


# 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 05/01/2023

| 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 | 2 | PA, QL (60 tabs every 30 days) |
| WAKIX TAB 17.8MG | 2 | 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 | 2 | 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* | 1 | PA, QL (240 mL every 30 days) |
| *tobramycin nebu soln 300 mg/5ml* | 1 | PA, QL (300 mL every 30 days) |
| **ANALGESICS - ANTI-INFLAMMATORY** | | |
| ***ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** | | |
| HUMIRA INJ 10/0.1ML | 2 | PA |
| HUMIRA INJ 20/0.2ML | 2 | PA |
| HUMIRA INJ 40/0.4ML | 2 | PA |
| HUMIRA KIT 40MG/0.8 | 2 | PA |
| HUMIRA PEDIA INJ CROHNS | 2 | PA |
| HUMIRA PEN INJ 40/0.4ML | 2 | PA |
| HUMIRA PEN INJ 40MG/0.8 | 2 | PA |
| HUMIRA PEN INJ 80/0.8ML | 2 | PA |
| HUMIRA PEN INJ CD/UC/HS | 2 | PA |
| HUMIRA PEN INJ PS/UV | 2 | PA |
| HUMIRA PEN KIT CD/UC/HS | 2 | PA |
| HUMIRA PEN KIT PED UC | 2 | PA |
| HUMIRA PEN KIT PS/UV | 2 | PA |
| SIMPONI ARIA SOL 50MG/4ML | 2 | PA |
| ***ANTIRHEUMATIC - ENZYME INHIBITORS*** | | |
| RINVOQ TAB 15MG ER | 2 | PA, QL (30 tabs every 30 days) |
| RINVOQ TAB 30MG ER | 2 | PA, QL (30 tabs every 30 days) |
| XELJANZ SOL 1MG/ML | 2 | PA, QL (300 mL every 30 days) |
| XELJANZ TAB 5MG | 2 | PA, QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| XELJANZ TAB 10MG | 2 | PA, QL (60 tabs every 30 days) |
| XELJANZ XR TAB 11MG | 2 | PA, QL (30 tabs every 30 days) |
| XELJANZ XR TAB 22MG | 2 | PA, QL (30 tabs every 30 days) |
| ***ANTIRHEUMATIC ANTIMETABOLITES*** | | |
| RASUVO INJ 7.5MG | 2 | PA |
| RASUVO INJ 10MG | 2 | PA |
| RASUVO INJ 12.5MG | 2 | PA |
| RASUVO INJ 15MG | 2 | PA |
| RASUVO INJ 17.5MG | 2 | PA |
| RASUVO INJ 20MG | 2 | PA |
| RASUVO INJ 22.5MG | 2 | PA |
| RASUVO INJ 25MG | 2 | PA |
| RASUVO INJ 30MG | 2 | PA |
| ***INTERLEUKIN-1BETA BLOCKERS*** | | |
| ILARIS INJ 150MG/ML | 2 | PA |
| ***INTERLEUKIN-6 RECEPTOR INHIBITORS*** | | |
| KEVZARA INJ 150/1.14 | 2 | PA |
| KEVZARA INJ 200/1.14 | 2 | 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 | 2 | PA, QL (60 tabs every 30 days) |
| OTEZLA TAB 30MG | 2 | 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 | 2 | PA |
| ORENCIA INJ 50/0.4ML | 2 | PA |
| ORENCIA INJ 87.5/0.7 | 2 | PA |
| ORENCIA INJ 125MG/ML | 2 | PA |
| ***SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** | | |
| ENBREL INJ 25/0.5ML | 2 | PA |
| ENBREL INJ 25MG | 2 | PA |
| ENBREL INJ 50MG/ML | 2 | PA |
| ENBREL MINI INJ 50MG/ML | 2 | PA |
| ENBREL SRCLK INJ 50MG/ML | 2 | 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) |
| APAP/CODEINE SOL 120-12/5 | 1 | PA, QL (8100 mL every 75 days) |
| *ascomp/cod cap 30mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg* | 1 | |
| *butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg* | 1 | |
| *butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg* | 1 | |
| *endocet tab 2.5-325* | 1 | PA, QL (1080 tabs every 75 days) |
| *endocet tab 5-325mg* | 1 | PA, QL (1080 tabs every 75 days) |
| *endocet tab 7.5-325* | 1 | PA, QL (720 tabs every 75 days) |
| *endocet tab 10-325mg* | 1 | PA, QL (540 tabs every 75 days) |
| HYDROCOD/IBU TAB 5-200MG | 1 | PA, QL (50 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 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tramadol-acetaminophen tab 37.5-325 mg* | 1 | PA, QL (40 tabs every 25 days) |
| TREZIX CAP | 1 | PA, QL (900 caps every 75 days) |
| ***OPIOID PARTIAL AGONISTS*** | | |
| BELBUCA MIS 75MCG | 2 | PA |
| BELBUCA MIS 150MCG | 2 | PA |
| BELBUCA MIS 300MCG | 2 | PA |
| BELBUCA MIS 450MCG | 2 | PA |
| BELBUCA MIS 600MCG | 2 | PA |
| BELBUCA MIS 750MCG | 2 | PA |
| BELBUCA MIS 900MCG | 2 | PA |
| *buprenorphine hcl buccal film 75 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl buccal film 150 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl buccal film 300 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl buccal film 450 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl buccal film 600 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl buccal film 750 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl buccal film 900 mcg (base equivalent)* | 1 | PA |
| *buprenorphine hcl 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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *butorphanol tartrate nasal soln 10 mg/ml* | 1 | QL (6 bottles every 75 days) |
| *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 | |
| *depo-testost inj 100mg/ml* | 1 | PA |
| *depo-testost inj 200mg/ml* | 1 | PA |
| *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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANORECTAL AND RELATED PRODUCTS** | | |
| ***INTRARECTAL STEROIDS*** | | |
| CORTIFOAM AER 90MG | 2 | |
| *hydrocortisone enema 100 mg/60ml* | 1 | |
| ***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 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sulfatrim pd sus 200-40/5* | 1 | |
| ***ANTIPROTOZOAL AGENTS*** | | |
| *atovaquone susp 750 mg/5ml* | 1 | |
| MEPRON SUS | 2 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *alprazolam tab 0.25 mg* | 1 | |
| *alprazolam tab 1 mg* | 1 | |
| *alprazolam tab 1mg xr* | 1 | |
| *alprazolam tab 2 mg* | 1 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *propafenone hcl cap er 12hr 225 mg* | 1 | |
| *propafenone hcl cap er 12hr 325 mg* | 1 | |
| *propafenone hcl cap er 12hr 425 mg* | 1 | |
| *propafenone hcl tab 150 mg* | 1 | |
| *propafenone hcl tab 225 mg* | 1 | |
| *propafenone hcl tab 300 mg* | 1 | |
| ***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)* | 1 | PA |
| *dofetilide cap 250 mcg (0.25 mg)* | 1 | PA |
| *dofetilide cap 500 mcg (0.5 mg)* | 1 | 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 | 2 | PA |
| FASENRA PEN INJ 30MG/ML | 2 | PA |
| NUCALA INJ 100MG/ML | 2 | PA |
| TEZSPIRE SOL 210MG | 2 | PA |
| XOLAIR INJ 75/0.5 | 2 | PA |
| XOLAIR INJ 150MG/ML | 2 | PA |
| XOLAIR SOL 150MG | 2 | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *montelukast sodium oral granules packet 4 mg (base equiv)* | 1 | |
| *montelukast sodium tab 10 mg (base equiv)* | 1 | |
| *zafirlukast tab 10 mg* | 1 | |
| *zafirlukast tab 20 mg* | 1 | |
| ***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 NEB 0.5% | 1 | QL (360 ea 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 0.63 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *albuterol sulfate tab 4 mg* | 1 | |
| ALBUTEROL TAB 4MG ER | 1 | |
| ALBUTEROL TAB 8MG ER | 1 | |
| ANORO ELLIPT AER 62.5-25 | 2 | QL (180 blisters every 75 days) |
| *arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)* | 1 | QL (360 mL every 75 days) |
| BREO ELLIPTA INH 100-25 | 2 | QL (180 blisters every 75 days) |
| BREO ELLIPTA INH 200-25 | 2 | QL (180 blisters every 75 days) |
| BREZTRI AERO AER SPHERE | 2 | QL (2.991 inhalers every 75 days) |
| *formoterol fumarate soln nebu 20 mcg/2ml* | 1 | QL (360 mL every 75 days) |
| *ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml* | 1 | QL (1620 mL every 75 days) |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *theophylline tab er 12hr 450 mg* | 1 | |
| *theophylline tab er 24hr 400 mg* | 1 | |
| *theophylline tab er 24hr 600 mg* | 1 | |
| **ANTICOAGULANTS** | | |
| ***COUMARIN ANTICOAGULANTS*** | | |
| *jantoven tab 1mg* | 1 | |
| *jantoven tab 2.5mg* | 1 | |
| *jantoven tab 2mg* | 1 | |
| *jantoven tab 3mg* | 1 | |
| *jantoven tab 4mg* | 1 | |
| *jantoven tab 5mg* | 1 | |
| *jantoven tab 6mg* | 1 | |
| *jantoven tab 7.5mg* | 1 | |
| *jantoven tab 10mg* | 1 | |
| *warfarin sodium tab 1 mg* | 1 | |
| *warfarin sodium tab 2 mg* | 1 | |
| *warfarin sodium tab 2.5 mg* | 1 | |
| *warfarin sodium tab 3 mg* | 1 | |
| *warfarin sodium tab 4 mg* | 1 | |
| *warfarin sodium tab 5 mg* | 1 | |
| *warfarin sodium tab 6 mg* | 1 | |
| *warfarin sodium tab 7.5 mg* | 1 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *enoxaparin sodium inj soln pref syr 100 mg/ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 120 mg/0.8ml* | 1 | |
| *enoxaparin sodium inj soln pref syr 150 mg/ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 5 mg/0.4ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml* | 1 | |
| *fondaparinux sodium subcutaneous inj 10 mg/0.8ml* | 1 | |
| **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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| VALTOCO SPR 20MG | 2 | |
| ***ANTICONVULSANTS - MISC.*** | | |
| APTIOM TAB 200MG | 2 | |
| APTIOM TAB 400MG | 2 | |
| APTIOM TAB 600MG | 2 | |
| APTIOM TAB 800MG | 2 | |
| *carbamazepine cap er 12hr 100 mg* | 1 | |
| *carbamazepine cap er 12hr 200 mg* | 1 | |
| *carbamazepine cap er 12hr 300 mg* | 1 | |
| *carbamazepine chew tab 100 mg* | 1 | |
| *carbamazepine susp 100 mg/5ml* | 1 | |
| *carbamazepine tab 200 mg* | 1 | |
| *carbamazepine tab er 12hr 100 mg* | 1 | |
| *carbamazepine tab er 12hr 200 mg* | 1 | |
| *carbamazepine tab er 12hr 400 mg* | 1 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *topiramate tab 100 mg* | 1 | |
| *topiramate tab 200 mg* | 1 | |
| TROKENDI XR CAP 25MG | 2 | |
| TROKENDI XR CAP 50MG | 2 | |
| 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* | 1 | PA, QL (180 packets every 30 days) |
| *vigabatrin tab 500 mg* | 1 | PA, QL (180 tabs every 30 days) |
| *vigadrone pow 500mg* | 1 | 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***SUCCINIMIDES*** | | |
| *ethosuximide cap 250 mg* | 1 | |
| *ethosuximide soln 250 mg/5ml* | 1 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *citalopram hydrobromide tab 10 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 20 mg (base equiv)* | 1 | |
| *citalopram hydrobromide tab 40 mg (base equiv)* | 1 | |
| *escitalopram oxalate soln 5 mg/5ml (base equiv)* | 1 | |
| *escitalopram oxalate tab 5 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 10 mg (base equiv)* | 1 | |
| *escitalopram oxalate tab 20 mg (base equiv)* | 1 | |
| FLUOXETINE 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NEFAZODONE TAB 250MG | 1 | |
| *trazodone hcl tab 50 mg* | 1 | |
| *trazodone hcl tab 100 mg* | 1 | |
| *trazodone hcl tab 150 mg* | 1 | |
| *trazodone hcl tab 300 mg* | 1 | |
| TRINTELLIX TAB 5MG | 2 | |
| TRINTELLIX TAB 10MG | 2 | |
| TRINTELLIX TAB 20MG | 2 | |
| ***SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** | | |
| *desvenlafaxine succinate tab er 24hr 25 mg (base equiv)* | 1 | |
| *desvenlafaxine succinate tab er 24hr 50 mg (base equiv)* | 1 | |
| *desvenlafaxine succinate tab er 24hr 100 mg (base equiv)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 20 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 30 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 40 mg (base eq)* | 1 | |
| *duloxetine hcl enteric coated pellets cap 60 mg (base eq)* | 1 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amitriptyline hcl tab 75 mg* | 1 | |
| *amitriptyline hcl tab 100 mg* | 1 | |
| *amitriptyline hcl tab 150 mg* | 1 | |
| AMOXAPINE TAB 25MG | 1 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *acarbose tab 100 mg* | 1 | |
| *miglitol tab 25 mg* | 1 | |
| *miglitol tab 50 mg* | 1 | |
| *miglitol tab 100 mg* | 1 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *metformin hcl tab 500 mg* | 1 | |
| *metformin hcl tab 850 mg* | 1 | |
| *metformin hcl tab 1000 mg* | 1 | |
| *metformin hcl tab er 24hr 500 mg* | 1 | |
| *metformin hcl tab er 24hr 750 mg* | 1 | |
| ***DIABETIC OTHER*** | | |
| BAQSIMI ONE POW 3MG/DOSE | 2 | |
| BAQSIMI TWO POW 3MG/DOSE | 2 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NOVOLIN R INJ U-100 | 2 | |
| NOVOLOG INJ 100/ML | 2 | |
| NOVOLOG INJ FLEXPEN | 2 | |
| NOVOLOG INJ PENFILL | 2 | |
| NOVOLOG MIX INJ 70/30 | 2 | |
| NOVOLOG MIX INJ FLEXPEN | 2 | |
| TOUJEO MAX INJ 300IU/ML | 2 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *glyburide tab 5 mg* | 1 | |
| TOLBUTAMIDE TAB 500MG | 1 | |
| **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* | 1 | PA |
| *deferasirox granules packet 180 mg* | 1 | PA |
| *deferasirox granules packet 360 mg* | 1 | PA |
| *deferasirox tab 90 mg* | 1 | PA |
| *deferasirox tab 180 mg* | 1 | PA |
| *deferasirox tab 360 mg* | 1 | PA |
| *deferasirox tab for oral susp 125 mg* | 1 | PA |
| *deferasirox tab for oral susp 250 mg* | 1 | PA |
| *deferasirox tab for oral susp 500 mg* | 1 | PA |
| *deferiprone tab 500 mg* | 1 | PA |
| ***ANTIDOTES AND SPECIFIC ANTAGONISTS*** | | |
| *deferoxamine mesylate for inj 2 gm* | 1 | PA |
| *deferoxamine mesylate for inj 500 mg* | 1 | 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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *ondansetron hcl tab 8 mg* | 1 | QL (18 tabs every 21 days) |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *terbinafine hcl tab 250 mg* | 1 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ANTIHYPERLIPIDEMICS** | | |
| ***ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** | | |
| NEXLETOL TAB 180MG | 2 | |
| ***ANTIHYPERLIPIDEMICS - COMBINATIONS*** | | |
| *ezetimibe-simvastatin tab 10-10 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-20 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-40 mg* | 1 | |
| *ezetimibe-simvastatin tab 10-80 mg* | 1 | |
| NEXLIZET TAB 180/10MG | 2 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***HMG COA REDUCTASE INHIBITORS*** | | |
| *atorvastatin calcium tab 10 mg (base equivalent)* | 1 | AGE |
| *atorvastatin calcium tab 20 mg (base equivalent)* | 1 | AGE |
| *atorvastatin calcium tab 40 mg (base equivalent)* | 1 | |
| *atorvastatin calcium tab 80 mg (base equivalent)* | 1 | |
| *fluvastatin sodium cap 20 mg (base equivalent)* | 1 | AGE |
| *fluvastatin sodium cap 40 mg (base equivalent)* | 1 | AGE |
| *fluvastatin sodium tab er 24 hr 80 mg (base equivalent)* | 1 | AGE |
| *lovastatin tab 10 mg* | 1 | AGE |
| *lovastatin tab 20 mg* | 1 | AGE |
| *lovastatin tab 40 mg* | 1 | AGE |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *benazepril hcl tab 20 mg* | 1 | |
| *benazepril hcl tab 40 mg* | 1 | |
| *captopril tab 12.5 mg* | 1 | |
| *captopril tab 25 mg* | 1 | |
| *captopril tab 50 mg* | 1 | |
| *captopril tab 100 mg* | 1 | |
| *enalapril maleate oral soln 1 mg/ml* | 1 | |
| *enalapril maleate tab 2.5 mg* | 1 | |
| *enalapril maleate tab 5 mg* | 1 | |
| *enalapril maleate tab 10 mg* | 1 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *irbesartan tab 75 mg* | 1 | |
| *irbesartan tab 150 mg* | 1 | |
| *irbesartan tab 300 mg* | 1 | |
| *losartan potassium tab 25 mg* | 1 | |
| *losartan potassium tab 50 mg* | 1 | |
| *losartan potassium tab 100 mg* | 1 | |
| *olmesartan medoxomil tab 5 mg* | 1 | |
| *olmesartan medoxomil tab 20 mg* | 1 | |
| *olmesartan medoxomil tab 40 mg* | 1 | |
| *telmisartan tab 20 mg* | 1 | |
| *telmisartan tab 40 mg* | 1 | |
| *telmisartan tab 80 mg* | 1 | |
| *valsartan tab 40 mg* | 1 | |
| *valsartan tab 80 mg* | 1 | |
| *valsartan tab 160 mg* | 1 | |
| *valsartan tab 320 mg* | 1 | |
| ***ANTIADRENERGIC ANTIHYPERTENSIVES*** | | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *amlodipine besylate-benazepril hcl cap 5-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 5-40 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-20 mg* | 1 | |
| *amlodipine besylate-benazepril hcl cap 10-40 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 5-20 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 5-40 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-20 mg* | 1 | |
| *amlodipine besylate-olmesartan medoxomil tab 10-40 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 5-320 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-160 mg* | 1 | |
| *amlodipine besylate-valsartan tab 10-320 mg* | 1 | |
| *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 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg* | 1 | |
| *candesartan cilexetil-hydrochlorothiazide tab 32-25 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg* | 1 | |
| *olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| ***DIRECT RENIN INHIBITORS*** | | |
| *aliskiren fumarate tab 150 mg (base equivalent)* | 1 | |
| *aliskiren fumarate tab 300 mg (base equivalent)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 250 mg* | 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 | |
| *rifabutin cap 150 mg* | 1 | |
| *rifampin cap 150 mg* | 1 | |
| *rifampin cap 300 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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* | 1 | PA |
| *temozolomide cap 20 mg* | 1 | PA |
| *temozolomide cap 100 mg* | 1 | PA |
| *temozolomide cap 140 mg* | 1 | PA |
| *temozolomide cap 180 mg* | 1 | PA |
| *temozolomide cap 250 mg* | 1 | PA |
| ***ANTIMETABOLITES*** | | |
| *azacitidine for inj 100 mg* | 1 | PA |
| *capecitabine tab 150 mg* | 1 | PA |
| *capecitabine tab 500 mg* | 1 | PA |
| *decitabine for inj 50 mg* | 1 | 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 | 2 | PA, QL (240 tabs every 30 days) |
| INLYTA TAB 5MG | 2 | PA, QL (120 tabs every 30 days) |
| LENVIMA CAP 4MG | 2 | PA, QL (30 ea every 30 days) |
| LENVIMA CAP 8 MG | 2 | PA, QL (60 ea every 30 days) |
| LENVIMA CAP 10 MG | 2 | PA, QL (30 ea every 30 days) |
| LENVIMA CAP 12MG | 2 | PA, QL (90 ea every 30 days) |
| LENVIMA CAP 14 MG | 2 | PA, QL (60 ea every 30 days) |
| LENVIMA CAP 18 MG | 2 | PA, QL (90 ea every 30 days) |
| LENVIMA CAP 20 MG | 2 | PA, QL (60 ea every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LENVIMA CAP 24 MG | 2 | PA, QL (90 ea every 30 days) |
| ZIRABEV INJ 100/4ML | 2 | PA |
| ZIRABEV INJ 400/16ML | 2 | PA |
| ***ANTINEOPLASTIC - ANTI-HER2 AGENTS*** | | |
| KANJINTI INJ 420MG | 2 | PA |
| KANJINTI SOL 150MG | 2 | PA |
| PERJETA INJ 420/14ML | 2 | PA |
| TRAZIMERA INJ 150MG | 2 | PA |
| TRAZIMERA INJ 420MG | 2 | PA |
| ***ANTINEOPLASTIC - ANTIBODIES*** | | |
| RUXIENCE INJ 100/10ML | 2 | PA |
| RUXIENCE INJ 500/50ML | 2 | PA |
| ***ANTINEOPLASTIC - EGFR INHIBITORS*** | | |
| *erlotinib hcl tab 25 mg (base equivalent)* | 1 | PA, QL (60 tabs every 30 days) |
| *erlotinib hcl tab 100 mg (base equivalent)* | 1 | PA, QL (30 tabs every 30 days) |
| *erlotinib hcl tab 150 mg (base equivalent)* | 1 | PA, QL (30 tabs every 30 days) |
| IRESSA TAB 250MG | 2 | PA, QL (30 tabs every 30 days) |
| TAGRISSO TAB 40MG | 2 | PA, QL (30 tabs every 30 days) |
| TAGRISSO TAB 80MG | 2 | PA, QL (30 tabs every 30 days) |
| ***ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** | | |
| ERIVEDGE CAP 150MG | 2 | PA, QL (30 caps every 30 days) |
| ODOMZO CAP 200MG | 2 | PA, QL (30 caps every 30 days) |
| ***ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS*** | | |
| *abiraterone acetate tab 250 mg* | 1 | PA, QL (120 tabs every 30 days) |
| *abiraterone acetate tab 500 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *anastrozole tab 1 mg* | 1 | AGE |
| *bicalutamide tab 50 mg* | 1 | |
| ELIGARD INJ 7.5MG | 2 | PA |
| ELIGARD INJ 22.5MG | 2 | PA |
| ELIGARD INJ 30MG | 2 | PA |
| ELIGARD INJ 45MG | 2 | PA |
| ERLEADA TAB 60MG | 2 | PA, QL (120 tabs every 30 days) |
| *exemestane tab 25 mg* | 1 | AGE |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| FIRMAGON INJ 80MG | 2 | PA |
| FIRMAGON INJ 120MG | 2 | 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* | 1 | 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 | 2 | 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 | 2 | PA, QL (120 caps every 30 days) |
| XTANDI TAB 40MG | 2 | PA, QL (120 tabs every 30 days) |
| XTANDI TAB 80MG | 2 | PA, QL (60 tabs every 30 days) |
| YONSA TAB 125MG | 2 | PA, QL (120 tabs every 30 days) |
| ***ANTINEOPLASTIC ANTIBIOTICS*** | | |
| *valrubicin soln for intravesical instillation 40 mg/ml* | 1 | |
| ***ANTINEOPLASTIC COMBINATIONS*** | | |
| KISQALI 200 PAK FEMARA | 2 | PA, QL (60 tabs every 30 days) |
| KISQALI 400 PAK FEMARA | 2 | PA, QL (60 tabs every 30 days) |
| KISQALI 600 PAK FEMARA | 2 | PA, QL (90 tabs every 30 days) |
| LONSURF TAB 15-6.14 | 2 | PA, QL (120 tabs every 30 days) |
| LONSURF TAB 20-8.19 | 2 | PA, QL (90 tabs every 30 days) |
| PHESGO SOL | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTINEOPLASTIC ENZYME INHIBITORS*** | | |
| ALECENSA CAP 150MG | 2 | 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 | 2 | PA, QL (90 tabs every 30 days) |
| BOSULIF TAB 400MG | 2 | PA, QL (30 tabs every 30 days) |
| BOSULIF TAB 500MG | 2 | PA, QL (30 tabs every 30 days) |
| BRAFTOVI CAP 75MG | 2 | PA, QL (180 caps every 30 days) |
| BRUKINSA CAP 80MG | 2 | PA, QL (120 caps every 30 days) |
| CABOMETYX TAB 20MG | 2 | PA, QL (30 tabs every 30 days) |
| CABOMETYX TAB 40MG | 2 | PA, QL (30 tabs every 30 days) |
| CABOMETYX TAB 60MG | 2 | PA, QL (30 tabs every 30 days) |
| CALQUENCE CAP 100MG | 2 | PA, QL (60 caps every 30 days) |
| COPIKTRA CAP 15MG | 2 | PA, QL (60 caps every 30 days) |
| COPIKTRA CAP 25MG | 2 | PA, QL (60 caps every 30 days) |
| COTELLIC TAB 20MG | 2 | PA, QL (60 tabs every 30 days) |
| *everolimus tab 2.5 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 5 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 7.5 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *everolimus tab 10 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *everolimus tab for oral susp 2 mg* | 1 | PA, QL (60 ea every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *everolimus tab for oral susp 3 mg* | 1 | PA, QL (90 ea every 30 days) |
| *everolimus tab for oral susp 5 mg* | 1 | PA, QL (60 ea every 30 days) |
| GAVRETO CAP 100MG | 2 | PA, QL (120 caps every 30 days) |
| IBRANCE CAP 75MG | 2 | PA, QL (30 caps every 30 days) |
| IBRANCE CAP 100MG | 2 | PA, QL (30 caps every 30 days) |
| IBRANCE CAP 125MG | 2 | PA, QL (30 caps every 30 days) |
| IBRANCE TAB 75MG | 2 | PA, QL (42 tabs every 28 days) |
| IBRANCE TAB 100MG | 2 | PA, QL (42 tabs every 28 days) |
| IBRANCE TAB 125MG | 2 | PA, QL (42 tabs every 28 days) |
| *imatinib mesylate tab 100 mg (base equivalent)* | 1 | PA, QL (120 tabs every 30 days) |
| *imatinib mesylate tab 400 mg (base equivalent)* | 1 | 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 | 2 | PA, QL (21 tabs every 28 days) |
| KISQALI TAB 400DOSE | 2 | PA, QL (42 tabs every 28 days) |
| KISQALI TAB 600DOSE | 2 | PA, QL (63 tabs every 28 days) |
| KOSELUGO CAP 10MG | 2 | PA, QL (240 caps every 30 days) |
| KOSELUGO CAP 25MG | 2 | PA, QL (120 caps every 30 days) |
| *lapatinib ditosylate tab 250 mg (base equiv)* | 1 | PA, QL (180 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| LYNPARZA TAB 100MG | 2 | PA, QL (120 tabs every 30 days) |
| LYNPARZA TAB 150MG | 2 | PA, QL (120 tabs every 30 days) |
| MEKTOVI TAB 15MG | 2 | PA, QL (180 tabs every 30 days) |
| NEXAVAR TAB 200MG | 2 | PA, QL (120 tabs every 30 days) |
| NINLARO CAP 2.3MG | 2 | PA, QL (6 ea every 28 days) |
| NINLARO CAP 3MG | 2 | PA, QL (6 ea every 28 days) |
| NINLARO CAP 4MG | 2 | PA, QL (6 ea every 28 days) |
| RETEVMO CAP 40MG | 2 | PA, QL (60 caps every 30 days) |
| RETEVMO CAP 80MG | 2 | PA, QL (120 caps every 30 days) |
| *romidepsin for iv inj 10 mg* | 1 | PA |
| ROZLYTREK CAP 100MG | 2 | PA, QL (30 caps every 30 days) |
| ROZLYTREK CAP 200MG | 2 | PA, QL (90 caps every 30 days) |
| RYDAPT CAP 25MG | 2 | PA, QL (240 caps every 30 days) |
| SPRYCEL TAB 20MG | 2 | PA, QL (90 tabs every 30 days) |
| SPRYCEL TAB 50MG | 2 | PA, QL (30 tabs every 30 days) |
| SPRYCEL TAB 70MG | 2 | PA, QL (30 tabs every 30 days) |
| SPRYCEL TAB 80MG | 2 | PA, QL (30 tabs every 30 days) |
| SPRYCEL TAB 100MG | 2 | PA, QL (30 tabs every 30 days) |
| SPRYCEL TAB 140MG | 2 | PA, QL (30 tabs every 30 days) |
| STIVARGA TAB 40MG | 2 | PA, QL (90 tabs every 30 days) |
| *sunitinib malate cap 12.5 mg (base equivalent)* | 1 | PA, QL (30 caps every 30 days) |
| *sunitinib malate cap 25 mg (base equivalent)* | 1 | PA, QL (30 caps every 30 days) |
| *sunitinib malate cap 37.5 mg (base equivalent)* | 1 | PA, QL (30 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *sunitinib malate cap 50 mg (base equivalent)* | 1 | PA, QL (30 caps every 30 days) |
| *temsirolimus soln for iv infusion 25 mg/ml* | 1 | PA |
| VITRAKVI CAP 25MG | 2 | PA, QL (180 caps every 30 days) |
| VITRAKVI CAP 100MG | 2 | PA, QL (60 caps every 30 days) |
| VITRAKVI SOL 20MG/ML | 2 | PA, QL (300 mL every 30 days) |
| XOSPATA TAB 40MG | 2 | PA, QL (90 tabs every 30 days) |
| ZEJULA CAP 100MG | 2 | PA, QL (90 caps every 30 days) |
| ZELBORAF TAB 240MG | 2 | PA, QL (240 tabs every 30 days) |
| ZOLINZA CAP 100MG | 2 | PA, QL (120 caps every 30 days) |
| ZYDELIG TAB 100MG | 2 | PA, QL (60 tabs every 30 days) |
| ZYDELIG TAB 150MG | 2 | PA, QL (60 tabs every 30 days) |
| ZYKADIA TAB 150MG | 2 | PA, QL (90 tabs every 30 days) |
| ***ANTINEOPLASTICS MISC.*** | | |
| *bexarotene cap 75 mg* | 1 | 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)* | 1 | PA |
| *levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)* | 1 | PA |
| *levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)* | 1 | PA |
| ***MITOTIC INHIBITORS*** | | |
| ETOPOSIDE CAP 50MG | 1 | |
| **ANTIPARKINSON AND RELATED THERAPY AGENTS** | | |
| ***ANTIPARKINSON ADJUNCTIVE THERAPY*** | | |
| *carbidopa tab 25 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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) |
| KYNMOBI MIS 10MG | 2 | PA, QL (150 films every 30 days) |
| KYNMOBI MIS 15MG | 2 | PA, QL (150 films every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| KYNMOBI MIS 20MG | 2 | PA, QL (150 films every 30 days) |
| KYNMOBI MIS 25MG | 2 | PA, QL (150 films every 30 days) |
| KYNMOBI MIS 30MG | 2 | 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 | |
| *ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)* | 1 | |
| *ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| ***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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *loxapine succinate cap 50 mg* | 1 | |
| *olanzapine for im inj 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 5 mg* | 1 | |
| *olanzapine orally disintegrating tab 10 mg* | 1 | |
| *olanzapine orally disintegrating tab 15 mg* | 1 | |
| *olanzapine orally disintegrating tab 20 mg* | 1 | |
| *olanzapine tab 2.5 mg* | 1 | |
| *olanzapine tab 5 mg* | 1 | |
| *olanzapine tab 7.5 mg* | 1 | |
| *olanzapine tab 10 mg* | 1 | |
| *olanzapine tab 15 mg* | 1 | |
| *olanzapine tab 20 mg* | 1 | |
| *quetiapine fumarate tab 25 mg* | 1 | |
| *quetiapine fumarate tab 50 mg* | 1 | |
| *quetiapine fumarate tab 100 mg* | 1 | |
| *quetiapine fumarate tab 200 mg* | 1 | |
| *quetiapine fumarate tab 300 mg* | 1 | |
| *quetiapine fumarate tab 400 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 50 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 150 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 200 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 300 mg* | 1 | |
| *quetiapine fumarate tab er 24hr 400 mg* | 1 | |
| ***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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| **ANTIVIRALS** | | |
| ***ANTIRETROVIRALS*** | | |
| *abacavir sulfate soln 20 mg/ml (base equiv)* | 1 | QL (900 mL every 30 days) |
| *abacavir sulfate tab 300 mg (base equiv)* | 1 | QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *abacavir sulfate-lamivudine tab 600-300 mg* | 1 | QL (30 tabs every 30 days) |
| *abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* | 1 | QL (60 tabs every 30 days) |
| *atazanavir sulfate cap 150 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| *atazanavir sulfate cap 200 mg (base equiv)* | 1 | QL (60 caps every 30 days) |
| *atazanavir sulfate cap 300 mg (base equiv)* | 1 | QL (30 caps every 30 days) |
| BIKTARVY TAB | 2 | QL (30 tabs every 30 days) |
| CIMDUO TAB 300-300 | 2 | QL (30 tabs every 30 days) |
| DESCOVY TAB 200/25MG | 2 | QL (30 tabs every 30 days) |
| DOVATO TAB 50-300MG | 2 | QL (30 tabs every 30 days) |
| EDURANT TAB 25MG | 2 | QL (60 tabs every 30 days) |
| EFAVIRENZ CAP 50MG | 1 | QL (90 caps every 30 days) |
| EFAVIRENZ CAP 200MG | 1 | QL (90 caps every 30 days) |
| *efavirenz tab 600 mg* | 1 | QL (30 tabs every 30 days) |
| *efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* | 1 | QL (30 tabs every 30 days) |
| *efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* | 1 | QL (30 tabs every 30 days) |
| *efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine caps 200 mg* | 1 | QL (30 caps every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg* | 1 | QL (30 tabs every 30 days) |
| *emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg* | 1 | QL (30 tabs every 30 days) |
| EMTRIVA CAP 200MG | 2 | QL (30 caps every 30 days) |
| EMTRIVA SOL 10MG/ML | 2 | QL (720 mL every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *etravirine tab 100 mg* | 1 | QL (120 tabs every 30 days) |
| *etravirine tab 200 mg* | 1 | QL (60 tabs every 30 days) |
| EVOTAZ TAB 300-150 | 2 | QL (30 tabs every 30 days) |
| *fosamprenavir calcium tab 700 mg (base equiv)* | 1 | QL (120 tabs every 30 days) |
| FUZEON INJ 90MG | 2 | PA, QL (60 vials every 30 days) |
| GENVOYA TAB | 2 | QL (30 tabs every 30 days) |
| INTELENCE TAB 25MG | 2 | QL (120 tabs every 30 days) |
| INTELENCE TAB 100MG | 2 | QL (120 tabs every 30 days) |
| INTELENCE TAB 200MG | 2 | QL (60 tabs every 30 days) |
| ISENTRESS CHW 25MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS CHW 100MG | 2 | QL (180 tabs every 30 days) |
| ISENTRESS HD TAB 600MG | 2 | QL (60 tabs every 30 days) |
| ISENTRESS POW 100MG | 2 | QL (60 packets every 30 days) |
| ISENTRESS TAB 400MG | 2 | QL (120 tabs every 30 days) |
| *lamivudine oral soln 10 mg/ml* | 1 | QL (960 mL every 30 days) |
| *lamivudine tab 150 mg* | 1 | QL (60 tabs every 30 days) |
| *lamivudine tab 300 mg* | 1 | QL (30 tabs every 30 days) |
| *lamivudine-zidovudine tab 150-300 mg* | 1 | QL (60 tabs every 30 days) |
| *lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)* | 1 | QL (480 mL every 30 days) |
| *lopinavir-ritonavir tab 100-25 mg* | 1 | QL (240 tabs every 30 days) |
| *lopinavir-ritonavir tab 200-50 mg* | 1 | QL (120 tabs every 30 days) |
| NEVIRAPINE SUS 50MG/5ML | 1 | QL (1200 mL every 30 days) |
| NEVIRAPINE TAB 100MG | 1 | QL (90 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *nevirapine tab 200 mg* | 1 | QL (60 tabs every 30 days) |
| *nevirapine tab er 24hr 400 mg* | 1 | QL (30 tabs every 30 days) |
| NORVIR POW 100MG | 2 | QL (360 packets every 30 days) |
| NORVIR SOL 80MG/ML | 2 | QL (480 mL every 30 days) |
| NORVIR TAB 100MG | 2 | QL (360 tabs every 30 days) |
| ODEFSEY TAB | 2 | QL (30 tabs every 30 days) |
| PREZCOBIX TAB 800-150 | 2 | QL (30 tabs every 30 days) |
| PREZISTA SUS 100MG/ML | 2 | QL (390 mL every 30 days) |
| PREZISTA TAB 75MG | 2 | QL (300 tabs every 30 days) |
| PREZISTA TAB 150MG | 2 | QL (180 tabs every 30 days) |
| PREZISTA TAB 600MG | 2 | QL (60 tabs every 30 days) |
| PREZISTA TAB 800MG | 2 | QL (30 tabs every 30 days) |
| *ritonavir tab 100 mg* | 1 | QL (360 tabs every 30 days) |
| STAVUDINE CAP 15MG | 1 | QL (60 caps every 30 days) |
| STAVUDINE CAP 20MG | 1 | QL (60 caps every 30 days) |
| STAVUDINE CAP 30MG | 1 | QL (60 caps every 30 days) |
| STAVUDINE CAP 40MG | 1 | QL (60 caps every 30 days) |
| SYMTUZA TAB | 2 | QL (30 tabs every 30 days) |
| TEMIXYS TAB 300-300 | 2 | QL (30 tabs every 30 days) |
| *tenofovir disoproxil fumarate tab 300 mg* | 1 | QL (30 tabs every 30 days) |
| TIVICAY PD TAB 5MG | 2 | QL (360 tabs every 30 days) |
| TIVICAY TAB 10MG | 2 | QL (240 tabs every 30 days) |
| TIVICAY TAB 25MG | 2 | QL (60 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TIVICAY TAB 50MG | 2 | QL (60 tabs every 30 days) |
| TRIUMEQ TAB | 2 | QL (30 tabs every 30 days) |
| *zidovudine cap 100 mg* | 1 | QL (180 caps every 30 days) |
| *zidovudine syrup 10 mg/ml* | 1 | QL (1920 mL every 30 days) |
| *zidovudine tab 300 mg* | 1 | 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* | 1 | |
| BARACLUDE SOL | 2 | QL (630 mL every 30 days) |
| *entecavir tab 0.5 mg* | 1 | QL (30 tabs every 30 days) |
| *entecavir tab 1 mg* | 1 | QL (30 tabs every 30 days) |
| EPCLUSA PAK 150-37.5 | 2 | ST, PA, QL (30 packets every 30 days) |
| EPCLUSA PAK 200-50MG | 2 | ST, PA, QL (30 packets every 30 days) |
| EPCLUSA TAB 200-50MG | 2 | ST, PA, QL (30 tabs every 30 days) |
| EPCLUSA TAB 400-100 | 2 | ST, PA, QL (30 tabs every 30 days) |
| HARVONI PAK | 2 | ST, PA, QL (30 packets every 30 days) |
| HARVONI PAK 45-200MG | 2 | ST, PA, QL (30 packets every 30 days) |
| HARVONI TAB 45-200MG | 2 | ST, PA, QL (30 tabs every 30 days) |
| HARVONI TAB 90-400MG | 2 | ST, PA, QL (30 tabs every 30 days) |
| *lamivudine tab 100 mg (hbv)* | 1 | |
| RIBAVIRIN CAP 200MG | 1 | PA |
| *ribavirin tab 200 mg* | 1 | PA |
| VEMLIDY TAB 25MG | 2 | QL (30 tabs every 30 days) |
| VOSEVI TAB | 2 | ST, PA, QL (30 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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) |
| *vardenafil hcl tab 20 mg* | 1 | QL (18 tabs every 75 days) |
| ***PERIPHERAL VASODILATORS*** | | |
| *isoxsuprine hcl tab 20 mg* | 1 | |
| ISOXSUPRINE TAB 10MG | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***PROSTAGLANDIN VASODILATORS*** | | |
| *epoprostenol sodium for inj 0.5 mg* | 1 | PA |
| *epoprostenol sodium for inj 1.5 mg* | 1 | PA |
| ORENITRAM TAB 0.25MG | 2 | PA |
| ORENITRAM TAB 0.125MG | 2 | PA |
| ORENITRAM TAB 1MG | 2 | PA |
| ORENITRAM TAB 2.5MG | 2 | PA |
| ORENITRAM TAB 5MG | 2 | PA |
| *treprostinil inj soln 20 mg/20ml (1 mg/ml)* | 1 | PA |
| *treprostinil inj soln 50 mg/20ml (2.5 mg/ml)* | 1 | PA |
| *treprostinil inj soln 100 mg/20ml (5 mg/ml)* | 1 | PA |
| *treprostinil inj soln 200 mg/20ml (10 mg/ml)* | 1 | PA |
| ***PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** | | |
| *ambrisentan tab 5 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *ambrisentan tab 10 mg* | 1 | PA, QL (30 tabs every 30 days) |
| *bosentan tab 62.5 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *bosentan tab 125 mg* | 1 | PA, QL (60 tabs every 30 days) |
| OPSUMIT TAB 10MG | 2 | PA, QL (30 tabs every 30 days) |
| ***PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** | | |
| *alyq tab 20mg* | 1 | PA, QL (60 tabs every 30 days) |
| *sildenafil citrate for suspension 10 mg/ml* | 1 | PA, QL (780 mL every 30 days) |
| *sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)* | 1 | PA |
| *sildenafil citrate tab 20 mg* | 1 | PA, QL (360 tabs every 30 days) |
| *tadalafil tab 20 mg (pah)* | 1 | PA, QL (60 tabs every 30 days) |
| ***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** | | |
| UPTRAVI INJ 1800MCG | 2 | PA |
| UPTRAVI PACK TAB 200/800 | 2 | PA, QL (210 tabs every 30 days) |
| UPTRAVI TAB 200MCG | 2 | PA, QL (150 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| UPTRAVI TAB 400MCG | 2 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 600MCG | 2 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 800MCG | 2 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1000MCG | 2 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1200MCG | 2 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1400MCG | 2 | PA, QL (60 tabs every 30 days) |
| UPTRAVI TAB 1600MCG | 2 | PA, QL (60 tabs every 30 days) |
| ***PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR*** | | |
| ADEMPAS TAB 0.5MG | 2 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 1.5MG | 2 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 1MG | 2 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 2.5MG | 2 | PA, QL (90 tabs every 30 days) |
| ADEMPAS TAB 2MG | 2 | 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 | |
| *cephalexin cap 750 mg* | 1 | |
| *cephalexin for susp 125 mg/5ml* | 1 | |
| *cephalexin for susp 250 mg/5ml* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 |
| *amethia tab* | 1 | GENDER |
| *amethyst tab 90-20mcg* | 1 | GENDER |
| *apri tab* | 1 | GENDER |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 |
| *drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* | 1 | GENDER |
| *drospirenone-ethinyl estradiol tab 3-0.02 mg* | 1 | GENDER |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 |
| *larin tab 1/20* | 1 | GENDER |
| *larissia tab* | 1 | GENDER |
| *layolis fe chw* | 1 | GENDER |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 |
| *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 |
| NATAZIA TAB | 2 | GENDER |
| *necon tab 0.5/35* | 1 | GENDER |
| *nikki tab 3-0.02mg* | 1 | GENDER |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 |
| *sronyx tab* | 1 | GENDER |
| *syeda tab 3-0.03mg* | 1 | GENDER |
| *tarina 24 fe tab* | 1 | GENDER |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| ***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 |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 |
| *benzepro aer 5.3%* | 1 | |
| BENZOYL PERO GEL 8% | 1 | |
| *benzoyl peroxide foam 9.8%* | 1 | |
| *benzoyl peroxide-erythromycin gel 5-3%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *enzoclear aer 9.8%* | 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 | |
| *sulfacetamide sodium lotion 10% (acne)* | 1 | |
| *sulfacetamide sodium w/ sulfur cleanser 9-4.5%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *clotrimazole cream 1%* | 1 | |
| *clotrimazole soln 1%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | 2 | PA |
| COSENTYX INJ 150MG/ML | 2 | PA |
| COSENTYX INJ 300DOSE | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| COSENTYX PEN INJ 150MG/ML | 2 | PA |
| COSENTYX PEN INJ 300DOSE | 2 | PA |
| ILUMYA SOL 100MG/ML | 2 | PA |
| METHOXSALEN CAP 10MG | 1 | |
| SKYRIZI INJ 150DOSE | 2 | PA |
| SKYRIZI INJ 150MG/ML | 2 | PA |
| SKYRIZI PEN INJ 150MG/ML | 2 | PA |
| STELARA INJ 45MG/0.5 | 2 | PA |
| STELARA INJ 90MG/ML | 2 | PA |
| TALTZ INJ 80MG/ML | 2 | PA |
| *tazarotene cream 0.1%* | 1 | PA |
| TREMFYA INJ 100MG/ML | 2 | 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 | |
| *betamethasone valerate cream 0.1% (base equivalent)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *hydrocortisone butyrate oint 0.1%* | 1 | |
| *hydrocortisone cream 1%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | 2 | PA |
| DUPIXENT INJ 100/0.67 | 2 | PA |
| DUPIXENT INJ 200/1.14 | 2 | PA |
| DUPIXENT INJ 200MG | 2 | PA |
| DUPIXENT INJ 300/2ML | 2 | 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 | |
| *lactic acid (ammonium lactate) lotion 12%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| ***MISC. TOPICAL*** | | |
| *benzoin compound tincture* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| **DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS** | | |
| ***NUTRITIONAL SUPPLEMENTS*** | | |
| *asilnasal cap rms* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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 | |
| FUROSEMIDE SOL 40MG/5ML | 1 | |
| *furosemide tab 20 mg* | 1 | |
| *furosemide tab 40 mg* | 1 | |
| *furosemide tab 80 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | 2 | PA |
| *ibandronate sodium tab 150 mg (base equivalent)* | 1 | |
| PROLIA INJ 60MG/ML | 2 | PA |
| *risedronate sodium tab 5 mg* | 1 | |
| *risedronate sodium tab 30 mg* | 1 | |
| *risedronate sodium tab 35 mg* | 1 | |
| *risedronate sodium tab 150 mg* | 1 | |
| *risedronate sodium tab delayed release 35 mg* | 1 | |
| TYMLOS INJ | 2 | PA |
| *zoledronic acid inj conc for iv infusion 4 mg/5ml* | 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *zoledronic acid iv soln 5 mg/100ml* | 1 | PA |
| ZOLEDRONIC INJ 4MG/100 | 1 | PA |
| ***FERTILITY REGULATORS*** | | |
| CLOMIPHENE TAB 50MG | 1 | |
| GONAL-F INJ 450UNIT | 2 | PA, QL (10 vials every 28 days) |
| GONAL-F INJ 1050UNIT | 2 | PA, QL (6 vials every 28 days) |
| GONAL-F RFF INJ 75UNIT | 2 | PA, QL (60 vials every 28 days) |
| GONAL-F RFF INJ 300/0.5 | 2 | PA, QL (16 pens every 28 days) |
| GONAL-F RFF INJ 450/0.75 | 2 | PA, QL (10.667 pens every 28 days) |
| GONAL-F RFF INJ 900/1.5 | 2 | PA, QL (6.667 pens every 28 days) |
| MENOPUR INJ 75UNIT | 2 | PA |
| OVIDREL INJ | 2 | PA |
| ***GNRH/LHRH ANTAGONISTS*** | | |
| CETROTIDE KIT 0.25MG | 2 | PA |
| *ganirelix acetate soln prefilled syringe 250 mcg/0.5ml* | 1 | PA |
| ORILISSA TAB 150MG | 2 | |
| ORILISSA TAB 200MG | 2 | |
| ***GROWTH HORMONES*** | | |
| GENOTROPIN INJ 0.2MG | 2 | PA |
| GENOTROPIN INJ 0.4MG | 2 | PA |
| GENOTROPIN INJ 0.6MG | 2 | PA |
| GENOTROPIN INJ 0.8MG | 2 | PA |
| GENOTROPIN INJ 1.2MG | 2 | PA |
| GENOTROPIN INJ 1.4MG | 2 | PA |
| GENOTROPIN INJ 1.6MG | 2 | PA |
| GENOTROPIN INJ 1.8MG | 2 | PA |
| GENOTROPIN INJ 1MG | 2 | PA |
| GENOTROPIN INJ 2MG | 2 | PA |
| GENOTROPIN INJ 5MG | 2 | PA |
| GENOTROPIN INJ 12MG | 2 | PA |
| NORDITROPIN INJ 5/1.5ML | 2 | PA |
| NORDITROPIN INJ 10/1.5ML | 2 | PA |
| NORDITROPIN INJ 15/1.5ML | 2 | PA |
| NORDITROPIN INJ 30/3ML | 2 | PA |
| ***HORMONE RECEPTOR MODULATORS*** | | |
| *raloxifene hcl tab 60 mg* | 1 | AGE |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** | | |
| FENSOLVI INJ 45MG | 2 | PA |
| LUPR DEP-PED INJ 3M 30MG | 2 | PA |
| LUPR DEP-PED INJ 7.5MG | 2 | PA |
| LUPR DEP-PED INJ 11.25MG | 2 | PA |
| LUPR DEP-PED INJ 15MG | 2 | PA |
| SUPPRELIN LA KIT 50MG | 2 | 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* | 1 | PA |
| *cinacalcet hcl tab 30 mg (base equiv)* | 1 | PA, QL (60 tabs every 30 days) |
| *cinacalcet hcl tab 60 mg (base equiv)* | 1 | PA, QL (60 tabs every 30 days) |
| *cinacalcet hcl tab 90 mg (base equiv)* | 1 | 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* | 1 | PA |
| *nitisinone cap 5 mg* | 1 | PA |
| *nitisinone cap 10 mg* | 1 | PA |
| ORFADIN CAP 2MG | 2 | PA |
| ORFADIN CAP 5MG | 2 | PA |
| ORFADIN CAP 10MG | 2 | 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* | 1 | PA |
| *sapropterin dihydrochloride powder packet 500 mg* | 1 | PA |
| *sapropterin dihydrochloride tab 100 mg* | 1 | PA |
| *sodium phenylbutyrate oral powder 3 gm/teaspoonful* | 1 | PA, QL (750 gm every 30 days) |
| *sodium phenylbutyrate tab 500 mg* | 1 | PA, QL (1200 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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)* | 1 | PA, QL (90 vials every 30 days) |
| *octreotide acetate inj 100 mcg/ml (0.1 mg/ml)* | 1 | PA, QL (90 vials every 30 days) |
| *octreotide acetate inj 200 mcg/ml (0.2 mg/ml)* | 1 | PA, QL (48 vials every 30 days) |
| *octreotide acetate inj 500 mcg/ml (0.5 mg/ml)* | 1 | PA, QL (90 vials every 30 days) |
| *octreotide acetate inj 1000 mcg/ml (1 mg/ml)* | 1 | PA, QL (12 vials every 30 days) |
| OCTREOTIDE INJ 50MCG/ML | 1 | PA, QL (90 syringes every 30 days) |
| OCTREOTIDE INJ 100MCG | 1 | PA, QL (90 syringes every 30 days) |
| OCTREOTIDE INJ 500MCG | 1 | PA, QL (90 syringes every 30 days) |
| SOMATULINE INJ 60/0.2ML | 2 | PA |
| SOMATULINE INJ 90/0.3ML | 2 | PA |
| SOMATULINE INJ 120/.5ML | 2 | PA |
| ***VASOPRESSIN RECEPTOR ANTAGONISTS*** | | |
| TOLVAPTAN TAB 15MG | 1 | PA |
| *tolvaptan tab 30 mg* | 1 | PA |
| **ESTROGENS** | | |
| ***ESTROGEN COMBINATIONS*** | | |
| *amabelz tab 0.5-0.1* | 1 | |
| *amabelz tab 1-0.5mg* | 1 | |
| BIJUVA CAP 1-100MG | 2 | |
| CLIMARA PRO DIS WEEKLY | 2 | |
| COMBIPATCH DIS | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 SOL 25MG/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 | |
| ***INFLAMMATORY BOWEL AGENTS*** | | |
| *balsalazide disodium cap 750 mg* | 1 | |
| CIMZIA PREFL KIT 200MG/ML | 2 | PA |
| CIMZIA START KIT 200MG/ML | 2 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | 2 | PA |
| STELARA INJ 5MG/ML | 2 | 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 | |
| *sevelamer hcl tab 800 mg* | 1 | |
| SEVELAMER TAB 400MG | 1 | |
| VELPHORO CHW 500MG | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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 | 2 | PA |
| CYSTAGON CAP 150MG | 2 | 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 | |
| ***URINARY STONE AGENTS*** | | |
| *tiopronin tab 100 mg* | 1 | PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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 | 2 | PA |
| ADVATE INJ 500UNIT | 2 | PA |
| ADVATE INJ 1000UNIT | 2 | PA |
| ADVATE INJ 1500UNIT | 2 | PA |
| ADVATE INJ 2000UNIT | 2 | PA |
| ADVATE INJ 3000UNIT | 2 | PA |
| ADVATE INJ 4000UNIT | 2 | PA |
| ADYNOVATE INJ 250UNIT | 2 | PA |
| ADYNOVATE INJ 500UNIT | 2 | PA |
| ADYNOVATE INJ 750UNIT | 2 | PA |
| ADYNOVATE INJ 1000UNIT | 2 | PA |
| ADYNOVATE INJ 1500UNIT | 2 | PA |
| ADYNOVATE INJ 2000UNIT | 2 | PA |
| ADYNOVATE INJ 3000UNIT | 2 | PA |
| AFSTYLA KIT 250UNIT | 2 | PA |
| AFSTYLA KIT 500UNIT | 2 | PA |
| AFSTYLA KIT 1000UNIT | 2 | PA |
| AFSTYLA KIT 1500UNIT | 2 | PA |
| AFSTYLA KIT 2000UNIT | 2 | PA |
| AFSTYLA KIT 2500UNIT | 2 | PA |
| AFSTYLA KIT 3000UNIT | 2 | PA |
| ALPROLIX INJ 250UNIT | 2 | PA |
| ALPROLIX INJ 500UNIT | 2 | PA |
| ALPROLIX INJ 1000UNIT | 2 | PA |
| ALPROLIX INJ 2000UNIT | 2 | PA |
| ALPROLIX INJ 3000UNIT | 2 | PA |
| ALPROLIX INJ 4000UNIT | 2 | PA |
| ELOCTATE INJ 250UNIT | 2 | PA |
| ELOCTATE INJ 500UNIT | 2 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NUWIQ KIT 250UNIT | 2 | PA |
| NUWIQ KIT 500UNIT | 2 | PA |
| NUWIQ KIT 1000UNIT | 2 | PA |
| NUWIQ KIT 2000UNIT | 2 | PA |
| NUWIQ KIT 2500UNIT | 2 | PA |
| NUWIQ KIT 3000UNIT | 2 | PA |
| NUWIQ KIT 4000UNIT | 2 | PA |
| REBINYN SOL 500UNIT | 2 | PA |
| REBINYN SOL 1000UNIT | 2 | PA |
| REBINYN SOL 2000UNIT | 2 | PA |
| SEVENFACT INJ 1MG | 2 | PA |
| SEVENFACT INJ 5MG | 2 | PA |
| XYNTHA INJ 250UNIT | 2 | PA |
| XYNTHA INJ 500UNIT | 2 | PA |
| XYNTHA INJ 1000UNIT | 2 | PA |
| XYNTHA INJ 2000UNIT | 2 | PA |
| XYNTHA SOLOF INJ 500UNIT | 2 | PA |
| XYNTHA SOLOF INJ 1000UNIT | 2 | PA |
| XYNTHA SOLOF INJ 2000UNIT | 2 | PA |
| XYNTHA SOLOF INJ 3000UNIT | 2 | PA |
| XYNTHA SOLOF KIT 250UNIT | 2 | PA |
| ***BRADYKININ B2 RECEPTOR ANTAGONISTS*** | | |
| *icatibant acetate subcutaneous soln pref syr 30 mg/3ml* | 1 | PA, QL (45 syringes every 90 days) |
| *sajazir inj 30mg/3ml* | 1 | PA, QL (45 syringes every 90 days) |
| ***COMPLEMENT INHIBITORS*** | | |
| EMPAVELI INJ 1080MG | 2 | PA, QL (10.5 vials every 30 days) |
| RUCONEST INJ 2100UNIT | 2 | 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) |
| ORLADEYO CAP 150MG | 2 | PA, QL (30 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| TAKHZYRO INJ 300/2ML | 2 | 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 | 2 | PA, QL (60 caps every 30 days) |
| CEREZYME INJ 400UNIT | 2 | PA, QL (30 vials every 30 days) |
| *miglustat cap 100 mg* | 1 | PA, QL (90 caps every 30 days) |
| ***AGENTS FOR SICKLE CELL DISEASE*** | | |
| ENDARI POW 5GM | 2 | 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 | 2 | PA, QL (60 tabs every 30 days) |
| DOPTELET TAB 20MG | 2 | PA, QL (90 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NIVESTYM INJ 300/0.5 | 2 | ST, PA |
| NIVESTYM INJ 300MCG | 2 | ST, PA |
| NIVESTYM INJ 480/0.8 | 2 | ST, PA |
| NIVESTYM INJ 480MCG | 2 | ST, PA |
| PROMACTA PAK 25MG | 2 | PA, QL (180 packets every 30 days) |
| PROMACTA POW 12.5MG | 2 | PA, QL (120 packets every 30 days) |
| PROMACTA TAB 12.5MG | 2 | PA, QL (30 tabs every 30 days) |
| PROMACTA TAB 25MG | 2 | PA, QL (30 tabs every 30 days) |
| PROMACTA TAB 50MG | 2 | PA, QL (60 tabs every 30 days) |
| PROMACTA TAB 75MG | 2 | PA, QL (60 tabs every 30 days) |
| RETACRIT INJ 2000UNIT | 2 | PA |
| RETACRIT INJ 3000UNIT | 2 | PA |
| RETACRIT INJ 4000UNIT | 2 | PA |
| RETACRIT INJ 10000UNT | 2 | PA |
| RETACRIT INJ 20000UNI | 2 | PA |
| RETACRIT INJ 40000UNT | 2 | PA |
| ZIEXTENZO INJ 6/0.6ML | 2 | 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 | |
| *polysacchari cap iron* | 1 | |
| *tl-hem 150 tab* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *temazepam cap 7.5 mg* | 1 | QL (45 caps every 75 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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 |
| G4 PLAT PED MIS RVC/SHAR | 2 | PA |
| G4 PLATINUM MIS PEDIATRC | 2 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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) |
| *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) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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) |

## MINERALS & ELECTROLYTES

### *FLUORIDE*

| | | |
|---|---|---|
| *fluoritab dro 0.125mg* | 1 | AGE |
| *nafrinse chw 1mg f* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *potassium chloride tab er 20 meq (1500 mg)* | 1 | |
| **MISCELLANEOUS THERAPEUTIC CLASSES** | | |
| ***CHELATING AGENTS*** | | |
| *clovique cap 250mg* | 1 | |
| *penicillamine cap 250 mg* | 1 | |
| *penicillamine tab 250 mg* | 1 | |
| *trientine hcl cap 250 mg* | 1 | |
| ***IMMUNOMODULATORS*** | | |
| REVLIMID CAP 2.5MG | 2 | PA, QL (30 caps every 30 days) |
| REVLIMID CAP 5MG | 2 | PA, QL (30 caps every 30 days) |
| REVLIMID CAP 10MG | 2 | PA, QL (30 caps every 30 days) |
| REVLIMID CAP 15MG | 2 | PA, QL (30 caps every 30 days) |
| REVLIMID CAP 20MG | 2 | PA, QL (42 caps every 28 days) |
| REVLIMID CAP 25MG | 2 | PA, QL (42 caps every 28 days) |
| THALOMID CAP 50MG | 2 | PA, QL (30 caps every 30 days) |
| THALOMID CAP 100MG | 2 | PA, QL (30 caps every 30 days) |
| THALOMID CAP 150MG | 2 | PA, QL (60 caps every 30 days) |
| THALOMID CAP 200MG | 2 | 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* | 1 | |
| *cyclosporine cap 100 mg* | 1 | |
| *cyclosporine modified cap 25 mg* | 1 | |
| *cyclosporine modified cap 50 mg* | 1 | |
| *cyclosporine modified cap 100 mg* | 1 | |
| *cyclosporine modified oral soln 100 mg/ml* | 1 | |
| ENSPRYNG INJ | 2 | PA |
| *everolimus tab 0.5 mg* | 1 | |
| *everolimus tab 0.25 mg* | 1 | |
| *everolimus tab 0.75 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *everolimus tab 1 mg* | 1 | |
| *gengraf cap 25mg* | 1 | |
| *gengraf cap 100mg* | 1 | |
| *gengraf sol 100mg/ml* | 1 | |
| *mycophenolate mofetil cap 250 mg* | 1 | |
| *mycophenolate mofetil for oral susp 200 mg/ml* | 1 | |
| *mycophenolate mofetil tab 500 mg* | 1 | |
| *mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* | 1 | |
| *mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* | 1 | |
| *sirolimus oral soln 1 mg/ml* | 1 | |
| *sirolimus tab 0.5 mg* | 1 | |
| *sirolimus tab 1 mg* | 1 | |
| *sirolimus tab 2 mg* | 1 | |
| *tacrolimus cap 0.5 mg* | 1 | |
| *tacrolimus cap 1 mg* | 1 | |
| *tacrolimus cap 5 mg* | 1 | |
| ***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 | |
| ***ANTI-INFECTIVES - THROAT*** | | |
| *clotrimazole troche 10 mg* | 1 | |
| *nystatin susp 100000 unit/ml* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***ANTISEPTICS - MOUTH/THROAT*** | | |
| *chlorhexidine gluconate soln 0.12%* | 1 | |
| *periogard sol 0.12%* | 1 | |
| ***DENTAL PRODUCTS*** | | |
| *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 | |
| *vitacel tab* | 1 | |
| ***PED MULTI VITAMINS W/FL & FE*** | | |
| *multi-vit/fl dro /fe 0.25* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *tizanidine hcl cap 4 mg (base equivalent)* | 1 | |
| *tizanidine hcl cap 6 mg (base equivalent)* | 1 | |
| *tizanidine hcl tab 2 mg (base equivalent)* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| **NUTRIENTS** | | |
| ***PROTEINS*** | | |
| *aminoam cap rms* | 1 | |
| *aminorelief cap rms* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **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 | 2 | PA |
| LUCENTIS INJ 0.3MG | 2 | PA |
| LUCENTIS INJ 0.5MG | 2 | PA |
| LUCENTIS SOL 0.3MG | 2 | PA |
| LUCENTIS SOL 0.5MG | 2 | PA |
| ***OPHTHALMIC ADRENERGIC AGENTS*** | | |
| ALPHAGAN P SOL 0.1% | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 SOL 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 | |
| ***OPHTHALMIC LOCAL ANESTHETICS*** | | |
| *altacaine sol 0.5% op* | 1 | |
| *proparacaine hcl ophth soln 0.5%* | 1 | |
| *tetracaine hcl ophth soln 0.5%* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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 | |
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| 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 | |
| *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 | 2 | PA |
| CUTAQUIG SOL 1GM | 2 | PA |
| CUTAQUIG SOL 2GM | 2 | PA |
| CUTAQUIG SOL 3.3GM | 2 | PA |
| CUTAQUIG SOL 4GM | 2 | PA |
| CUTAQUIG SOL 8GM | 2 | PA |
| **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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *white petrolatum gel* | 1 | |
| **PROGESTINS** | | |
| ***PROGESTINS*** | | |
| *hydroxyprogesterone caproate im in oil 250 mg/ml* | 1 | PA, QL (21 mL every year) |
| *hydroxyprogesterone caproate im in oil 250 mg/ml* | 1 | PA, QL (25 mL every year) |
| *medroxyprogesterone acetate tab 2.5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *memantine hcl cap er 24hr 21 mg* | 1 | |
| *memantine hcl cap er 24hr 28 mg* | 1 | |
| *memantine hcl oral solution 2 mg/ml* | 1 | |
| *memantine hcl tab 5 mg* | 1 | |
| *memantine hcl tab 10 mg* | 1 | |
| *memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack* | 1 | |
| NAMZARIC CAP | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| NAMZARIC CAP 7-10MG | 2 | |
| NAMZARIC CAP 14-10MG | 2 | |
| NAMZARIC CAP 21-10MG | 2 | |
| NAMZARIC CAP 28-10MG | 2 | |
| *rivastigmine tartrate cap 1.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 3 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 4.5 mg (base equivalent)* | 1 | |
| *rivastigmine tartrate cap 6 mg (base equivalent)* | 1 | |
| *rivastigmine td patch 24hr 4.6 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 9.5 mg/24hr* | 1 | |
| *rivastigmine td patch 24hr 13.3 mg/24hr* | 1 | |
| ***COMBINATION PSYCHOTHERAPEUTICS*** | | |
| 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 | 2 | PA, QL (60 tabs every 30 days) |
| AUSTEDO TAB 9MG | 2 | PA, QL (120 tabs every 30 days) |
| AUSTEDO TAB 12MG | 2 | PA, QL (120 tabs every 30 days) |
| INGREZZA CAP 40-80MG | 2 | PA |
| INGREZZA CAP 40MG | 2 | PA, QL (30 caps every 30 days) |
| INGREZZA CAP 60MG | 2 | PA, QL (30 caps every 30 days) |
| INGREZZA CAP 80MG | 2 | PA, QL (30 caps every 30 days) |
| *tetrabenazine tab 12.5 mg* | 1 | PA, QL (120 tabs every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *tetrabenazine tab 25 mg* | 1 | PA, QL (60 tabs every 30 days) |
| ***MULTIPLE SCLEROSIS AGENTS*** | | |
| AUBAGIO TAB 7MG | 2 | PA, QL (30 tabs every 30 days) |
| AUBAGIO TAB 14MG | 2 | PA, QL (30 tabs every 30 days) |
| AVONEX PEN KIT 30MCG | 2 | PA |
| AVONEX PREFL KIT 30MCG | 2 | PA |
| BETASERON INJ 0.3MG | 2 | PA |
| COPAXONE INJ 20MG/ML | 2 | PA, QL (30 injections every 30 days) |
| COPAXONE INJ 40MG/ML | 2 | PA |
| *dalfampridine tab er 12hr 10 mg* | 1 | PA, QL (60 tabs every 30 days) |
| *dimethyl fumarate capsule delayed release 120 mg* | 1 | PA, QL (14 caps every 28 days) |
| *dimethyl fumarate capsule delayed release 240 mg* | 1 | PA, QL (60 caps every 30 days) |
| *dimethyl fumarate capsule dr starter pack 120 mg & 240 mg* | 1 | PA, QL (1 kit every 30 days) |
| *glatiramer acetate soln prefilled syringe 20 mg/ml* | 1 | PA, QL (30 injections every 30 days) |
| *glatiramer acetate soln prefilled syringe 40 mg/ml* | 1 | PA |
| *glatopa inj 20mg/ml* | 1 | PA, QL (30 injections every 30 days) |
| *glatopa inj 40mg/ml* | 1 | PA |
| KESIMPTA INJ 20/.4ML | 2 | PA |
| MAYZENT PAK STARTER | 2 | PA, QL (12 tabs every 5 days) |
| MAYZENT TAB 0.25MG | 2 | PA, QL (12 tabs every 5 days) |
| MAYZENT TAB 2MG | 2 | PA, QL (30 tabs every 30 days) |
| OCREVUS INJ 300/10ML | 2 | PA |
| REBIF INJ 22/0.5 | 2 | PA |
| REBIF INJ 44/0.5 | 2 | PA |
| REBIF REBIDO INJ 22/0.5 | 2 | PA |
| REBIF REBIDO INJ 44/0.5 | 2 | PA |
| REBIF REBIDO INJ TITRATN | 2 | PA |
| REBIF TITRTN INJ PACK | 2 | PA |
| TYSABRI INJ 300/15ML | 2 | PA, QL (2 vials every 30 days) |
| VUMERITY CAP 231MG | 2 | PA, QL (120 caps every 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ZEPOSIA 7DAY CAP STR PACK | 2 | PA, QL (30 ea every 30 days) |
| ZEPOSIA CAP .92MG | 2 | PA, QL (30 caps every 30 days) |
| ZEPOSIA CAP STR KIT | 2 | 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 |
| ***PULMONARY FIBROSIS AGENTS*** | | |
| OFEV CAP 100MG | 2 | PA, QL (60 caps every 30 days) |
| OFEV CAP 150MG | 2 | PA, QL (60 caps every 30 days) |
| **SULFONAMIDES** | | |
| ***SULFONAMIDES*** | | |
| *sulfadiazine tab 500 mg* | 1 | |
| **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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| *unithroid tab 100mcg* | 1 | |
| *unithroid tab 112mcg* | 1 | |
| *unithroid tab 125mcg* | 1 | |
| *unithroid tab 137mcg* | 1 | |
| *unithroid tab 150mcg* | 1 | |
| *unithroid tab 175mcg* | 1 | |
| *unithroid tab 200mcg* | 1 | |
| *unithroid tab 300mcg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS** | | |
| ***ANTISPASMODICS*** | | |
| *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 SOL 300/5ML | 1 | |
| *cimetidine tab 200 mg* | 1 | |
| *cimetidine tab 300 mg* | 1 | |
| *cimetidine tab 400 mg* | 1 | |
| *cimetidine tab 800 mg* | 1 | |
| *famotidine for susp 40 mg/5ml* | 1 | |
| *famotidine 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| ***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*** | | |
| *amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg* | 1 | |
| PYLERA CAP | 2 | |
| TALICIA CAP | 2 | |
| **URINARY ANTISPASMODICS** | | |
| ***URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)*** | | |
| *darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)* | 1 | |
| *darifenacin hydrobromide tab er 24hr 15 mg (base equiv)* | 1 | |
| *oxybutynin chloride syrup 5 mg/5ml* | 1 | |
| *oxybutynin chloride tab 5 mg* | 1 | |
| *oxybutynin chloride tab er 24hr 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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 | |
| 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 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|---|---|
| *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* | 1 | PA, QL (90 caps every 30 days) |
| *droxidopa cap 200 mg* | 1 | PA, QL (180 caps every 30 days) |
| *droxidopa cap 300 mg* | 1 | 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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