250 neut	1	
POTASSIUM		
effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
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	
klor-con/ef tab 25meq fr	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	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	

Drug Name	Drug Tier	Requirements/Limits
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	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
clovique cap 250mg	4	SP
penicillamine cap 250 mg	4	SP
penicillamine tab 250 mg	4	SP
trientine hcl cap 250 mg	4	SP
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG	4	SP, PA, QL (30 caps every 30 days)
REVLIMID CAP 5MG	4	SP, PA, QL (30 caps every 30 days)
REVLIMID CAP 10MG	4	SP, PA, QL (30 caps every 30 days)
REVLIMID CAP 15MG	4	SP, PA, QL (30 caps every 30 days)
REVLIMID CAP 20MG	4	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	4	SP, PA, QL (42 caps every 28 days)
THALOMID CAP 50MG	4	SP, PA, QL (30 caps every 30 days)
THALOMID CAP 100MG	4	SP, PA, QL (30 caps every 30 days)
THALOMID CAP 150MG	4	SP, PA, QL (60 caps every 30 days)
THALOMID CAP 200MG	4	SP, 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	SP
cyclosporine cap 100 mg	4	SP
cyclosporine modified cap 25 mg	4	SP
cyclosporine modified cap 50 mg	4	SP
cyclosporine modified cap 100 mg	4	SP

Drug Name	Drug Tier	Requirements/Limits
cyclosporine modified oral soln 100 mg/ml	4	SP
ENSPRYNG INJ	4	SP, PA
everolimus tab 0.5 mg	4	SP
everolimus tab 0.25 mg	4	SP
everolimus tab 0.75 mg	4	SP
everolimus tab 1 mg	4	SP
gengraf cap 25mg	4	SP
gengraf cap 100mg	4	SP
gengraf sol 100mg/ml	4	SP
mycophenolate mofetil cap 250 mg	4	SP
mycophenolate mofetil for oral susp 200 mg/ml	4	SP
mycophenolate mofetil tab 500 mg	4	SP
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	4	SP
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	4	SP
sirolimus oral soln 1 mg/ml	4	SP
sirolimus tab 0.5 mg	4	SP
sirolimus tab 1 mg	4	SP
sirolimus tab 2 mg	4	SP
tacrolimus cap 0.5 mg	4	SP
tacrolimus cap 1 mg	4	SP
tacrolimus cap 5 mg	4	SP
IRRIGATION SOLUTIONS		
argyl saline sol 100ml	1	
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		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
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	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	1	
LIDOCAINE SOL 4%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 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	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
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	
IRON W/ VITAMINS		
vitafol tab	1	
MULTIPLE VITAMINS W/ MINERALS		
b-plex plus tab	1	
biocel tab	1	
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	

Drug Name	Drug Tier	Requirements/Limits
vitacel tab	1	
PED MULTI VITAMINS W/FL & FE		
multi-vit/fl dro /fe 0.25	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	
PRENATAL 19 CHW TAB	1	
TRINATE TAB	1	
SPECIALTY VITAMINS PRODUCTS		
urosex tab	1	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)	1	
baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)	1	
baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)	1	
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 tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
tizanidine hcl cap 2 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
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	
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL TAB ASA/COD	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)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
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	

Drug Name	Drug Tier	Requirements/Limits
NUTRIENTS		
PROTEINS		
aminoam cap rms	1	
aminorelief cap rms	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
CARTEOLOL SOL 1% OP	1	
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 SOL 0.5% OP	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	SP, PA
LUCENTIS INJ 0.3MG	4	SP, PA
LUCENTIS INJ 0.5MG	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
LUCENTIS SOL 0.3MG	4	SP, PA
LUCENTIS SOL 0.5MG	4	SP, PA
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 OIN OP	1	
bacitracin-polymyxin b ophth oint	1	
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 equiv)	1	
MOXIFLOXACIN SOL 0.5%	1	
neo-polycin oin op	1	
NEO/POLY/GRA SOL OP	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
SULFACET SOD OIN 10% OP	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TRIFLURIDINE SOL 1% OP	1	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
DEXAMETH PHO SOL 0.1% OP	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	
neo-polycin oin hc 1%op	1	
NEO/POLY/HC SUS OP	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
PREDNISOLONE SUS 1% OP	1	
SULF/PRED NA SOL OP	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMICS - MISC.		
altafluor-be sol 0.25-0.4	1	
azelastine hcl ophth soln 0.05%	1	
bal salt sol op	1	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
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 SOL 0.03% OP	1	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
olopatadine hcl ophth soln 0.1% (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PROSTAGLANDINS - OPHTHALMIC		
latanoprost ophth soln 0.005%	1	
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		
CIPROFLOXACN SOL 0.2%	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTIC-ND DRO	1	
exotic-hc dro otic	1	
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	
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 tab 0.2 mg	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CUTAQUIG SOL 1.65GM	4	SP, PA
CUTAQUIG SOL 1GM	4	SP, PA
CUTAQUIG SOL 2GM	4	SP, PA
CUTAQUIG SOL 3.3GM	4	SP, PA
CUTAQUIG SOL 4GM	4	SP, PA
CUTAQUIG SOL 8GM	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 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	
AMOXICILLIN CHW 125MG	1	
AMOXICILLIN CHW 250MG	1	
AMPICILLIN CAP 500MG	1	
NATURAL PENICILLINS		
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLN VK SOL 125/5ML	1	
PENICILLN VK SOL 250/5ML	1	
PENICILLIN COMBINATIONS		
AMOX-POT CLA TAB ER	1	
AMOX/K CLAV CHW 200MG	1	
AMOX/K CLAV CHW 400MG	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	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PHARMACEUTICAL ADJUVANTS		
SEMI SOLID VEHICLES		
lanolin ointment	1	
vaseline gel	1	

Drug Name	Drug Tier	Requirements/Limits
white petrolatum gel	1	
PROGESTINS		
PROGESTINS		
hydroxyprogesterone caproate im in oil 250 mg/ml	4	SP, PA, QL (21 mL every year)
hydroxyprogesterone caproate im in oil 250 mg/ml	4	SP, 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	
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		
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	
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 tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
GALANTAMINE SOL 4MG/ML	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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		
CDP/AMITRIP TAB 5-12.5MG	1	
CDP/AMITRIP TAB 10-25MG	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	
PERPHEN/AMIT TAB 2-10MG	1	
PERPHEN/AMIT TAB 2-25MG	1	
PERPHEN/AMIT TAB 4-10MG	1	
PERPHEN/AMIT TAB 4-25MG	1	
PERPHEN/AMIT TAB 4-50MG	1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	SP, PA, QL (60 tabs every 30 days)
AUSTEDO TAB 9MG	4	SP, PA, QL (120 tabs every 30 days)
AUSTEDO TAB 12MG	4	SP, PA, QL (120 tabs every 30 days)
INGREZZA CAP 40-80MG	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAP 40MG	4	SP, PA, QL (30 caps every 30 days)
INGREZZA CAP 60MG	4	SP, PA, QL (30 caps every 30 days)
INGREZZA CAP 80MG	4	SP, PA, QL (30 caps every 30 days)
tetrabenazine tab 12.5 mg	4	SP, PA, QL (120 tabs every 30 days)
tetrabenazine tab 25 mg	4	SP, PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	4	SP, PA, QL (30 tabs every 30 days)
AUBAGIO TAB 14MG	4	SP, PA, QL (30 tabs every 30 days)
AVONEX PEN KIT 30MCG	4	SP, PA
AVONEX PREFL KIT 30MCG	4	SP, PA
BETASERON INJ 0.3MG	4	SP, PA
COPAXONE INJ 20MG/ML	4	SP, PA, QL (30 injections every 30 days)
COPAXONE INJ 40MG/ML	4	SP, PA
dalfampridine tab er 12hr 10 mg	4	SP, PA, QL (60 tabs every 30 days)
dimethyl fumarate capsule delayed release 120 mg	4	SP, PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	4	SP, PA, QL (60 caps every 30 days)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	SP, PA, QL (1 kit every 30 days)
glatiramer acetate soln prefilled syringe 20 mg/ml	4	SP, PA, QL (30 injections every 30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml	4	SP, PA
glatopa inj 20mg/ml	4	SP, PA, QL (30 injections every 30 days)
glatopa inj 40mg/ml	4	SP, PA
KESIMPTA INJ 20/.4ML	4	SP, PA
MAYZENT PAK STARTER	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 0.25MG	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 2MG	4	SP, PA, QL (30 tabs every 30 days)
OCREVUS INJ 300/10ML	4	SP, PA
REBIF INJ 22/0.5	4	SP, PA
REBIF INJ 44/0.5	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ 22/0.5	4	SP, PA
REBIF REBIDO INJ 44/0.5	4	SP, PA
REBIF REBIDO INJ TITRATN	4	SP, PA
REBIF TITRTN INJ PACK	4	SP, PA
TYSABRI INJ 300/15ML	4	SP, PA, QL (2 vials every 30 days)
VUMERITY CAP 231MG	4	SP, PA, QL (120 caps every 30 days)
ZEPOSIA 7DAY CAP STR PACK	4	SP, PA, QL (30 ea every 30 days)
ZEPOSIA CAP .92MG	4	SP, PA, QL (30 caps every 30 days)
ZEPOSIA CAP STR KIT	4	SP, 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 MES TAB 1MG ORAL	1	
PIMOZIDE TAB 1MG	1	
PIMOZIDE TAB 2MG	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	
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	SP, PA
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	SP, PA, QL (60 caps every 30 days)
OFEV CAP 150MG	4	SP, PA, QL (60 caps every 30 days)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
TETRACYCLINES		
avidoxy tab 100mg	1	
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 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	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
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 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	
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 tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
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 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	
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	
symax-sl sub 0.125mg	1	
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	

Drug Name	Drug Tier	Requirements/Limits
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
NIZATIDINE CAP 150MG	1	
NIZATIDINE CAP 300MG	1	
NIZATIDINE SOL 15MG/ML	1	
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)
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		
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	
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	
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		
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	

Drug Name	Drug Tier	Requirements/Limits
VAGIFEM TAB 10MCG	2	
VAGINAL PROGESTINS		
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 0.15MG	1	
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	
EPIPEN 2-PAK INJ 0.3MG	2	
EPIPEN-JR INJ 0.15MG	2	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	4	SP, PA, QL (90 caps every 30 days)
droxidopa cap 200 mg	4	SP, PA, QL (180 caps every 30 days)
droxidopa cap 300 mg	4	SP, PA, QL (180 caps every 30 days)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	
phytonadione inj 10 mg/ml	1	
phytonadione tab 5 mg	1	
WATER SOLUBLE VITAMINS		
ascorbic acid inj 500 mg/ml	1	
PYRIDOXINE INJ 100MG/ML	1	
thiamine hcl inj 100 mg/ml	1	

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abacavir sulfate tab 300 mg (base equiv) 60
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acebutolol hcl cap 400 mg 64
acetaminophen w/ codeine soln 120-12 mg/5ml 13
acetaminophen w/ codeine tab 300-15 mg 13
acetaminophen w/ codeine tab 300-30 mg 13
acetaminophen w/ codeine tab 300-60 mg 13
acetazolamide cap er 12hr 500 mg ...89
acetazolamide tab 125 mg.....89
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acetylcysteine inhal soln 20% 80
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adapalene-benzoyl peroxide gel 0.1-2.5% 80
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