2022 CDPHP® Commercial Clinical Formulary- 2

(Effective 10-1-2022)

NON-DISCRIMINATION/MULTI-LANGUAGE INTERPRETER SERVICES: APPLIES TO MEMBERS/ENROLLEES ONLY

Discrimination is Against the Law
Capital District Physicians' Health Plan, Inc. (CDPHP®) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CDPHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CDPHP:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact the CDPHP Civil Rights Coordinator.

If you believe that CDPHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: CDPHP Civil Rights Coordinator, 500 Patroon Creek Blvd., Albany, NY 12206, 1-844-391-4803 (TTY/TDD: 711), Fax (518) 641-3401. You can file a grievance by mail, fax, or electronically at https://www.cdphp.com/customer-support/email-cdphp. If you need help filing a grievance, the CDPHP Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019 (TDD 1-800-537-7697).

Multi-language Interpreter Services

ATTENTION: If you speak a non-English language, language assistance services, free of charge, are available to you. Call the number on your member ID card (TTY: 711).

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員 ID 卡上的電話（聽力障礙電傳：711）。

ВНИМАНИЕ: Если вы говорите на иностранном языке, вы можете воспользоваться бесплатными услугами перевода. Позвоните по номеру на вашей ID карточке участника (Телетайп: 711).

ATANSYON: Si ou pale yon lang ki pa Angle, wap jwenn sèvis asistans lang gratis disponib pou ou. Rele nimewo ki sou kat ID manm ou a (TTY: 711).

주의: 영어 이외의 언어를 사용하는 경우 무료로 언어 지원 서비스를 받을 수 있습니다. 귀하의 회원 ID 카드에 있는 번호로 전화하십시오(TTY: 711).

ATTENZIONE: Se non parla inglese né una lingua anglofona, sono disponibili servizi gratuiti di assistenza linguistica. Chiami il numero presente sulla scheda ID dei membri (TTY: 711).

אויפמערקזאם: אויב איר רעדט , זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט דעם נומער אויף אייער מעמבער ID קארטל (711:TTY)

মনোযোগ দিনঃ আপনি যদি ইংরেজি বহির্ভূত কোন ভাষায় কথা বলেন ,আপনার জন্য বিনা খরচায় ভাষা সহায়তা উপলভ্য রয়েছে। আপনার সদস্য আইডি কার্ডের নম্বরে কল করুন (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer na Twojej członkowskiej karcie ID (TTY: 711).

تنبيه: إذا كنت تتحدث لغة غير الإنجليزية، تتوفر إليك خدمات مساعدة اللغة مجانًا. اتصل بالرقم الموجود ببطاقة الهوية لعضويتك (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez au numéro indiqué sur votre carte de membre (ATS : 711).

توجہ دیں: اگر آپ انگریزی کے علاوہ دوسری زبان بولتے ہیں تو، آپ کے لیے زبان کی اعانت کی خدمات مفت دستیاب ہیں۔ اپنے ممبر آئی ڈی کارڈ پر درج نمبر پر کال کریں (TTY: 711)۔

ATENSYON: Kung nagsasalita kayo ng wikang iba sa Ingles, magagamit niyo ang mga serbisyo sa tulong sa wika nang walang bayad. Tawagan ang numero sa inyong card miyembro ID (TTY: 711).

ΠΡΟΣΟΧΗ: Αν δεν μιλάτε Αγγλικά, υπάρχουν στη διάθεσή σας υπηρεσίες γλωσσικής υποστήριξης οι οποίες παρέχονται δωρεάν. Καλέστε τον αριθμό που θα βρείτε στην ατομική σας ταυτότητα μέλους (TTY: 711).

VINI RE: Nëse flisni një gjuhë jo-anglisht, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Telefonojini numrit në kartën tuaj të ID të anëtarit (TTY: 711).

CDPHP® Commercial Formulary 2

INTRODUCTION

CDPHP® (Capital District Physicians' Health Plan, Inc. and CDPHP Universal Benefits,® Inc.) is pleased to provide the *CDPHP Commercial Formulary 2* as a useful reference and informational tool to assist practitioners in selecting clinically appropriate and cost-effective drug therapies.

The information contained in this *CDPHP Commercial Formulary 2* and its appendices is provided by CDPHP, solely for the convenience of medical practitioners. CDPHP does not warrant or assure accuracy of such information. This *CDPHP Commercial Formulary 2* is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical practitioner in his/her choice of prescription drugs. All the information in the *CDPHP Commercial Formulary 2* is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

CDPHP assumes no responsibility for the actions or omissions of any medical practitioner based upon reliance, in whole or in part, on the information contained herein. **The medical practitioner should consult the drug manufacturer's product literature or standard references for more detailed information.**

National guidelines can be found on the National Guideline Clearinghouse site at **http://www.guideline.gov**.

Please note, the information found in the *CDPHP Commercial Formulary 2* does not apply to any of the CDPHP Medicare or Medicaid products that offer prescription drug benefits. For information on these plans, please visit the Medicare or Medicaid Information section on **http://www.cdphp.com**.

PREFACE

The *CDPHP Commercial Formulary 2* represents CDPHP's prescription drug formulary and is organized by sections. The first section includes a list of CDPHP drugs requiring prior authorization. Thereafter, each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed alphabetically within each tier. This is a comprehensive list, only dosage forms and strengths of the drug cited are included in the *CDPHP Commercial Formulary 2*. **Generics should be considered the first line of prescribing**.

The CDPHP formulary is a closed formulary. In a closed formulary, drugs are either covered or not covered. Products not covered are only available by medical exception.

Coverage of any agent listed in the formulary is subject to the member's contract and prescription drug rider. Quantity limits, prior authorization, dose optimization, and/or step therapy requirements may apply. Non self-administered Injectables are generally covered under the medical benefit. Injectables that are listed in the *CDPHP Commercial Formulary 2* are covered under the prescription drug coverage section of the member contract. In addition, over-the-counter (OTC) products, with the exception of insulin and

diabetes monitoring products, are usually not covered. Covered OTC products and their associated tier placement are listed throughout this document.

Drugs represented in the *CDPHP Commercial Formulary 2* may have varying cost to the member. Tier 1 medications are available at the lowest cost, and tier 3 medications and medications not on the list will cost the most.

The tiered format places drugs into tiers in the following manner:

Tier 1: Generic prescription drugs which offer the most cost-effective alternative to available brand-name prescription drug products. It may also include those brand-name prescription drug products determined by the Plan's Pharmacy and Therapeutics (P&T) Committee to be included in quality initiative programs.

Tier 2: Preferred brand-name prescription drug products which offer overall clinical and/or financial value. Selected generic prescription drug products may also be included in this tier if they are not as cost effective as a tier 1 generic drug.

Tier 3: All other covered brand-name or generic prescription drugs which do not offer significant clinical and/or cost advantages over a tier 1 or a tier 2 drug.

Due to Federal and New York State mandates, certain drug classes will have no member cost share or a reduced member cost share than what is stated in this document. Examples of these drug classes include, but are not limited to, diabetic drugs, oral contraceptives and oral oncology drugs.

Please note that all new drugs will not be covered on the formulary and require prior authorization until reviewed by the CDPHP P&T Committee.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CDPHP P&T Committee includes a cross-section of practicing network physicians and pharmacists whose primary role on the committee is to ensure that the most clinically appropriate and cost-effective drugs will be available for CDPHP members. The P&T Committee is responsible for reviewing new drugs, reviewing and revising pharmacy policies, reviewing patient profiles and drug utilization review quarterly reports, and reviewing clinical initiatives/programs for all lines of business. The members of the P&T Committee are bound by a confidentiality and conflict of interest agreement, which is renewed annually.

The actions of the CDPHP P&T Committee are communicated after each committee meeting by posting final decisions on the CDPHP Web page Formulary Updates section of Rx Corner on the Providers tab of **http://www.cdphp.com**.

PRODUCT SELECTION CRITERIA

All new drugs will not be included on the formulary and require prior authorization review until reviewed by the P&T Committee. CDPHP P&T Committee will consider inclusion to the formulary based on CVS Caremark's recommendations.

When a new drug is considered for formulary inclusion, it will be reviewed relative to similar drugs currently on formulary. In addition, the entire CDPHP formulary is reviewed on an annual basis.

Quantity limitations, prior authorizations, dose optimization, and/or step therapy may also apply to formulary drugs. D**rugs not listed on the formulary document are not covered unless medical exception procedures have been followed and a medical exception is approved.** Please note that certain drugs are additionally not covered as described in member contracts (e.g., cosmetic agents).

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. Drugs Listed on the formulary in **lowercase font** indicate generic drug and listings in **upper case font** indicate Brand drug.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Research shows that members can save an average of 30-80% when they fill their prescriptions with a generic drug instead of a brand-name drug.

Prescription generic drugs undergo a strict U.S. Food and Drug Administration (FDA) approval process. Here are just some of the FDA standards and practices that generic manufacturers must follow:

- A generic medicine must be bioequivalent (performs in the same manner) to its brand-name counterpart.
- A generic medicine must pass the FDA's review for both active and inactive ingredients.
- The manufacturer facility of the generic medicine must pass FDA inspection.
- The generic medicine must have the same active ingredients and be available in the same strength and dosage form as its brand-name counterpart.
- The label of the generic medicine must include the same information found on the packaging of its brand-name counterpart.
- Finally, the FDA continues to monitor the generic drug for quality control after it has been approved (**http://www.fda.gov**).

The FDA is very strict in their review of a generic medicine before it goes to market. In most cases, the average person would not be able to tell the difference between a generic and a brand-name drug, other than the size, color, or shape. U.S. trademark laws require that generics look different from their brand-name equivalents.

SPECIALTY DRUGS (SP)

Specialty pharmaceuticals are used in the management of complex chronic or genetic conditions and certain catastrophic diseases. They are often injectable medications, but they may also include oral agents. CDPHP has chosen ConnectRx Clifton Park or CVS Caremark Specialty Pharmacy Services to dispense certain high-cost injectables and biotech drugs for its members.

Both offer the following:

- The ability to receive a 30-day supply of medications and additional supplies needed for the medications. Medications can be sent to a patient's home, another address selected by the patient, a doctor's office, or they can be picked up at the pharmacy.

- Help for side effects, educational materials about certain health issues, refill reminder calls, and access to health care professionals for emergencies 24 hours a day, seven days a week.

- ConnectRx offers free, personal delivery, convenience, a hassle-free transfer process, and deep discounts on generic drugs.

- CVS Caremark provides Patient Resource Centers. CDPHP members can find the latest news, helpful tips and tools, drug information, safety alerts, support groups, community links, and other useful resources.

Get Started with ConnectRx Clifton Park
Call (518) 350-9900 or toll free at (855)-967-5900 or visit online at http://www.pharmacyconnectrx.com/cliftonpark.

Get started with CVS Caremark Specialty Pharmacy Services
Call 1-800-237-2767, fax 1-800-323-2445, or visit them online at https://www.cvsspecialty.com. Drugs marked with a "SPC" symbol are required to be filled through ConnectRX or the CVS Specialty Pharmacy. ConnectRX can be contacted by calling, toll free at (855)-967-5900. CVS Specialty Pharmacy can be contacted by calling, toll-free at 1-800-237-2767.

PRIOR AUTHORIZATION (PA)

CDPHP requires prior authorization for certain drugs before they will be approved for coverage. Coverage will be approved when specific approval criteria for that drug is met, according to CDPHP policies.

Drugs indicated as requiring prior authorization is subject to change from time to time. If a drug is listed as requiring prior authorization, the prescribing practitioner should initiate a prior authorization request with CDPHP. Prior authorization can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208.

Drugs that require prior authorization are noted within this booklet by the "**PA**" symbol

OTC	Over the Counter
PA	Prior Authorization
PD	Preventive Drug
QL	Quantity Limitations apply
SP	Available through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900
SPC	Required to fill through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767
ST	Step Therapy criteria applies
ACA	Covered under the Affordable Care Act; no member cost share
RXC/M	Pharmacy Care Management Program

PRESCRIPTION QUANTITY MANAGEMENT

CDPHP, working closely with the P&T Committee members, has chosen to limit the quantity of certain drugs that CDPHP may cover for a member. Quantity limits are in place for quality and/or clinical considerations. The list of drugs that have quantity limits is subject to change from time to time and may not be all-inclusive. Drugs that have quantity limits are noted within this booklet by the "**QL**" symbol.

DOSE OPTIMIZATION

Dose optimization is a program to support appropriate and cost-effective drug therapy by recommending a higher once-daily dose of a product when members are taking multiple-daily doses of a lower strength. For example, a member may be taking two 20 mg tablets of a drug per day when only one 40 mg tablet could be used. If a practitioner determines that multiple daily doses are medically necessary, please submit the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

STEP THERAPY (ST)

The Step Therapy (ST) program is another form of prior authorization. The step therapy program uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Using the standard protocol, certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first.

Drugs that require step therapy are noted within this booklet by the "**ST**" symbol. The list of drugs that require step therapy is subject to change from time to time and may not be all-inclusive.

If it is medically necessary for a member to use a step therapy medication as initial therapy without trying a "prerequisite therapy" drug, the practitioner can request coverage of the step therapy medication by submitting the CDPHP Medical Exception Form by fax to (518) 641-3208 for consideration.

MEDICAL EXCEPTION PROCESS

The CDPHP P&T Committee developed the Medical Exception policy so that practitioners may request a drug not included on the formulary for a specific patient when medically necessary. The Medical Exception process is coordinated through CDPHP's Pharmacy Department. Requests are processed in the order received. Medical exceptions can be requested through the CDPHP Pharmacy Department by faxing the request to (518) 641-3208. In addition, a member may initiate a medical exception request by calling the telephone number to CVS Caremark printed on their CDPHP identification card or by utilizing the "Medical Exception Request" option found under Prescription Forms & Lists on the Forms and Tools section on the members tab of CDPHP's website, **www.cdphp.com**. A response will be sent to both the medical practitioner and member as soon as possible.

EDITOR

Your comments and suggestions regarding the *CDPHP Commercial Formulary 2* are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

CDPHP Pharmacy Department
500 Patroon Creek Boulevard
Albany, NY 12206-1057
Email: **pharmacy@cdphp.com**
www.cdphp.com

LEGEND

OTC	Over the counter
PA	Prior Authorization; refer to Prior Authorization section
PD	Preventive Drug
QL	Quantity Limitations; refer to Prescription Quantity Management section
SP	Available through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900
SPC	Required to fill through ConnectRX at (518) 350-9900 or toll-free at (855)-967-5900 or CVS Specialty Pharmacy, toll-free at 1-800-237-2767
ST	Step Therapy; refer to Step Therapy section
ACA	Covered under the Affordable Care Act; no member cost share
RXC/M	Pharmacy Care Management Program

NOTICE

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third party pharmaceutical companies.

CDPHP and CVS Caremark do not operate the websites/organizations listed here, nor are they responsible for the availability or reliability of the websites' content. These listings do not imply or constitute an endorsement, sponsorship or recommendation by CDPHP or CVS Caremark.

CDPHP_Exchange_F2 Effective 10/01/2022

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (60 caps 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (60 caps 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (60 caps 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (60 caps 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (60 caps 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (60 caps 30 days)
amphetamine-dextroamphetamine tab 5 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	1	QL (90 tabs / 30 days)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (120 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (120 caps / 30 days)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (120 caps / 30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (120 tabs / 30 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs / 30 days)
methamphetamine hcl tab 5 mg	3	PA if < 6 yoa

Drug Name	Drug Tier	Requirements/Limits
VYVANSE CAP 10MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 20MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 30MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 40MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 50MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 60MG	2	QL (30 caps 30 days); PA if < 6 yoa
VYVANSE CAP 70MG	2	QL (30 caps 30 days); PA if < 6 yoa
ANOREXIANTS NON-AMPHETAMINE		
phentermine hcl cap 15 mg	1	PA; PD
phentermine hcl cap 30 mg	1	PA; PD
phentermine hcl cap 37.5 mg	1	PA; PD
phentermine hcl tab 37.5 mg	1	PA; PD
QSYMIA CAP 3.75-23	2	PA; PD
QSYMIA CAP 7.5-46MG	2	PA; PD
QSYMIA CAP 11.25-69	2	PA; PD
QSYMIA CAP 15-92MG	2	PA; PD
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA; PD
SAXENDA INJ 18MG/3ML	2	PA; PD
WEGOVY INJ 0.5MG	2	PA; PD
WEGOVY INJ 0.25MG	2	PA; PD
WEGOVY INJ 1.7MG	2	PA; PD
WEGOVY INJ 1MG	2	PA; PD
WEGOVY INJ 2.4MG	2	PA; PD
XENICAL CAP 120MG	3	PA; PD
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	
atomoxetine hcl cap 18 mg (base equiv)	1	
atomoxetine hcl cap 25 mg (base equiv)	1	
atomoxetine hcl cap 40 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl cap 60 mg (base equiv)	1	
atomoxetine hcl cap 80 mg (base equiv)	1	
atomoxetine hcl cap 100 mg (base equiv)	1	
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	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	3	PA, QL (60 tabs / 30 days)
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	3	PA, QL (60 tabs / 30 days); SPC
WAKIX TAB 17.8MG	3	PA, QL (60 tabs / 30 days); SPC
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	QL (30 tabs / 30 days)
armodafinil tab 150 mg	1	QL (30 tabs / 30 days)
armodafinil tab 200 mg	1	QL (30 tabs / 30 days)
armodafinil tab 250 mg	1	QL (30 tabs / 30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 10 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 15 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 20 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 25 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 30 mg	2	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hcl cap er 24 hr 35 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl cap er 24 hr 40 mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	1	QL (90 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	1	QL (90 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	1	QL (90 tabs / 30 days)
methylphenidate hcl cap er 10 mg (cd)	1	QL (60 caps / 30 days); generic for Metadate CD
methylphenidate hcl cap er 20 mg (cd)	1	QL (60 caps / 30 days); generic for Metadate CD
methylphenidate hcl cap er 24hr 10 mg (la)	3	QL (60 caps / 30 days)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (60 caps / 30 days); generic for Ritalin LA
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (60 caps / 30 days); generic for Ritalin LA
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (60 caps / 30 days); generic for Ritalin LA
methylphenidate hcl cap er 30 mg (cd)	1	QL (60 caps / 30 days); generic for Metadate CD
methylphenidate hcl cap er 40 mg (cd)	1	QL (60 caps / 30 days); generic for Metadate CD
methylphenidate hcl cap er 50 mg (cd)	1	QL (60 caps / 30 days); generic for Metadate CD
methylphenidate hcl cap er 60 mg (cd)	1	QL (60 caps / 30 days); generic for Metadate CD
methylphenidate hcl soln 5 mg/5ml	1	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	2	
methylphenidate hcl tab 5 mg	1	QL (90 tabs / 30 days)
methylphenidate hcl tab 10 mg	1	QL (90 tabs / 30 days)
methylphenidate hcl tab 20 mg	1	QL (90 tabs / 30 days)
methylphenidate hcl tab er 10 mg	1	
methylphenidate hcl tab er 20 mg	1	
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (60 tabs 30 days); generic for Concerta
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (60 tabs 30 days); generic for Concerta

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (60 tabs 30 days); generic for Concerta
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (60 tabs 30 days); generic for Concerta
methylphenidate td patch 10 mg/9hr	3	QL (30 patches / 30 days)
methylphenidate td patch 15 mg/9hr	3	QL (30 patches / 30 days)
methylphenidate td patch 20 mg/9hr	3	QL (30 patches / 30 days)
methylphenidate td patch 30 mg/9hr	3	QL (30 patches / 30 days)
modafinil tab 100 mg	2	PA, QL (60 tabs / 30 days)
modafinil tab 200 mg	2	PA, QL (60 tabs / 30 days)
QUILLICHEW CHW 20MG ER	3	QL (60 / 30 days for new starts); PA if < 6 yoa
QUILLICHEW CHW 30MG ER	3	QL (60 / 30 days for new starts); PA if < 6 yoa
QUILLICHEW CHW 40MG ER	3	QL (60 / 30 days for new starts); PA if < 6 yoa
QUILLIVANT SUS 25MG/5ML	3	QL (360 mL / 30 days for new starts); PA if < 6 yoa

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

PALFORZIA CAP ESCALAT	3	PA
PALFORZIA CAP LEVEL 1	3	PA
PALFORZIA CAP LEVEL 2	3	PA
PALFORZIA CAP LEVEL 3	3	PA
PALFORZIA CAP LEVEL 4	3	PA
PALFORZIA CAP LEVEL 5	3	PA
PALFORZIA CAP LEVEL 6	3	PA
PALFORZIA CAP LEVEL 7	3	PA

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA CAP LEVEL 8	3	PA
PALFORZIA CAP LEVEL 9	3	PA
PALFORZIA CAP LEVEL 10	3	PA
PALFORZIA POW LEVEL 11	3	PA
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate tab 500 mg	1	
paromomycin sulfate cap 250 mg	3	PA
streptomycin sulfate for inj 1 gm	2	PA
tobramycin nebu soln 300 mg/5ml	3	SPC
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML	2	PA, QL ; SPC
HUMIRA INJ 10MG/0.2	2	PA, QL ; SPC
HUMIRA INJ 20/0.2ML	2	PA, QL ; SPC
HUMIRA INJ 40/0.4ML	2	PA, QL ; SPC
HUMIRA KIT 20MG/0.4	2	PA, QL ; SPC
HUMIRA KIT 40MG/0.8	2	PA, QL ; SPC
HUMIRA PEDIA INJ CROHNS	2	PA, QL ; SPC
HUMIRA PEN INJ 40/0.4ML	2	PA, QL ; SPC
HUMIRA PEN INJ CD/UC/HS	2	PA, QL ; SPC
HUMIRA PEN KIT CD/UC/HS	2	PA, QL ; SPC
HUMIRA PEN KIT PS/UV	2	PA, QL ; SPC
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER	2	PA, QL (30 tabs / 30 days); SPC
RINVOQ TAB 30MG ER	2	PA, QL (30 tabs / 30 days); SPC
RINVOQ TAB 45MG ER	2	PA, QL (30 tabs / 30 days); SPC
XELJANZ SOL 1MG/ML	2	PA, QL (60 mL / 30 days); SPC
XELJANZ TAB 5MG	2	PA, QL ; SPC
XELJANZ TAB 10MG	2	PA, QL ; SPC
XELJANZ XR TAB 11MG	2	PA, QL ; SPC
XELJANZ XR TAB 22MG	2	PA, QL ; SPC

Drug Name	Drug Tier	Requirements/Limits
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	PA; (MNPA)
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	3	PA; SPC
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	3	PA; SPC
KEVZARA INJ 200/1.14	3	PA; SPC
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
celecoxib cap 50 mg	1	QL (60 caps / 30 days)
celecoxib cap 100 mg	2	QL (60 caps / 30 days)
celecoxib cap 200 mg	2	QL (60 caps / 30 days)
celecoxib cap 400 mg	2	QL (60 caps / 30 days)
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	Rx4L
diclofenac sodium tab delayed release 75 mg	1	Rx4L
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	3	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	3	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
fenoprofen calcium tab 600 mg	2	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen susp 100 mg/5ml	1	OTC
ibuprofen tab 400 mg	1	Rx4L
ibuprofen tab 600 mg	1	Rx4L
ibuprofen tab 800 mg	1	Rx4L
indomethacin cap 25 mg	1	Rx4L
indomethacin cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
indomethacin cap er 75 mg	1	
ketoprofen cap 50 mg	1	
ketoprofen cap 75 mg	1	
ketoprofen cap er 24hr 200 mg	1	
ketorolac tromethamine tab 10 mg	1	QL (20 tabs 30 days)
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	2	
meloxicam tab 7.5 mg	1	Rx4L
meloxicam tab 15 mg	1	Rx4L
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen susp 125 mg/5ml	1	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	Rx4L
naproxen tab 500 mg	1	Rx4L
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	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 200 mg	1	
tolmetin sodium tab 600 mg	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	2	PA, QL ; SPC
OTEZLA TAB 30MG	2	PA, QL ; SPC
PYRIMIDINE SYNTHESIS INHIBITORS		
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	2	PA, QL ; SPC

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 25MG	2	PA, QL ; SPC
ENBREL INJ 50MG/ML	2	PA, QL ; SPC
ENBREL MINI INJ 50MG/ML	2	PA, QL ; SPC
ENBREL SRCLK INJ 50MG/ML	2	PA, QL ; SPC

ANALGESICS - NONNARCOTIC

ANALGESIC COMBINATIONS

butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine cap 50-300-40 mg	1	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	

SALICYLATES

aspirin chew tab 81 mg	1	OTC; ACA
aspirin tab 325 mg	1	OTC; ACA
aspirin tab delayed release 81 mg	1	OTC; ACA
aspirin tab delayed release 325 mg	1	OTC; ACA
diflunisal tab 500 mg	1	

ANALGESICS – OPIOID

The quantity of opioid products covered (including those that are combined with acetaminophen, aspirin or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day.

OPIOID AGONISTS

codeine sulfate tab 30 mg	3	
EMBEDA CAP 30-1.2MG	3	PA, QL
fentanyl citrate lozenge on a handle 200 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 400 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 600 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 800 mcg	1	PA, QL
fentanyl citrate lozenge on a handle 1200 mcg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate lozenge on a handle 1600 mcg	1	PA, QL
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL
hydromorphone hcl liqd 1 mg/ml	1	QL
hydromorphone hcl tab 2 mg	1	QL
hydromorphone hcl tab 4 mg	1	QL
hydromorphone hcl tab 8 mg	1	PA, QL
hydromorphone hcl tab er 24hr 8 mg	3	PA, QL
hydromorphone hcl tab er 24hr 12 mg	3	PA, QL
hydromorphone hcl tab er 24hr 16 mg	3	PA, QL
hydromorphone hcl tab er 24hr 32 mg	3	PA, QL
methadone hcl tab 5 mg	1	PA, QL
methadone hcl tab 10 mg	1	PA, QL
morphine sulfate oral soln 10 mg/5ml	1	QL
morphine sulfate oral soln 20 mg/5ml	1	QL
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	QL
morphine sulfate suppos 5 mg	1	QL
morphine sulfate suppos 10 mg	1	QL
morphine sulfate suppos 20 mg	1	QL
morphine sulfate tab 15 mg	1	QL
morphine sulfate tab 30 mg	1	PA, QL
morphine sulfate tab er 15 mg	1	PA, QL
morphine sulfate tab er 30 mg	1	PA, QL
morphine sulfate tab er 60 mg	1	PA, QL
NUCYNTA ER TAB 50MG	3	ST, PA, QL
NUCYNTA ER TAB 100MG	3	ST, PA, QL
NUCYNTA ER TAB 150MG	3	ST, PA, QL
NUCYNTA ER TAB 200MG	3	ST, PA, QL
NUCYNTA ER TAB 250MG	3	ST, PA, QL
NUCYNTA TAB 50MG	2	PA
NUCYNTA TAB 75MG	2	PA
NUCYNTA TAB 100MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl cap 5 mg	1	QL
oxycodone hcl soln 5 mg/5ml	1	QL
oxycodone hcl tab 5 mg	1	QL
oxycodone hcl tab 10 mg	1	QL
oxycodone hcl tab 15 mg	1	PA, QL
oxycodone hcl tab 20 mg	1	PA, QL
oxycodone hcl tab 30 mg	1	PA, QL
oxycodone hcl tab er 12hr deter 10 mg	3	PA, QL
oxycodone hcl tab er 12hr deter 15 mg	3	PA, QL
oxycodone hcl tab er 12hr deter 20 mg	3	PA, QL
oxycodone hcl tab er 12hr deter 40 mg	3	PA, QL
oxycodone hcl tab er 12hr deter 80 mg	3	PA, QL
OXYCONTIN TAB 10MG ER	3	PA, QL
OXYCONTIN TAB 15MG ER	3	PA, QL
OXYCONTIN TAB 20MG ER	3	PA, QL
OXYCONTIN TAB 40MG ER	3	PA, QL
OXYCONTIN TAB 80MG ER	3	PA, QL
oxymorphone hcl tab 5 mg	1	PA, QL
oxymorphone hcl tab 10 mg	1	PA, QL
oxymorphone hcl tab er 12hr 5 mg	3	PA, QL
oxymorphone hcl tab er 12hr 7.5 mg	3	PA, QL
oxymorphone hcl tab er 12hr 10 mg	3	PA, QL
oxymorphone hcl tab er 12hr 15 mg	3	PA, QL
oxymorphone hcl tab er 12hr 20 mg	3	PA, QL
oxymorphone hcl tab er 12hr 30 mg	3	PA, QL
oxymorphone hcl tab er 12hr 40 mg	3	PA, QL
tramadol hcl tab 50 mg	1	QL
tramadol hcl tab er 24hr 100 mg	2	QL
tramadol hcl tab er 24hr 200 mg	2	QL
tramadol hcl tab er 24hr 300 mg	2	QL
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL
acetaminophen w/ codeine tab 300-15 mg	1	QL
acetaminophen w/ codeine tab 300-30 mg	1	QL
acetaminophen w/ codeine tab 300-60 mg	1	QL

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen tab 5-325 mg	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL
hydrocodone-acetaminophen tab 10-325 mg	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL
oxycodone w/ acetaminophen tab 5-325 mg	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL
oxycodone w/ acetaminophen tab 10-325 mg	1	QL
oxycodone-aspirin tab 4.8355-325 mg	1	QL
oxycodone-ibuprofen tab 5-400 mg	1	QL
tramadol-acetaminophen tab 37.5-325 mg	1	QL
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	1	QL (90 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (90 tabs / 30 days)
buprenorphine td patch weekly 5 mcg/hr	1	QL (4 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
buprenorphine td patch weekly 10 mcg/hr	1	QL (4 patches / 30 days)
buprenorphine td patch weekly 15 mcg/hr	1	QL (4 patches / 30 days)
buprenorphine td patch weekly 20 mcg/hr	1	QL (4 patches / 30 days)
butorphanol tartrate nasal soln 10 mg/ml	1	QL
nalbuphine hcl inj 10 mg/ml	1	PA
nalbuphine hcl inj 20 mg/ml	1	PA
ZUBSOLV SUB 0.7-0.18	2	QL (90 tabs 30 days)
ZUBSOLV SUB 1.4-0.36	2	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	2	QL (90 sublingual tablets / 30 days)
ZUBSOLV SUB 5.7-1.4	2	QL (90 tabs 30 days)
ZUBSOLV SUB 8.6-2.1	2	QL (60 tabs 30 days)
ZUBSOLV SUB 11.4-2.9	2	QL (30 / 30 days)
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 TAB 50MG	3	PA
oxandrolone tab 2.5 mg	3	PA
oxandrolone tab 10 mg	3	PA
ANDROGENS		
ANDRODERM DIS 2MG/24HR	2	QL (30 patches 30 days)
ANDRODERM DIS 4MG/24HR	2	QL (30 patches 30 days)
android cap 10mg	3	
ANDROXY TAB 10MG	3	
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
testosterone cypionate im inj in oil 100 mg/ml	1	
testosterone cypionate im inj in oil 200 mg/ml	1	
testosterone enanthate im inj in oil 200 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
testosterone td gel 12.5 mg/act (1%)	2	QL (300 grams 30 days)
testosterone td gel 20.25 mg/1.25gm (1.62%)	2	QL (150 gm / 30 days)
testosterone td gel 20.25 mg/act (1.62%)	2	QL (150 gm / 30 days)
testosterone td gel 25 mg/2.5gm (1%)	2	QL (300gm 30 days)
testosterone td gel 40.5 mg/2.5gm (1.62%)	2	QL (150 gm / 30 days)
testosterone td gel 50 mg/5gm (1%)	2	QL (300 gm / 30 days)
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
hydrocortisone enema 100 mg/60ml	1	
RECTAL COMBINATIONS		
ANALPRAM HC CRE 2.5-1%	2	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	2	
PROCTOFOAM AER HC 1%	3	
RECTAL STEROIDS		
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	
VASODILATING AGENTS		
RECTIV OIN 0.4%	3	PA
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	3	
ivermectin tab 3 mg	3	
praziquantel tab 600 mg	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
pentamidine isethionate for nebulization soln 300 mg	3	
PRIMSOL SOL 50MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
tinidazole tab 250 mg	2	
tinidazole tab 500 mg	2	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	QL (126 tabs 30 days)
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	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	2	
atovaquone susp 750 mg/5ml	3	
nitazoxanide tab 500 mg	2	
CYCLIC LIPOPEPTIDES		
daptomycin for iv soln 500 mg	3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	2	
FIRVANQ SOL 50MG/ML	2	
vancomycin hcl cap 125 mg (base equivalent)	3	
vancomycin hcl cap 250 mg (base equivalent)	3	
KETOLIDES		
KETEK TAB 300MG	3	PA
KETEK TAB 400MG	3	PA
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	

Drug Name	Drug Tier	Requirements/Limits
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
MONOBACTAMS		
aztreonam for inj 1 gm	3	PA
aztreonam for inj 2 gm	3	PA
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	2	
linezolid tab 600 mg	2	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	3	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	2	
ranolazine tab er 12hr 1000 mg	2	
NITRATES		
isosorbide dinitrate tab 5 mg	1	PD
isosorbide dinitrate tab 10 mg	1	PD
isosorbide dinitrate tab 20 mg	1	PD
isosorbide dinitrate tab 30 mg	1	PD
isosorbide dinitrate tab er 40 mg	1	PD
isosorbide mononitrate tab 10 mg	1	PD
isosorbide mononitrate tab 20 mg	1	PD
isosorbide mononitrate tab er 24hr 30 mg	1	PD
isosorbide mononitrate tab er 24hr 60 mg	1	PD
isosorbide mononitrate tab er 24hr 120 mg	1	PD
NITRO-DUR DIS 0.3MG/HR	2	PD
NITRO-DUR DIS 0.8MG/HR	2	PD
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	PD
nitroglycerin td patch 24hr 0.2 mg/hr	1	PD
nitroglycerin td patch 24hr 0.4 mg/hr	1	PD
nitroglycerin td patch 24hr 0.6 mg/hr	1	PD

Drug Name	Drug Tier	Requirements/Limits
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	Rx4L
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	Rx4L
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	2	PA if < 18 yoa
meprobamate tab 400 mg	2	PA if < 18 yoa
BENZODIAZEPINES		
alprazolam tab 0.5 mg	1	QL (90 tabs 30 days)
alprazolam tab 0.25 mg	1	QL (90 tabs 30 days)
alprazolam tab 1 mg	1	QL (90 tabs 30 days)
alprazolam tab 2 mg	1	QL (60 tabs 30 days)
alprazolam tab er 24hr 0.5 mg	2	QL (60 tabs 30 days)
alprazolam tab er 24hr 1 mg	2	QL (60 tabs 30 days)
alprazolam tab er 24hr 2 mg	2	QL (60 tabs 30 days)
alprazolam tab er 24hr 3 mg	2	QL (60 tabs 30 days)
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	QL (120 tabs 30 days); PA if < 18 yoa
clorazepate dipotassium tab 7.5 mg	1	QL (120 tabs 30 days); PA if < 18 yoa
clorazepate dipotassium tab 15 mg	1	QL (120 tabs 30 days); PA if < 18 yoa
diazepam oral soln 1 mg/ml	1	QL (1200 mL 30 days)
diazepam tab 2 mg	1	QL (120 tabs 30 days)
diazepam tab 5 mg	1	QL (120 tabs 30 days)

Drug Name	Drug Tier	Requirements/Limits
diazepam tab 10 mg	1	QL (120 tabs 30 days)
lorazepam tab 0.5 mg	1	QL (150 tabs 30 days)
lorazepam tab 1 mg	1	QL (150 tabs 30 days)
lorazepam tab 2 mg	1	QL (150 tabs 30 days)
oxazepam cap 10 mg	1	QL (120 caps 30 days)
oxazepam cap 15 mg	1	QL (120 caps 30 days)
oxazepam cap 30 mg	1	QL (120 caps 30 days)
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
procainamide hcl inj 100 mg/ml	1	PA
PROCAINAMIDE HCL INJ 500 MG/ML	3	PA
quinidine gluconate tab er 324 mg	1	
quinidine sulfate tab er 300 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	2	
propafenone hcl cap er 12hr 325 mg	2	
propafenone hcl cap er 12hr 425 mg	2	
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	2	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	3	

Drug Name	Drug Tier	Requirements/Limits
dofetilide cap 250 mcg (0.25 mg)	3	
dofetilide cap 500 mcg (0.5 mg)	3	
MULTAQ TAB 400MG	3	PD
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (120 vials 30 days); PD
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	QL (2 inhalers 30 days)
INCRUSE ELPT INH 62.5MCG	2	QL (1 inhaler / 30 days); PD
ipratropium bromide inhal soln 0.02%	1	QL (120 vials 30 days); Rx4L
SPIRIVA AER 1.25MCG	2	QL (1 inhaler 30 days)
SPIRIVA CAP HANDIHLR	2	QL (30 caps 30 days)
SPIRIVA SPR 2.5MCG	2	QL (1 inhaler 30 days)
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	1	PD
montelukast sodium chew tab 5 mg (base equiv)	1	PD
montelukast sodium oral granules packet 4 mg (base equiv)	1	PD
montelukast sodium tab 10 mg (base equiv)	1	PD; Rx4L
zafirlukast tab 10 mg	2	PD
zafirlukast tab 20 mg	2	PD
zileuton tab er 12hr 600 mg	3	PD
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	3	PA; PD
DALIRESP TAB 500MCG	3	PA; PD
STEROID INHALANTS		
ARNUITY ELPT INH 50MCG	2	QL (1 inhaler / 30 days); PD
ARNUITY ELPT INH 100MCG	2	QL (1 inhaler / 30 days); PD

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 200MCG	2	QL (1 inhaler / 30 days); PD
budesonide inhalation susp 0.5 mg/2ml	1	QL (60 vials 30 days); PD
budesonide inhalation susp 0.25 mg/2ml	1	QL (60 vials 30 days); PD
budesonide inhalation susp 1 mg/2ml	2	QL (30 vials 30 days); PD
FLOVENT DISK AER 50MCG	2	QL (2 inhalers 30 days); PD
FLOVENT DISK AER 100MCG	2	QL (2 inhalers 30 days); PD
FLOVENT DISK AER 250MCG	2	QL (4 inhalers / 30 days); PD
FLOVENT HFA AER 44MCG	2	QL (2 inhalers 30 days); PD
FLOVENT HFA AER 110MCG	2	QL (2 inhalers 30 days); PD
FLOVENT HFA AER 220MCG	2	QL (2 inhalers 30 days); PD
PULMICORT INH 90MCG	2	QL (1 inhaler / 30 days); PD
PULMICORT INH 180MCG	2	QL (1 inhaler / 30 days); PD
QVAR AER 40MCG	2	QL (2 inhalers 30 days); PD
QVAR REDIHA AER 80MCG	2	QL (2 inhalers / 30 days)
QVAR REDIHAL AER 40MCG	2	QL (2 inhalers / 30 days)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	2	QL (1 inhaler 30 days); PD
ADVAIR DISKU AER 250/50	2	QL (1 inhaler 30 days); PD
ADVAIR DISKU AER 500/50	2	QL (1 inhaler 30 days); PD
ADVAIR HFA AER 45/21	2	QL (1 inhaler 30 days); PD

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 115/21	2	QL (1 inhaler 30 days); PD
ADVAIR HFA AER 230/21	2	QL (1 inhaler 30 days); PD
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2	QL (2 inhalers / 30 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (60 vials 30 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (125 vials 30 days)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (125 vials 30 days); Rx4L
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (125 vials 30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL (1 inhaler / 30 days); PD
ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	3	QL (60 vials 30 days); PD
BREO ELLIPTA INH 100-25	2	QL (1 inhaler / 30 days); PD
BREO ELLIPTA INH 200-25	2	QL (1 inhaler / 30 days); PD
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days); PD
BREZTRI AERO AER SPHERE	2	QL (4 inhalers / 28 days); PD; institutional pack
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2	PD
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2	PD
COMBIVENT AER 20-100	2	QL (2 inhalers 30 days)
DULERA AER 50-5MCG	2	QL (1 inhalers / 30 days); PD
DULERA AER 100-5MCG	2	QL (1 inhaler / 30 days); PD

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG	2	QL (1 inhaler / 30 days); PD
fluticasone-salmeterol aer powder ba 55-14 mcg/act	1	QL (1 inhaler 30 days); PD
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days); PD
fluticasone-salmeterol aer powder ba 113-14 mcg/act	1	QL (1 inhaler 30 days); PD
fluticasone-salmeterol aer powder ba 232-14 mcg/act	1	QL (1 inhaler 30 days); PD
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days); PD
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days); PD
FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	3	QL (60 vials 30 days); PD
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (180 vials 30 days)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (96 vials 30 days)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	3	QL (96 vials 30 days)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	3	QL (96 vials 30 days)
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	2	QL (2 inhalers / 30 days)
metaproterenol sulfate syrup 10 mg/5ml	1	
metaproterenol sulfate tab 10 mg	1	
metaproterenol sulfate tab 20 mg	1	
SEREVENT DIS AER 50MCG	3	QL (1 inhaler / 30 days); PD
STIOLTO AER 2.5-2.5	2	QL (1 inhaler / 30 days); PD
SYMBICORT AER 80-4.5	2	PD
SYMBICORT AER 160-4.5	2	PD
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
TRELEGY AER 100MCG	2	QL (1 inhaler / 30 days); PD
TRELEGY AER 200MCG	2	QL (1 inhaler / 30 days); PD
XANTHINES		
theophylline tab er 12hr 100 mg	1	
theophylline tab er 12hr 200 mg	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	PD; Rx4L
warfarin sodium tab 2 mg	1	PD; Rx4L
warfarin sodium tab 2.5 mg	1	PD; Rx4L
warfarin sodium tab 3 mg	1	PD; Rx4L
warfarin sodium tab 4 mg	1	PD; Rx4L
warfarin sodium tab 5 mg	1	PD; Rx4L
warfarin sodium tab 6 mg	1	PD; Rx4L
warfarin sodium tab 7.5 mg	1	PD; Rx4L
warfarin sodium tab 10 mg	1	PD; Rx4L
DIRECT FACTOR XA INHIBITORS		
ELIQUIS TAB 2.5MG	2	PD
ELIQUIS TAB 5MG	2	PD
SAVAYSA TAB 15MG	3	PA; (MNPA); PD
XARELTO STAR TAB 15/20MG	2	PD
XARELTO SUS 1MG/ML	2	
XARELTO TAB 2.5MG	2	PD
XARELTO TAB 10MG	2	PD
XARELTO TAB 15MG	2	PD
XARELTO TAB 20MG	2	PD
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	3	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	3	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	3	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	3	
FRAGMIN INJ 2500/0.2	3	
FRAGMIN INJ 5000/0.2	3	
FRAGMIN INJ 7500/0.3	3	
FRAGMIN INJ 10000/ML	3	
FRAGMIN INJ 12500UNT	3	
FRAGMIN INJ 15000UNT	3	
FRAGMIN INJ 18000UNT	3	
FRAGMIN INJ 95000UNT	3	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 10MG	3	PA; PD

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	3	PD
clobazam tab 10 mg	3	PA; MNPA; PD
clobazam tab 20 mg	3	PA; MNPA; PD
clonazepam orally disintegrating tab 0.5 mg	2	PD
clonazepam orally disintegrating tab 0.25 mg	2	PD
clonazepam orally disintegrating tab 0.125 mg	2	PD
clonazepam orally disintegrating tab 1 mg	2	PD
clonazepam orally disintegrating tab 2 mg	2	PD
clonazepam tab 0.5 mg	1	PD
clonazepam tab 1 mg	1	PD
clonazepam tab 2 mg	1	PD
diazepam rectal gel delivery system 2.5 mg	2	
diazepam rectal gel delivery system 10 mg	2	
diazepam rectal gel delivery system 20 mg	2	
NAYZILAM SPR 5MG	3	QL (2 bottles / 30 days)
VALTOCO SPR 5MG	3	QL (2 doses (1 carton) / 30 days)
VALTOCO SPR 10MG	3	QL (2 doses (1 carton) / 30 days)
VALTOCO SPR 15MG	3	QL (2 doses (1 carton) / 30 days)
VALTOCO SPR 20MG	3	QL (2 doses (1 carton) / 30 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	PA; PD
carbamazepine cap er 12hr 300 mg	1	PD; generic of Carbatrol
carbamazepine chew tab 100 mg	1	PD
carbamazepine susp 100 mg/5ml	1	PD
carbamazepine tab 200 mg	1	PD
carbamazepine tab er 12hr 100 mg	1	PD
carbamazepine tab er 12hr 200 mg	1	PD, generic of Tegretol XR

Drug Name	Drug Tier	Requirements/Limits
carbamazepine tab er 12hr 400 mg	1	PD, generic of Tegretol XR
FINTEPLA SOL 2.2MG/ML	3	PA; SP
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lacosamide oral solution 10 mg/ml	2	PD
lacosamide tab 50 mg	2	PD
lacosamide tab 100 mg	2	PD
lacosamide tab 150 mg	2	PD
lacosamide tab 200 mg	2	PD
lamotrigine orally disintegrating tab 25 mg	2	PD
lamotrigine orally disintegrating tab 100 mg	2	PD
lamotrigine orally disintegrating tab 200 mg	2	PD
lamotrigine tab 25 mg	1	PD
lamotrigine tab 100 mg	1	PD
lamotrigine tab 150 mg	1	PD
lamotrigine tab 200 mg	1	PD
lamotrigine tab chewable dispersible 5 mg	1	PD
lamotrigine tab chewable dispersible 25 mg	1	PD
lamotrigine tab er 24hr 25 mg	2	PD
lamotrigine tab er 24hr 50 mg	2	PD
lamotrigine tab er 24hr 100 mg	2	PD
lamotrigine tab er 24hr 200 mg	2	PD
lamotrigine tab er 24hr 250 mg	2	PD
lamotrigine tab er 24hr 300 mg	2	PD
levetiracetam oral soln 100 mg/ml	1	PD
levetiracetam tab 250 mg	1	PD
levetiracetam tab 500 mg	1	PD
levetiracetam tab 750 mg	1	PD
levetiracetam tab 1000 mg	1	PD
levetiracetam tab er 24hr 500 mg	1	PD
levetiracetam tab er 24hr 750 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	PD
oxcarbazepine tab 150 mg	1	PD
oxcarbazepine tab 300 mg	1	PD
oxcarbazepine tab 600 mg	1	PD
POTIGA TAB 50MG	3	PA; PD
POTIGA TAB 200MG	3	PA; PD
POTIGA TAB 300MG	3	PA; PD
POTIGA TAB 400MG	3	PA; PD
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	PD
primidone tab 250 mg	1	PD
rufinamide susp 40 mg/ml	3	PA; PD
rufinamide tab 200 mg	3	PA; PD
rufinamide tab 400 mg	3	PA; PD
topiramate sprinkle cap 15 mg	1	PD
topiramate sprinkle cap 25 mg	1	PD
topiramate tab 25 mg	1	PD
topiramate tab 50 mg	1	PD
topiramate tab 100 mg	1	PD
topiramate tab 200 mg	1	PD
TROKENDI XR CAP 25MG	3	ST; PD
TROKENDI XR CAP 50MG	3	ST; PD
TROKENDI XR CAP 100MG	3	ST; PD
TROKENDI XR CAP 200MG	3	ST; PD
zonisamide cap 25 mg	1	PD
zonisamide cap 50 mg	1	PD
zonisamide cap 100 mg	1	PD
ZTALMY SUS 50MG/ML	3	PA; SP

Drug Name	Drug Tier	Requirements/Limits
CARBAMATES		
felbamate tab 400 mg	3	PD
felbamate tab 600 mg	3	PD
XCOPRI PAK 12.5-25	3	PD
XCOPRI PAK 50-100MG	3	PD
XCOPRI PAK 50-200MG	3	PD
XCOPRI PAK 100-150	3	PD
XCOPRI PAK 150-200	3	PD
XCOPRI TAB 50MG	3	PD
XCOPRI TAB 100MG	3	PD
XCOPRI TAB 150MG	3	PD
XCOPRI TAB 200MG	3	PD
GABA MODULATORS		
tiagabine hcl tab 2 mg	2	PD
tiagabine hcl tab 4 mg	2	PD
tiagabine hcl tab 12 mg	2	PD
tiagabine hcl tab 16 mg	2	PD
vigabatrin powd pack 500 mg	3	PA; SPC; PD
vigabatrin tab 500 mg	3	PA; SPC; PD
HYDANTOINS		
PEGANONE TAB 250MG	3	PA; PD
phenytoin chew tab 50 mg	1	PD
phenytoin sodium extended cap 100 mg	1	PD
phenytoin susp 125 mg/5ml	1	PD
SUCCINIMIDES		
CELONTIN CAP 300MG	3	PD
ethosuximide cap 250 mg	1	PD
ethosuximide soln 250 mg/5ml	1	PD
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	PD
divalproex sodium tab delayed release 125 mg	1	PD
divalproex sodium tab delayed release 250 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
divalproex sodium tab delayed release 500 mg	1	PD
divalproex sodium tab er 24 hr 250 mg	1	PD
divalproex sodium tab er 24 hr 500 mg	1	PD
valproate sodium oral soln 250 mg/5ml (base equiv)	1	PD
valproic acid cap 250 mg	1	PD

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 hcl tab 25 mg	1	PA if < 18 yoa
maprotiline hcl tab 50 mg	1	PA if < 18 yoa
maprotiline hcl tab 75 mg	1	PA if < 18 yoa

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	3	PA if < 18 yoa
EMSAM DIS 9MG/24HR	3	PA if < 18 yoa
EMSAM DIS 12MG/24H	3	PA if < 18 yoa
MARPLAN TAB 10MG	3	
phenelzine sulfate tab 15 mg	2	
tranylcypromine sulfate tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
citalopram hydrobromide oral soln 10 mg/5ml	1	PD
citalopram hydrobromide tab 10 mg (base equiv)	1	PD
citalopram hydrobromide tab 20 mg (base equiv)	1	PD; Rx4L
citalopram hydrobromide tab 40 mg (base equiv)	1	PD; Rx4L
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	PD
escitalopram oxalate tab 5 mg (base equiv)	1	PD
escitalopram oxalate tab 10 mg (base equiv)	1	PD; Rx4L
escitalopram oxalate tab 20 mg (base equiv)	1	PD; Rx4L
fluoxetine hcl cap 10 mg	1	PD; Rx4L
fluoxetine hcl cap 20 mg	1	PD; Rx4L
fluoxetine hcl cap 40 mg	1	PD
fluoxetine hcl solution 20 mg/5ml	1	PD
fluoxetine hcl tab 10 mg	2	PA for < 7 y.o.; PD
fluoxetine hcl tab 20 mg	2	PA for < 7 y.o.; PD
fluoxetine hcl tab 60 mg	2	PA for < 7 y.o.; PD
fluvoxamine maleate tab 25 mg	1	PD
fluvoxamine maleate tab 50 mg	1	PD
fluvoxamine maleate tab 100 mg	1	PD
paroxetine hcl tab 10 mg	1	PD; Rx4L
paroxetine hcl tab 20 mg	1	PD; Rx4L
paroxetine hcl tab 30 mg	1	PD
paroxetine hcl tab 40 mg	1	PD
paroxetine hcl tab er 24hr 12.5 mg	2	PD
paroxetine hcl tab er 24hr 25 mg	2	PD
paroxetine hcl tab er 24hr 37.5 mg	3	excluded for new starts; PD
sertraline hcl oral concentrate for solution 20 mg/ml	1	PD
sertraline hcl tab 25 mg	1	PD; Rx4L

Drug Name	Drug Tier	Requirements/Limits
sertraline hcl tab 50 mg	1	PD; Rx4L
sertraline hcl tab 100 mg	1	PD; Rx4L
SEROTONIN MODULATORS		
nefazodone hcl tab 100 mg	1	PA if < 18 yoa
nefazodone hcl tab 200 mg	1	PA if < 18 yoa
nefazodone hcl tab 250 mg	1	PA if < 18 yoa
trazodone hcl tab 50 mg	1	Rx4L
trazodone hcl tab 100 mg	1	Rx4L
trazodone hcl tab 150 mg	1	Rx4L
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	ST
TRINTELLIX TAB 10MG	2	ST
TRINTELLIX TAB 20MG	2	ST
VIIBRYD KIT STARTER	3	ST
vilazodone hcl tab 10 mg	3	ST
vilazodone hcl tab 20 mg	3	ST
vilazodone hcl tab 40 mg	3	ST
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	2	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	2	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	2	
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 60 mg (base eq)	1	
FETZIMA CAP 20MG	3	ST
FETZIMA CAP 40MG	3	ST
FETZIMA CAP 80MG	3	ST
FETZIMA CAP 120MG	3	PA if < 18 yoa
FETZIMA CAP TITRATIO	3	ST
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	Rx4L

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	Rx4L
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	Rx4L
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	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	3	
amoxapine tab 50 mg	3	
amoxapine tab 100 mg	3	
amoxapine tab 150 mg	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
nortriptyline hcl cap 10 mg	1	Rx4L
nortriptyline hcl cap 25 mg	1	Rx4L
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	3	PA if < 18 yoa
trimipramine maleate cap 50 mg	3	PA if < 18 yoa
trimipramine maleate cap 100 mg	3	PA if < 18 yoa
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	PD
acarbose tab 50 mg	1	PD
acarbose tab 100 mg	1	PD
miglitol tab 25 mg	3	PD
miglitol tab 50 mg	3	PD
miglitol tab 100 mg	3	PD
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	3	PD
SYMLNPEN 120 INJ 1000MCG	3	PD
ANTIDIABETIC COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	PD
glipizide-metformin hcl tab 2.5-500 mg	1	PD
glipizide-metformin hcl tab 5-500 mg	1	PD
glyburide-metformin tab 1.25-250 mg	1	PD
glyburide-metformin tab 2.5-500 mg	1	PD
glyburide-metformin tab 5-500 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days); PD
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days); PD
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days); PD
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days); PD
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days); PD
JENTADUETO TAB XR	2	QL (30 tabs / 30 days); PD; 5-1000 mg tab
JENTADUETO TAB XR	2	QL (60 tabs / 30 days); PD; 2.5-1000 mg tab
pioglitazone hcl-glimepiride tab 30-2 mg	2	PD
pioglitazone hcl-glimepiride tab 30-4 mg	2	PD
pioglitazone hcl-metformin hcl tab 15-500 mg	2	PD
pioglitazone hcl-metformin hcl tab 15-850 mg	2	PD
SOLIQUA INJ 100/33	2	PD
SYNJARDY TAB	2	PD
SYNJARDY TAB 5-500MG	2	PD
SYNJARDY TAB 5-1000MG	2	PD
SYNJARDY TAB 12.5-500	2	PD
SYNJARDY XR TAB	2	PD
SYNJARDY XR TAB 5-1000MG	2	PD
SYNJARDY XR TAB 10-1000	2	PD
SYNJARDY XR TAB 25-1000	2	PD
TRIJARDY XR TAB	2	PD
XIGDUO XR TAB 2.5-1000	2	PD
XIGDUO XR TAB 5-500MG	2	PD
XIGDUO XR TAB 5-1000MG	2	PD
XIGDUO XR TAB 10-500MG	2	PD
XIGDUO XR TAB 10-1000	2	PD
XULTOPHY INJ 100/3.6	2	PD

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
metformin hcl tab 500 mg	1	PD; Rx4L
metformin hcl tab 850 mg	1	PD; Rx4L
metformin hcl tab 1000 mg	1	PD; Rx4L
metformin hcl tab er 24hr 500 mg	1	PD; Rx4L
metformin hcl tab er 24hr 750 mg	1	PD; Rx4L
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	3	
GLUCAGEN INJ HYPOKIT	2	
glucagon (rdna) for inj kit 1 mg	2	
GLUCAGON EMR SOL 1MG	2	
GVOKE HYPO 1 INJ 1MG/.2ML	2	
GVOKE HYPO 1 INJ .5/.1ML	2	
GVOKE PFS INJ	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
TRADJENTA TAB 5MG	2	QL (30 tabs / 30 days); PD
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
MOUNJARO INJ 2.5/0.5	2	PD
MOUNJARO INJ 5MG/0.5	2	PD
MOUNJARO INJ 7.5/0.5	2	PD
MOUNJARO INJ 10MG/0.5	2	PD
MOUNJARO INJ 12.5/0.5	2	PD
MOUNJARO INJ 15MG/0.5	2	PD
OZEMPIC INJ 2/1.5ML	2	PD
OZEMPIC INJ 4MG/3ML	2	PD
OZEMPIC INJ 8MG/3ML	2	PD
RYBELSUS TAB 3MG	2	PD
RYBELSUS TAB 7MG	2	PD
RYBELSUS TAB 14MG	2	PD
TRULICITY INJ 0.75/0.5	2	PD
TRULICITY INJ 1.5/0.5	2	PD
TRULICITY INJ 3/0.5	2	PD
TRULICITY INJ 4.5/0.5	2	PD
VICTOZA INJ 18MG/3ML	2	PD

Drug Name	Drug Tier	Requirements/Limits
INSULIN		
APIDRA INJ SOLOSTAR	3	PA; (MNPA); PD
BASAGLAR INJ 100UNIT	2	PD
FIASP FLEX INJ TOUCH	2	PD
FIASP INJ 100/ML	2	PD
FIASP PENFIL INJ U-100	2	PD
HUMALOG INJ 100/ML	3	PA; (MNPA); PD
HUMALOG MIX INJ 50/50KWP	3	PA; (MNPA); PD
HUMULIN R INJ U-500	2	PD
HUMULIN R INJ U-500	2	QL (6 pens / 30 days); PD
INSULIN ASPA INJ 70/30	2	PD
INSULIN ASPA INJ 100/ML	2	PD
INSULIN ASPA INJ FLEXPEN	2	PD
INSULIN ASPA INJ PENFILL	2	PD
LEVEMIR INJ FLEXTOUC	3	PA; (MNPA); PD
NOVOLIN INJ 70/30	2	OTC; PD
NOVOLIN INJ 70/30 FP	2	OTC; PD
NOVOLIN N INJ U-100	2	OTC; PD
NOVOLIN R INJ U-100	2	OTC; PD
NOVOLOG INJ 100/ML	2	PD
NOVOLOG INJ FLEXPEN	2	PD
NOVOLOG INJ PENFILL	2	PD
NOVOLOG MIX INJ 70/30	2	PD
NOVOLOG MIX INJ FLEXPEN	2	PD
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG	3	PD
AVANDIA TAB 4MG	3	PD
pioglitazone hcl tab 15 mg (base equiv)	1	PD; subject to dose optimization
pioglitazone hcl tab 30 mg (base equiv)	1	PD
pioglitazone hcl tab 45 mg (base equiv)	1	PD
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	PD
nateglinide tab 120 mg	1	PD
repaglinide tab 0.5 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
repaglinide tab 1 mg	1	PD
repaglinide tab 2 mg	1	PD
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	PD
FARXIGA TAB 10MG	2	PD
JARDIANCE TAB 10MG	2	PD
JARDIANCE TAB 25MG	2	PD
SULFONYLUREAS		
chlorpropamide tab 100 mg	1	PD
chlorpropamide tab 250 mg	1	PD
glimepiride tab 1 mg	1	PD; Rx4L
glimepiride tab 2 mg	1	PD; Rx4L
glimepiride tab 4 mg	1	PD; Rx4L
glipizide tab 5 mg	1	PD; Rx4L
glipizide tab 10 mg	1	PD; Rx4L
glipizide tab er 24hr 2.5 mg	1	PD; Rx4L
glipizide tab er 24hr 5 mg	1	PD; Rx4L
glipizide tab er 24hr 10 mg	1	PD; Rx4L
glyburide micronized tab 1.5 mg	1	PD
glyburide micronized tab 3 mg	1	PD
glyburide micronized tab 6 mg	1	PD
glyburide tab 1.25 mg	1	PD
glyburide tab 2.5 mg	1	PD
glyburide tab 5 mg	1	PD
tolazamide tab 250 mg	1	PD
tolazamide tab 500 mg	1	PD
tolbutamide tab 500 mg	1	PD
ANTIDIARRHEALS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB 125MG	3	PA; (MNPA)
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl cap 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MOTOFEN TAB 1-0.025	3	

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG	3	
deferasirox tab for oral susp 125 mg	3	PA; SPC
deferasirox tab for oral susp 250 mg	3	PA; SPC
deferasirox tab for oral susp 500 mg	3	PA; SPC
deferiprone tab 500 mg	3	PA; SPC
deferiprone tab 1000 mg	3	PA; SPC
FERPRX 2-DAY TAB 1000MG	3	PA; SP
FERRIPROX SOL 100MG/ML	3	PA; SP

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	3	
naloxone hcl nasal spray 4 mg/0.1ml	3	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	
NARCAN SPR 4MG	3	
VIVITROL INJ 380MG	2	

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

granisetron hcl tab 1 mg	1	QL (6 tabs 15 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (100 mL 15 days)
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	QL (1 tab 15 days)
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	3	PA, QL (1 vial / 15 days)
PALONOSETRON HCL IV SOLN PREF SYR 0.25 MG/5ML (BASE EQUIV)	3	PA, QL (1 syringe / 15 days)
SANCUSO DIS 3.1MG	3	QL (1 patch 15 days)

ANTIEMETICS - ANTICHOLINERGIC

meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
scopolamine td patch 72hr 1 mg/3days	3	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA TAB 20-20MG	2	90 day supply every year
doxylamine-pyridoxine tab delayed release 10-10 mg	2	90 day supply every year
dronabinol cap 2.5 mg	1	QL (60 caps 30 days); PA for New Starts
dronabinol cap 5 mg	1	QL (60 caps 30 days); PA for New Starts
dronabinol cap 10 mg	1	QL (60 caps 30 days); PA for New Starts
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	3	QL (2 capsules / 23 days)
aprepitant capsule 80 mg	3	QL (4 capsules / 23 days)
aprepitant capsule 125 mg	3	QL (2 capsules / 23 days)
aprepitant capsule therapy pack 80 & 125 mg	3	QL (2 packs (6 capsules) / 23 days)
EMEND SUS 125MG	3	PA, QL (3 packets / 15 days)
VARUBI TAB 90MG	2	PA, QL (4 tabs / 28 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)		
caspofungin acetate for iv soln 50 mg	3	PA
caspofungin acetate for iv soln 70 mg	3	PA
ERAXIS INJ 50MG	3	PA
ERAXIS INJ 100MG	3	PA
ANTIFUNGALS		
ABELCET INJ 5MG/ML	2	PA
AMPHOTEC INJ 50MG	3	PA
AMPHOTEC INJ 100MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
amphotericin b for iv soln 50 mg	2	PA
flucytosine cap 250 mg	3	PA
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	3	
griseofulvin ultramicrosize tab 125 mg	3	
griseofulvin ultramicrosize tab 250 mg	3	
nystatin oral powder	1	
nystatin tab 500000 unit	1	
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	2	
itraconazole oral soln 10 mg/ml	3	
ketoconazole tab 200 mg	1	
NOXAFIL SUS 40MG/ML	3	
posaconazole tab delayed release 100 mg	3	
voriconazole tab 50 mg	3	
voriconazole tab 200 mg	3	
ANTIHISTAMINES		
ANTIHISTAMINES - ALKYLAMINES		
brompheniramine tannate chew tab 12 mg	1	
DEXCHLORPHENIRAMINE MALEATE ORAL SOLN 2 MG/5ML	3	
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate tab 2.68 mg	1	
diphenhydramine hcl cap 50 mg	1	OTC
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl inj 50 mg/ml	1	PA
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	

Drug Name	Drug Tier	Requirements/Limits
desloratadine tab 5 mg	3	
fexofenadine hcl tab 60 mg	3	OTC
fexofenadine hcl tab 180 mg	3	OTC
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	2	
levocetirizine dihydrochloride tab 5 mg	2	
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	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	3	PD
ezetimibe-simvastatin tab 10-20 mg	3	PD
ezetimibe-simvastatin tab 10-40 mg	3	PD
ezetimibe-simvastatin tab 10-80 mg	3	PD
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 1 gm	2	PD
omega-3-acid ethyl esters cap 1 gm	3	PD
VASCEPA CAP 0.5GM	2	PD
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	PD
cholestyramine light powder packets 4 gm	1	PD
cholestyramine powder 4 gm/dose	1	PD
cholestyramine powder packets 4 gm	1	PD
colesevelam hcl packet for susp 3.75 gm	3	PD
colesevelam hcl tab 625 mg	3	PD
colestipol hcl granule packets 5 gm	1	PD
colestipol hcl granules 5 gm	1	PD
colestipol hcl tab 1 gm	1	PD

Drug Name	Drug Tier	Requirements/Limits
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	PD
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	PD
fenofibrate micronized cap 67 mg	1	PD
fenofibrate micronized cap 134 mg	1	PD
fenofibrate micronized cap 200 mg	1	PD
fenofibrate tab 48 mg	2	PD
fenofibrate tab 54 mg	1	PD
fenofibrate tab 145 mg	1	PD
fenofibrate tab 160 mg	1	PD
gemfibrozil tab 600 mg	1	PD
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	1	PD, ACA; subject to dose optimization; Rx4L
atorvastatin calcium tab 20 mg (base equivalent)	1	PD, ACA; subject to dose optimization; Rx4L
atorvastatin calcium tab 40 mg (base equivalent)	1	PD; subject to dose optimization; Rx4L
atorvastatin calcium tab 80 mg (base equivalent)	1	PD; Rx4L
fluvastatin sodium cap 20 mg (base equivalent)	3	PD, ACA; subject to dose optimization
fluvastatin sodium cap 40 mg (base equivalent)	3	PD, ACA
LIVALO TAB 1MG	3	ST; PD
LIVALO TAB 2MG	3	ST; PD
LIVALO TAB 4MG	3	ST; PD
lovastatin tab 10 mg	1	PD, ACA; Rx4L
lovastatin tab 20 mg	1	PD, ACA; Rx4L
lovastatin tab 40 mg	1	PD, ACA; Rx4L
pravastatin sodium tab 10 mg	1	PD, ACA; subject to dose optimization; Rx4L
pravastatin sodium tab 20 mg	1	PD, ACA; subject to dose optimization; Rx4L
pravastatin sodium tab 40 mg	1	PD, ACA; Rx4L

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tab 80 mg	1	PD, ACA
rosuvastatin calcium tab 5 mg	2	PD, ACA; subject to dose optimization
rosuvastatin calcium tab 10 mg	2	PD, ACA; subject to dose optimization
rosuvastatin calcium tab 20 mg	2	PD; subject to dose optimization
rosuvastatin calcium tab 40 mg	2	PD
simvastatin tab 5 mg	1	PD, ACA; subject to dose optimization
simvastatin tab 10 mg	1	PD, ACA; subject to dose optimization; Rx4L
simvastatin tab 20 mg	1	PD, ACA; subject to dose optimization; Rx4L
simvastatin tab 40 mg	1	PD, ACA; Rx4L
simvastatin tab 80 mg	1	PD; Rx4L
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	3	PD
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	3	PA
JUXTAPID CAP 10MG	3	PA
JUXTAPID CAP 20MG	3	PA
JUXTAPID CAP 30MG	3	PA
JUXTAPID CAP 40MG	3	PA
JUXTAPID CAP 60MG	3	PA
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	2	PD
niacin tab er 750 mg (antihyperlipidemic)	2	PD
niacin tab er 1000 mg (antihyperlipidemic)	2	PD
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA
REPATHA PUSH INJ 420/3.5	2	PA
REPATHA SURE INJ 140MG/ML	2	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tab 5 mg	1	PD; Rx4L
benazepril hcl tab 10 mg	1	PD; Rx4L
benazepril hcl tab 20 mg	1	PD; Rx4L
benazepril hcl tab 40 mg	1	PD; Rx4L
captopril tab 12.5 mg	1	PD
captopril tab 25 mg	1	PD
captopril tab 50 mg	1	PD
captopril tab 100 mg	1	PD
enalapril maleate tab 2.5 mg	1	PD; Rx4L
enalapril maleate tab 5 mg	1	PD; Rx4L
enalapril maleate tab 10 mg	1	PD; Rx4L
enalapril maleate tab 20 mg	1	PD; Rx4L
fosinopril sodium tab 10 mg	1	PD; Rx4L
fosinopril sodium tab 20 mg	1	PD; Rx4L
fosinopril sodium tab 40 mg	1	PD; Rx4L
lisinopril tab 2.5 mg	1	PD; subject to dose optimization; Rx4L
lisinopril tab 5 mg	1	PD; subject to dose optimization; Rx4L
lisinopril tab 10 mg	1	PD; subject to dose optimization; Rx4L
lisinopril tab 20 mg	1	PD; Rx4L
lisinopril tab 30 mg	1	PD; Rx4L
lisinopril tab 40 mg	1	PD; Rx4L
moexipril hcl tab 7.5 mg	1	PD
moexipril hcl tab 15 mg	1	PD
perindopril erbumine tab 2 mg	1	PD
perindopril erbumine tab 4 mg	1	PD
perindopril erbumine tab 8 mg	1	PD
quinapril hcl tab 5 mg	1	PD; Rx4L
quinapril hcl tab 10 mg	1	PD; Rx4L
quinapril hcl tab 20 mg	1	PD; Rx4L
quinapril hcl tab 40 mg	1	PD; Rx4L
ramipril cap 1.25 mg	1	PD; Rx4L
ramipril cap 2.5 mg	1	PD; Rx4L

Drug Name	Drug Tier	Requirements/Limits
ramipril cap 5 mg	1	PD; Rx4L
ramipril cap 10 mg	1	PD; Rx4L
trandolapril tab 1 mg	1	PD
trandolapril tab 2 mg	1	PD
trandolapril tab 4 mg	1	PD
AGENTS FOR PHEOCHROMOCYTOMA		
phenoxybenzamine hcl cap 10 mg	3	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tab 4 mg	2	PD
candesartan cilexetil tab 8 mg	2	PD
candesartan cilexetil tab 16 mg	2	PD
candesartan cilexetil tab 32 mg	2	PD
EDARBI TAB 40MG	3	ST; PD
EDARBI TAB 80MG	3	ST; PD
eprosartan mesylate tab 600 mg	3	ST; PD
irbesartan tab 75 mg	1	PD; subject to dose optimization; Rx4L
irbesartan tab 150 mg	1	PD; Rx4L
irbesartan tab 300 mg	1	PD; Rx4L
losartan potassium tab 25 mg	1	PD; Rx4L
losartan potassium tab 50 mg	1	PD; Rx4L
losartan potassium tab 100 mg	1	PD; Rx4L
olmesartan medoxomil tab 5 mg	1	PD
olmesartan medoxomil tab 20 mg	1	PD
olmesartan medoxomil tab 40 mg	1	PD
telmisartan tab 20 mg	3	PD; subject to dose optimization
telmisartan tab 40 mg	3	PD
telmisartan tab 80 mg	3	PD
valsartan tab 40 mg	3	PD
valsartan tab 80 mg	3	PD
valsartan tab 160 mg	3	PD
valsartan tab 320 mg	3	PD
ANTIADRENERGIC ANTIHYPERTENSIVES		
clonidine hcl tab 0.1 mg	1	PD; Rx4L
clonidine hcl tab 0.2 mg	1	PD; Rx4L

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl tab 0.3 mg	1	PD; Rx4L
clonidine td patch weekly 0.1 mg/24hr	1	PD
clonidine td patch weekly 0.2 mg/24hr	1	PD
clonidine td patch weekly 0.3 mg/24hr	1	PD
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	PD; Rx4L
guanfacine hcl tab 2 mg	1	PD; Rx4L
methyldopa tab 250 mg	1	PD
methyldopa tab 500 mg	1	PD
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	Rx4L
terazosin hcl cap 2 mg (base equivalent)	1	Rx4L
terazosin hcl cap 5 mg (base equivalent)	1	Rx4L
terazosin hcl cap 10 mg (base equivalent)	1	Rx4L
ANTIHYPERTENSIVE COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	PD
amlodipine besylate-benazepril hcl cap 5-10 mg	1	PD
amlodipine besylate-benazepril hcl cap 5-20 mg	1	PD
amlodipine besylate-benazepril hcl cap 5-40 mg	1	PD
amlodipine besylate-benazepril hcl cap 10-20 mg	1	PD
amlodipine besylate-benazepril hcl cap 10-40 mg	1	PD
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	3	PD
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	3	PD

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	3	PD
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	3	PD
amlodipine besylate-valsartan tab 5-160 mg	2	PD
amlodipine besylate-valsartan tab 5-320 mg	2	PD
amlodipine besylate-valsartan tab 10-160 mg	2	PD
amlodipine besylate-valsartan tab 10-320 mg	2	PD
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	2	PD
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	2	PD
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	2	PD
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	2	PD
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2	PD
atenolol & chlorthalidone tab 50-25 mg	1	PD; Rx4L
atenolol & chlorthalidone tab 100-25 mg	1	PD; Rx4L
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	PD
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	PD
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	PD
benazepril & hydrochlorothiazide tab 20-25 mg	1	PD
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	PD; Rx4L
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	PD; Rx4L
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	PD; Rx4L

Drug Name	Drug Tier	Requirements/Limits
captopril & hydrochlorothiazide tab 25-15 mg	1	PD
captopril & hydrochlorothiazide tab 25-25 mg	1	PD
captopril & hydrochlorothiazide tab 50-15 mg	1	PD
captopril & hydrochlorothiazide tab 50-25 mg	1	PD
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	PD; Rx4L
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	PD; Rx4L
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	PD
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	PD
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	PD
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	PD
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	PD; Rx4L
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	PD; Rx4L
lisinopril & hydrochlorothiazide tab 20-25 mg	1	PD; Rx4L
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	PD
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	PD
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	PD
metoprolol & hydrochlorothiazide tab 50-25 mg	1	PD
metoprolol & hydrochlorothiazide tab 100-25 mg	1	PD
metoprolol & hydrochlorothiazide tab 100-50 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
moexipril-hydrochlorothiazide tab 15-12.5 mg	1	PD
moexipril-hydrochlorothiazide tab 15-25 mg	1	PD
nadolol & bendroflumethiazide tab 40-5 mg	1	PD
nadolol & bendroflumethiazide tab 80-5 mg	1	PD
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	3	PD
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	3	PD
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	3	PD
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	3	PD
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	3	PD
propranolol & hydrochlorothiazide tab 40-25 mg	1	PD
propranolol & hydrochlorothiazide tab 80-25 mg	1	PD
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	PD; Rx4L
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	PD; Rx4L
quinapril-hydrochlorothiazide tab 20-25 mg	1	PD
telmisartan-hydrochlorothiazide tab 40-12.5 mg	3	PD
telmisartan-hydrochlorothiazide tab 80-12.5 mg	3	PD
telmisartan-hydrochlorothiazide tab 80-25 mg	3	PD
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	PD
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	PD
valsartan-hydrochlorothiazide tab 160-25 mg	1	PD
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-25 mg	1	PD
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	3	PD
aliskiren fumarate tab 300 mg (base equivalent)	3	PD
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
VASODILATORS		
hydralazine hcl tab 10 mg	1	PD
hydralazine hcl tab 25 mg	1	PD
hydralazine hcl tab 50 mg	1	PD
hydralazine hcl tab 100 mg	1	PD
minoxidil tab 2.5 mg	1	PD
minoxidil tab 10 mg	1	PD
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
COARTEM TAB 20-120MG	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
mefloquine hcl tab 250 mg	1	
primaquine phosphate tab 26.3 mg (15 mg base)	3	
pyrimethamine tab 25 mg	3	PA
quinine sulfate cap 324 mg	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	3	PA; (MNPA)
pyridostigmine bromide tab 60 mg	1	
RUZURGI TAB 10MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFAMATE CAP	3	
RIFATER TAB	2	
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PASER GRA 4GM	3	
PRETOMANID TAB 200MG	3	PA
PRIFTIN TAB 150MG	2	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	3	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	PA
SIRTURO TAB 100MG	3	PA
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
cyclophosphamide cap 25 mg	2	
cyclophosphamide cap 50 mg	2	
GLEOSTINE CAP 10MG	2	
GLEOSTINE CAP 40MG	2	
GLEOSTINE CAP 100MG	2	
GLIADEL WAF 7.7MG	2	
HEXALEN CAP 50MG	2	
LEUKERAN TAB 2MG	2	
melphalan tab 2 mg	2	
MYLERAN TAB 2MG	2	
temozolomide cap 5 mg	3	PA; SPC
temozolomide cap 20 mg	3	PA; SPC
temozolomide cap 100 mg	3	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 140 mg	3	PA; SPC
temozolomide cap 180 mg	3	PA; SPC
temozolomide cap 250 mg	3	PA; SPC
ZANOSAR INJ 1GM	3	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	3	PA; SPC
capecitabine tab 500 mg	3	PA; SPC
DEPOCYT INJ 50MG/5ML	3	
mercaptopurine tab 50 mg	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
PURIXAN SUS 20MG/ML	2	SPC
TABLOID TAB 40MG	3	
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ 100MG	3	ST, PA; SPC
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	3	PA
VENCLEXTA TAB 50MG	3	PA
VENCLEXTA TAB 100MG	3	PA
VENCLEXTA TAB START PK	3	PA
ANTINEOPLASTIC - EGFR INHIBITORS		
EXKIVITY CAP 40MG	3	PA; SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	3	PA; SPC
ODOMZO CAP 200MG	3	PA; SPC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	2	PA; SPC
abiraterone acetate tab 500 mg	2	PA; SPC
anastrozole tab 1 mg	1	
bicalutamide tab 50 mg	1	
EMCYT CAP 140MG	2	
ERLEADA TAB 60MG	2	PA; SPC
exemestane tab 25 mg	2	
FIRMAGON INJ 80MG	3	PA; SPC
FIRMAGON INJ 120MG	3	PA; SPC
flutamide cap 125 mg	1	

Drug Name	Drug Tier	Requirements/Limits
letrozole tab 2.5 mg	1	
leuprolide acetate inj kit 5 mg/ml	3	SPC
LUPRON DEPOT INJ 3.75MG	3	SPC
LUPRON DEPOT INJ 11.25MG	3	SPC
LUPRON DEPOT INJ 22.5MG	3	SPC
LUPRON DEPOT INJ 30MG	3	SPC
LUPRON DEPOT INJ 45MG	3	SPC
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	2	Excluded for new starts
NUBEQA TAB 300MG	2	PA; SPC
ORGOVYX TAB 120MG	3	PA
tamoxifen citrate tab 10 mg (base equivalent)	1	ACA
tamoxifen citrate tab 20 mg (base equivalent)	1	ACA
toremifene citrate tab 60 mg (base equivalent)	2	
XTANDI CAP 40MG	2	PA; SPC
XTANDI TAB 40MG	2	PA; SPC
XTANDI TAB 80MG	2	PA; SPC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	3	PA; MNPA
POMALYST CAP 2MG	3	PA; MNPA
POMALYST CAP 3MG	3	PA; MNPA
POMALYST CAP 4MG	3	PA; MNPA
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT TAB 25MG	3	PA, QL (30 tabs / 30 days); SP
AYVAKIT TAB 50MG	3	PA, QL (30 tabs / 30 days); SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	3	PA; SP
XPOVIO PAK 50MG	3	PA; SP
XPOVIO PAK 60MG	3	PA; SP

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 80MG	3	PA; SP
XPOVIO PAK 100MG	3	PA; SP
ANTINEOPLASTIC ANTIBIOTICS		
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	3	PA; SPC
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	3	PA; SPC
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	3	PA; SPC
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA	2	PA; SPC
KISQALI 400 PAK FEMARA	2	PA; SPC
KISQALI 600 PAK FEMARA	2	PA; SPC
LONSURF TAB 15-6.14	3	PA; SPC
LONSURF TAB 20-8.19	3	PA; SPC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	3	PA; SPC
AYVAKIT TAB 100MG	3	PA, QL (30 tabs / 30 days); SP
AYVAKIT TAB 200MG	3	PA, QL (30 tabs / 30 days); SP
AYVAKIT TAB 300MG	3	PA, QL (30 tabs / 30 days); SP
BALVERSA TAB 3MG	3	PA
BALVERSA TAB 4MG	3	PA
BALVERSA TAB 5MG	3	PA
BOSULIF TAB 100MG	3	PA; SPC
BOSULIF TAB 400MG	3	PA; SPC
BOSULIF TAB 500MG	3	PA; SPC
BRUKINSA CAP 80MG	3	PA; SP
CABOMETYX TAB 20MG	2	PA; SPC
CABOMETYX TAB 40MG	2	PA; SPC
CABOMETYX TAB 60MG	2	PA; SPC
CAPRELSA TAB 100MG	3	PA
CAPRELSA TAB 300MG	3	PA
COMETRIQ KIT 60MG	3	PA; SPC
COMETRIQ KIT 100MG	3	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG	3	PA; SPC
COTELLIC TAB 20MG	3	PA; SPC
erlotinib hcl tab 25 mg (base equivalent)	3	PA; SPC
erlotinib hcl tab 100 mg (base equivalent)	3	PA; SPC
erlotinib hcl tab 150 mg (base equivalent)	3	PA; SPC
everolimus tab 2.5 mg	3	PA; SPC
everolimus tab 5 mg	3	PA; SPC
everolimus tab 7.5 mg	3	PA; SPC
everolimus tab 10 mg	3	PA; SPC
everolimus tab for oral susp 2 mg	3	PA; SPC
everolimus tab for oral susp 3 mg	3	PA; SPC
everolimus tab for oral susp 5 mg	3	PA; SPC
GAVRETO CAP 100MG	3	PA; SPC
GILOTRIF TAB 20MG	3	PA
GILOTRIF TAB 30MG	3	PA
GILOTRIF TAB 40MG	3	PA
IBRANCE CAP 75MG	2	PA; SPC
IBRANCE CAP 100MG	2	PA; SPC
IBRANCE CAP 125MG	2	PA; SPC
IBRANCE TAB 75MG	2	PA; SPC
IBRANCE TAB 100MG	2	PA; SPC
IBRANCE TAB 125MG	2	PA; SPC
ICLUSIG TAB 10MG	3	PA; SP
ICLUSIG TAB 15MG	3	PA; SP
ICLUSIG TAB 30MG	3	PA; SP
ICLUSIG TAB 45MG	3	PA; SP
imatinib mesylate tab 100 mg (base equivalent)	3	PA; SPC
imatinib mesylate tab 400 mg (base equivalent)	3	PA; SPC
IMBRUVICA CAP 70MG	3	PA; SP
IMBRUVICA CAP 140MG	3	PA
IMBRUVICA TAB 140MG	3	PA; SP
IMBRUVICA TAB 280MG	3	PA; SP
IMBRUVICA TAB 420MG	3	PA; SP
IMBRUVICA TAB 560MG	3	PA; SP
INLYTA TAB 1MG	3	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
INLYTA TAB 5MG	3	PA; SPC
JAKAFI TAB 5MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 10MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 15MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 20MG	3	PA, QL (60 tabs / 30 days); SPC
JAKAFI TAB 25MG	3	PA, QL (60 tabs / 30 days); SPC
KISQALI TAB 200DOSE	2	PA; SPC
KISQALI TAB 400DOSE	2	PA; SPC
KISQALI TAB 600DOSE	2	PA; SPC
lapatinib ditosylate tab 250 mg (base equiv)	2	PA; SPC
LENVIMA CAP 4MG	3	PA; SPC
LENVIMA CAP 8 MG	3	PA; SPC
LENVIMA CAP 10 MG	3	PA; SPC
LENVIMA CAP 12MG	3	PA; SPC
LENVIMA CAP 14 MG	3	PA; SPC
LENVIMA CAP 18 MG	3	PA; SPC
LENVIMA CAP 20 MG	3	PA; SPC
LENVIMA CAP 24 MG	3	PA; SPC
LUMAKRAS TAB 120MG	3	PA; SPC
LYNPARZA TAB 100MG	2	PA; SPC
LYNPARZA TAB 150MG	2	PA; SPC
MEKINIST TAB 0.5MG	3	PA; SPC
MEKINIST TAB 2MG	3	PA; SPC
NINLARO CAP 2.3MG	3	PA; SPC
NINLARO CAP 3MG	3	PA; SPC
NINLARO CAP 4MG	3	PA; SPC
PIQRAY 200MG TAB DOSE	3	PA; SPC
PIQRAY 250MG TAB DOSE	3	PA; SPC
PIQRAY 300MG TAB DOSE	3	PA; SPC
RETEVMO CAP 40MG	3	PA; SPC
RETEVMO CAP 80MG	3	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAP 100MG	3	PA; SPC
ROZLYTREK CAP 200MG	3	PA; SPC
RUBRACA TAB 200MG	2	PA; SPC
RUBRACA TAB 250MG	2	PA; SPC
RUBRACA TAB 300MG	2	PA; SPC
RYDAPT CAP 25MG	3	PA; SPC
sorafenib tosylate tab 200 mg (base equivalent)	3	PA; SPC
SPRYCEL TAB 20MG	3	PA; SPC
SPRYCEL TAB 50MG	3	PA; SPC
SPRYCEL TAB 70MG	3	PA; SPC
SPRYCEL TAB 80MG	3	PA; SPC
SPRYCEL TAB 100MG	3	PA; SPC
SPRYCEL TAB 140MG	3	PA; SPC
STIVARGA TAB 40MG	3	PA; SPC
sunitinib malate cap 12.5 mg (base equivalent)	3	PA; SPC
sunitinib malate cap 25 mg (base equivalent)	3	PA; SPC
sunitinib malate cap 37.5 mg (base equivalent)	3	PA; SPC
sunitinib malate cap 50 mg (base equivalent)	3	PA; SPC
TABRECTA TAB 150MG	3	PA; SPC
TABRECTA TAB 200MG	3	PA; SPC
TAFINLAR CAP 50MG	3	PA; SPC
TAFINLAR CAP 75MG	3	PA; SPC
TAGRISSO TAB 40MG	3	PA; SPC
TAGRISSO TAB 80MG	3	PA; SPC
TASIGNA CAP 50MG	3	PA; SPC
TASIGNA CAP 150MG	3	PA; SPC
TASIGNA CAP 200MG	3	PA; SPC
TAZVERIK TAB 200MG	3	PA; SP
temsirolimus soln for iv infusion 25 mg/ml	3	PA; SPC
TRUSELTIQ CAP 50MG	3	PA; SP
TRUSELTIQ CAP 75MG	3	PA; SP
TRUSELTIQ CAP 100MG	3	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ CAP 125MG	3	PA; SP
UKONIQ TAB 200MG	3	PA
VERZENIO TAB 50MG	3	PA; SPC
VERZENIO TAB 100MG	3	PA; SPC
VERZENIO TAB 150MG	3	PA; SPC
VERZENIO TAB 200MG	3	PA; SPC
VIZIMPRO TAB 15MG	3	PA; SPC
VIZIMPRO TAB 30MG	3	PA; SPC
VIZIMPRO TAB 45MG	3	PA; SPC
VONJO CAP 100MG	3	PA; SP
VOTRIENT TAB 200MG	3	PA; SPC
XALKORI CAP 200MG	3	PA; SPC
XALKORI CAP 250MG	3	PA; SPC
XOSPATA TAB 40MG	3	PA
ZEJULA CAP 100MG	2	PA; SP
ZELBORAF TAB 240MG	3	PA; SPC
ZOLINZA CAP 100MG	3	PA; SPC
ZYDELIG TAB 100MG	3	PA; SPC
ZYDELIG TAB 150MG	3	PA; SPC
ZYKADIA CAP 150MG	3	PA; SPC
ZYKADIA TAB 150MG	3	PA; SPC
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	3	PA; SPC
bexarotene cap 75 mg	3	PA; SPC
hydroxyurea cap 500 mg	1	
INTRON A INJ 10MU	3	PA; SPC
INTRON A INJ 18MU	3	PA; SPC
INTRON A INJ 25MU	3	PA; SPC
INTRON A INJ 50MU	3	PA; SPC
MATULANE CAP 50MG	2	
THERACYS INJ	3	
TICE BCG INJ	3	
tretinoin cap 10 mg	1	
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
CHEMOTHERAPY RESCUE/ANTIDOTE 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	
MESNEX TAB 400MG	2	
MITOTIC INHIBITORS		
etoposide cap 50 mg	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	3	PA; SPC
HYCAMTIN CAP 1MG	3	PA; SPC
ANTIPARKINSON AGENTS		
ANTIPARKINSON ADJUVANTS		
carbidopa tab 25 mg	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	2	
tolcapone tab 100 mg	3	PA
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl syrup 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	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	2	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
DUOPA SUS 4.63-20	3	SPC
INBRIJA CAP 42MG	3	PA; RxC/M, SP
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	3	
pramipexole dihydrochloride tab er 24hr 0.375 mg	3	
pramipexole dihydrochloride tab er 24hr 1.5 mg	3	
pramipexole dihydrochloride tab er 24hr 2.25 mg	3	
pramipexole dihydrochloride tab er 24hr 3 mg	3	
pramipexole dihydrochloride tab er 24hr 3.75 mg	3	
pramipexole dihydrochloride tab er 24hr 4.5 mg	3	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
rasagiline mesylate tab 0.5 mg (base equiv)	2	
rasagiline mesylate tab 1 mg (base equiv)	2	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON DOPAMINERGICS		
KYNMOBI MIS 10MG	3	PA; SP
KYNMOBI MIS 15MG	3	PA; SP
KYNMOBI MIS 20MG	3	PA; SP
KYNMOBI MIS 25MG	3	PA; SP
KYNMOBI MIS 30MG	3	PA; SP
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	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	Rx4L
lithium carbonate cap 300 mg	1	Rx4L
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
LITHIUM SOL 8MEQ/5ML	1	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	PA
CAPLYTA CAP 21MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAP 42MG	3	PA
LATUDA TAB 20MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 40MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 60MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 80MG	3	PA, QL (30 tabs 30 days)
LATUDA TAB 120MG	3	PA, QL (30 tabs 30 days)
VRAYLAR CAP 1.5-3MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 1.5MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 3MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 4.5MG	3	PA, QL (30 caps / 30 days)
VRAYLAR CAP 6MG	3	PA, QL (30 caps / 30 days)
ziprasidone hcl cap 20 mg	2	QL (90 caps 30 days); PA if < 16 yoa
ziprasidone hcl cap 40 mg	2	QL (90 caps 30 days); PA if < 16 yoa
ziprasidone hcl cap 60 mg	2	QL (90 caps 30 days); PA if < 16 yoa
ziprasidone hcl cap 80 mg	2	QL (90 caps 30 days); PA if < 16 yoa
BENZISOXAZOLES		
FANAPT PAK	3	PA
FANAPT TAB 1MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 2MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 4MG	3	PA, QL (60 tabs 30 days)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 6MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 8MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 10MG	3	PA, QL (60 tabs 30 days)
FANAPT TAB 12MG	3	PA, QL (60 tabs 30 days)
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TRINZ INJ 273MG	3	
INVEGA TRINZ INJ 410MG	3	
INVEGA TRINZ INJ 546MG	3	
INVEGA TRINZ INJ 819MG	3	
paliperidone tab er 24hr 1.5 mg	2	QL (30 tabs 30 days); PA if < 12 yoa
paliperidone tab er 24hr 3 mg	2	QL (30 tabs 30 days); PA if < 12 yoa
paliperidone tab er 24hr 6 mg	2	QL (30 tabs 30 days); PA if < 12 yoa
paliperidone tab er 24hr 9 mg	2	QL (30 tabs 30 days); PA if < 12 yoa
risperidone orally disintegrating tab 0.5 mg	1	QL (90 tabs 30 days)
risperidone orally disintegrating tab 0.25 mg	1	QL (90 tabs 30 days)
risperidone orally disintegrating tab 1 mg	1	QL (90 tabs 30 days)
risperidone orally disintegrating tab 2 mg	1	QL (90 tabs 30 days)
risperidone orally disintegrating tab 3 mg	1	QL (90 tabs 30 days)
risperidone orally disintegrating tab 4 mg	1	QL (90 tabs 30 days)
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	Rx4L
risperidone tab 0.25 mg	1	Rx4L
risperidone tab 1 mg	1	Rx4L
risperidone tab 2 mg	1	Rx4L
risperidone tab 3 mg	1	

Drug Name	Drug Tier	Requirements/Limits
risperidone tab 4 mg	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
HALDOL INJ 5MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
asenapine maleate sl tab 2.5 mg (base equiv)	2	QL (60 tabs / 30 days); PA if < 10 yoa
asenapine maleate sl tab 5 mg (base equiv)	2	QL (60 tabs / 30 days); PA if < 10 yoa
asenapine maleate sl tab 10 mg (base equiv)	2	QL (60 tabs / 30 days); PA if < 10 yoa
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine orally disintegrating tab 5 mg	1	QL (90 tabs 30 days); PA if < 13 yoa
olanzapine orally disintegrating tab 10 mg	1	QL (90 tabs 30 days); PA if < 13 yoa
olanzapine orally disintegrating tab 15 mg	1	QL (90 tabs 30 days); PA if < 13 yoa

Drug Name	Drug Tier	Requirements/Limits
olanzapine orally disintegrating tab 20 mg	1	QL (90 tabs 30 days); PA if < 13 yoa
olanzapine tab 2.5 mg	1	PA if < 13 yoa
olanzapine tab 5 mg	1	PA if < 13 yoa
olanzapine tab 7.5 mg	1	PA if < 13 yoa
olanzapine tab 10 mg	1	PA if < 13 yoa
olanzapine tab 15 mg	1	PA if < 13 yoa
olanzapine tab 20 mg	1	PA if < 13 yoa
quetiapine fumarate tab 25 mg	1	PA if < 10 yoa
quetiapine fumarate tab 50 mg	1	PA if < 10 yoa; Rx4L
quetiapine fumarate tab 100 mg	1	PA if < 10 yoa; Rx4L
quetiapine fumarate tab 200 mg	1	PA if < 10 yoa; Rx4L
quetiapine fumarate tab 300 mg	1	PA if < 10 yoa; Rx4L
quetiapine fumarate tab 400 mg	1	PA if < 10 yoa
quetiapine fumarate tab er 24hr 50 mg	2	QL (60 tabs / 30 days); PA if < 10 yoa
quetiapine fumarate tab er 24hr 150 mg	2	QL (30 tabs / 30 days); PA if < 10 yoa
quetiapine fumarate tab er 24hr 200 mg	2	QL (30 tabs / 30 days); PA if < 10 yoa
quetiapine fumarate tab er 24hr 300 mg	2	QL (30 tabs / 30 days); PA if < 10 yoa
quetiapine fumarate tab er 24hr 400 mg	2	QL (30 tabs / 30 days); PA if < 10 yoa
SECUADO DIS 3.8MG	3	PA
SECUADO DIS 5.7MG	3	PA
SECUADO DIS 7.6MG	3	PA
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	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine 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		
aripiprazole oral solution 1 mg/ml	2	QL (600mL 30 days)
ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 10 MG	2	PA, QL (30 tabs / 30 days)
ARIPIPRAZOLE ORALLY DISINTEGRATING TAB 15 MG	2	PA, QL (30 tabs / 30 days)
aripiprazole tab 2 mg	2	QL (60 tabs 30 days)
aripiprazole tab 5 mg	2	QL (60 tabs 30 days)
aripiprazole tab 10 mg	2	QL (30 tabs 30 days)
aripiprazole tab 15 mg	2	QL (30 tabs 30 days)
aripiprazole tab 20 mg	2	QL (30 tabs 30 days)
aripiprazole tab 30 mg	2	QL (30 tabs 30 days)

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 0.5MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 0.25MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 1MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 2MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 3MG	3	PA, QL (30 tabs 30 days)
REXULTI TAB 4MG	3	PA, QL (30 tabs 30 days)
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	2	
abacavir sulfate tab 300 mg (base equiv)	2	
abacavir sulfate-lamivudine tab 600-300 mg	2	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	2	
APTIVUS CAP 250MG	2	
APTIVUS SOL	2	
atazanavir sulfate cap 150 mg (base equiv)	2	
atazanavir sulfate cap 200 mg (base equiv)	2	
atazanavir sulfate cap 300 mg (base equiv)	2	
BIKTARVY TAB	2	
CIMDUO TAB 300-300	2	
COMPLERA TAB	2	
CRIXIVAN CAP 200MG	2	
CRIXIVAN CAP 400MG	2	
DESCOVY TAB 120-15MG	2	

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	2	
didanosine delayed release capsule 200 mg	1	
didanosine delayed release capsule 250 mg	1	
didanosine delayed release capsule 400 mg	1	
DOVATO TAB 50-300MG	2	
EDURANT TAB 25MG	2	
efavirenz cap 50 mg	2	
efavirenz cap 200 mg	2	
efavirenz tab 600 mg	2	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	
emtricitabine caps 200 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2	
EMTRIVA SOL 10MG/ML	2	
etravirine tab 100 mg	2	
etravirine tab 200 mg	2	
EVOTAZ TAB 300-150	2	
fosamprenavir calcium tab 700 mg (base equiv)	2	
FUZEON INJ 90MG	3	
GENVOYA TAB	2	
INVIRASE CAP 200MG	2	
INVIRASE TAB 500MG	2	
ISENTRESS CHW 25MG	2	
ISENTRESS CHW 100MG	2	
ISENTRESS HD TAB 600MG	2	

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS POW 100MG	2	
ISENTRESS TAB 400MG	2	
JULUCA TAB 50-25MG	2	
lamivudine oral soln 10 mg/ml	1	
lamivudine tab 150 mg	2	
lamivudine tab 300 mg	2	
lamivudine-zidovudine tab 150-300 mg	2	
LEXIVA SUS 50MG/ML	2	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	2	
lopinavir-ritonavir tab 100-25 mg	2	
lopinavir-ritonavir tab 200-50 mg	2	
maraviroc tab 150 mg	2	SP
maraviroc tab 300 mg	2	SP
nevirapine susp 50 mg/5ml	1	
nevirapine tab 200 mg	1	
nevirapine tab er 24hr 400 mg	2	
NORVIR CAP 100MG	2	
NORVIR SOL 80MG/ML	2	
ODEFSEY TAB	2	
PREZCOBIX TAB 800-150	2	
PREZISTA TAB 75MG	2	
PREZISTA TAB 150MG	2	
PREZISTA TAB 600MG	2	
PREZISTA TAB 800MG	2	
RESCRIPTOR TAB 100 MG	2	
RESCRIPTOR TAB 200MG	2	
REYATAZ POW 50MG	2	
ritonavir tab 100 mg	2	
RUKOBIA TAB 600MG ER	2	
SELZENTRY SOL 20MG/ML	2	
SELZENTRY TAB 25MG	2	
SELZENTRY TAB 75MG	2	
stavudine cap 15 mg	1	
stavudine cap 20 mg	1	
stavudine cap 30 mg	1	
stavudine cap 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
STRIBILD TAB	2	
SYMTUZA TAB	2	
tenofovir disoproxil fumarate tab 300 mg	2	
TIVICAY PD TAB 5MG	2	Coverage limited to members 18 years old or younger
TIVICAY TAB 10MG	2	
TIVICAY TAB 25MG	2	
TIVICAY TAB 50MG	2	
TRIUMEQ PD TAB	2	
TRIUMEQ TAB	2	
TRIZIVIR TAB	2	
TYBOST TAB 150MG	2	
VIDEX EC CAP 125MG	2	
VIDEX EC CAP 400MG	2	
VIDEX SOL 2GM	2	
VIDEX SOL 4GM	2	
VIRACEPT TAB 250MG	2	
VIRACEPT TAB 625MG	2	
VIREAD POW 40MG/GM	2	
VIREAD TAB 150MG	2	
VIREAD TAB 200MG	2	
VIREAD TAB 250MG	2	
VITEKTA TAB 85MG	2	
VITEKTA TAB 150MG	2	
zidovudine cap 100 mg	1	
zidovudine syrup 10 mg/ml	1	
zidovudine tab 300 mg	1	
CMV AGENTS		
LIVTENCITY TAB 200MG	3	PA; SP
PREVYMIS TAB 240MG	3	PA
PREVYMIS TAB 480MG	3	PA
valganciclovir hcl tab 450 mg (base equivalent)	3	
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	3	PA
BARACLUDE SOL	2	

Drug Name	Drug Tier	Requirements/Limits
entecavir tab 0.5 mg	2	
entecavir tab 1 mg	2	
EPIVIR HBV SOL 5MG/ML	2	
lamivudine tab 100 mg (hbv)	2	
MAVYRET PAK 50-20MG	3	PA; SPC
MAVYRET TAB 100-40MG	3	PA; SPC
OLYSIO CAP 150MG	3	PA; (MNPA)
PEG-INTRON KIT 80MCG	3	PA
PEG-INTRON KIT 80MCG RP	3	PA
PEG-INTRON KIT 120 RP	3	PA
PEG-INTRON KIT 120MCG	3	PA
PEG-INTRON KIT 150 RP	3	PA
PEG-INTRON KIT 150MCG	3	PA
PEGASYS INJ	3	PA; SPC
PEGASYS INJ 180MCG/M	3	PA; SPC
PEGASYS INJ PROCLICK	3	PA; SPC
PEGINTRON KIT 50MCG	3	PA; SPC
REBETOL SOL 40MG/ML	3	PA; SPC
RIBAPAK TAB 600/DAY	3	PA; SPC
ribasphere tab 400mg	3	PA; SPC
ribavirin cap 200 mg	3	PA; SPC
ribavirin tab 200 mg	3	PA; SPC
ribavirin tab 600 mg	3	PA; SPC
TYZEKA TAB 600MG	3	PA
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	

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	2	QL (28 caps 180 days)
oseltamivir phosphate cap 45 mg (base equiv)	2	QL (14 caps 180 days)
oseltamivir phosphate cap 75 mg (base equiv)	2	QL (14 caps 180 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	2	QL (180 mL / 180 days)
RELENZA MIS DISKHALE	2	QL (2 courses per year (cumulative by class))
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	2	QL (28 caps 180 days); Excluded for New Starts
TAMIFLU CAP 45MG	2	QL (14 caps 180 days); Excluded for New Starts
TAMIFLU CAP 75MG	2	QL (14 caps 180 days); Excluded for New Starts
XOFLUZA TAB 40MG	2	QL (2 tabs per 180 days)
XOFLUZA TAB 80MG	2	QL (1 pak per 180 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab 3.125 mg	1	PD; Rx4L
carvedilol tab 6.25 mg	1	PD; Rx4L
carvedilol tab 12.5 mg	1	PD; Rx4L
carvedilol tab 25 mg	1	PD; Rx4L
labetalol hcl tab 100 mg	1	PD
labetalol hcl tab 200 mg	1	PD
labetalol hcl tab 300 mg	1	PD
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	PD
acebutolol hcl cap 400 mg	1	PD
atenolol tab 25 mg	1	PD; Rx4L
atenolol tab 50 mg	1	PD; Rx4L
atenolol tab 100 mg	1	PD; Rx4L
betaxolol hcl tab 10 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
betaxolol hcl tab 20 mg	1	PD
bisoprolol fumarate tab 5 mg	1	PD
bisoprolol fumarate tab 10 mg	1	PD
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	PD; Rx4L
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	PD; Rx4L
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	PD; Rx4L
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	PD
metoprolol tartrate tab 25 mg	1	PD; Rx4L
metoprolol tartrate tab 50 mg	1	PD; Rx4L
metoprolol tartrate tab 100 mg	1	PD; Rx4L
nebivolol hcl tab 2.5 mg (base equivalent)	2	PD
nebivolol hcl tab 5 mg (base equivalent)	2	PD
nebivolol hcl tab 10 mg (base equivalent)	2	PD
nebivolol hcl tab 20 mg (base equivalent)	2	PD
BETA BLOCKERS NON-SELECTIVE		
nadolol tab 20 mg	1	PD
nadolol tab 40 mg	1	PD
nadolol tab 80 mg	1	PD
pindolol tab 5 mg	1	PD
pindolol tab 10 mg	1	PD
propranolol hcl cap er 24hr 60 mg	1	PD
propranolol hcl cap er 24hr 80 mg	1	PD
propranolol hcl cap er 24hr 120 mg	1	PD
propranolol hcl cap er 24hr 160 mg	1	PD
propranolol hcl oral soln 20 mg/5ml	1	PD
propranolol hcl oral soln 40 mg/5ml	1	PD
propranolol hcl tab 10 mg	1	PD; Rx4L
propranolol hcl tab 20 mg	1	PD; Rx4L
propranolol hcl tab 40 mg	1	PD; Rx4L
propranolol hcl tab 60 mg	1	PD
propranolol hcl tab 80 mg	1	PD; Rx4L
sotalol hcl (afib/afl) tab 80 mg	1	PD
sotalol hcl (afib/afl) tab 120 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
sotalol hcl (afib/afl) tab 160 mg	1	PD
sotalol hcl tab 80 mg	1	PD
sotalol hcl tab 120 mg	1	PD
sotalol hcl tab 160 mg	1	PD
sotalol hcl tab 240 mg	1	PD
timolol maleate tab 5 mg	1	PD
timolol maleate tab 10 mg	1	PD
timolol maleate tab 20 mg	1	PD
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tab 2.5 mg (base equivalent)	1	PD; subject to dose optimization; Rx4L
amlodipine besylate tab 5 mg (base equivalent)	1	PD; subject to dose optimization; Rx4L
amlodipine besylate tab 10 mg (base equivalent)	1	PD; Rx4L
CARDIZEM LA TAB 120MG	2	PD
diltiazem hcl cap er 24hr 120 mg	1	PD
diltiazem hcl cap er 24hr 180 mg	1	PD
diltiazem hcl cap er 24hr 240 mg	1	PD
diltiazem hcl coated beads cap er 24hr 120 mg	1	PD
diltiazem hcl coated beads cap er 24hr 180 mg	1	PD
diltiazem hcl coated beads cap er 24hr 240 mg	1	PD
diltiazem hcl coated beads cap er 24hr 300 mg	1	PD
diltiazem hcl coated beads cap er 24hr 360 mg	1	PD
diltiazem hcl coated beads tab er 24hr 180 mg	1	PD
diltiazem hcl coated beads tab er 24hr 240 mg	1	PD
diltiazem hcl coated beads tab er 24hr 300 mg	1	PD
diltiazem hcl coated beads tab er 24hr 360 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads tab er 24hr 420 mg	1	PD
diltiazem hcl extended release beads cap er 24hr 120 mg	1	PD
diltiazem hcl extended release beads cap er 24hr 180 mg	1	PD
diltiazem hcl extended release beads cap er 24hr 240 mg	1	PD
diltiazem hcl extended release beads cap er 24hr 300 mg	1	PD
diltiazem hcl extended release beads cap er 24hr 360 mg	1	PD
diltiazem hcl extended release beads cap er 24hr 420 mg	1	PD
diltiazem hcl tab 30 mg	1	PD; Rx4L
diltiazem hcl tab 60 mg	1	PD; Rx4L
diltiazem hcl tab 90 mg	1	PD; Rx4L
diltiazem hcl tab 120 mg	1	PD; Rx4L
felodipine tab er 24hr 2.5 mg	1	PD
felodipine tab er 24hr 5 mg	1	PD
felodipine tab er 24hr 10 mg	1	PD
isradipine cap 2.5 mg	1	PD
isradipine cap 5 mg	1	PD
nicardipine hcl cap 20 mg	1	PD
nicardipine hcl cap 30 mg	1	PD
nifedipine tab er 24hr 30 mg	1	PD
nifedipine tab er 24hr 60 mg	1	PD
nifedipine tab er 24hr 90 mg	1	PD
nifedipine tab er 24hr osmotic release 30 mg	1	PD
nifedipine tab er 24hr osmotic release 60 mg	1	PD
nifedipine tab er 24hr osmotic release 90 mg	1	PD
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	PD
nisoldipine tab er 24hr 17 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
nisoldipine tab er 24hr 20 mg	1	PD; subject to dose optimization
nisoldipine tab er 24hr 25.5 mg	1	PD
nisoldipine tab er 24hr 30 mg	1	PD
nisoldipine tab er 24hr 34 mg	1	PD
nisoldipine tab er 24hr 40 mg	1	PD
verapamil hcl cap er 24hr 100 mg	1	PD
verapamil hcl cap er 24hr 120 mg	1	PD
verapamil hcl cap er 24hr 180 mg	1	PD
verapamil hcl cap er 24hr 200 mg	1	PD
verapamil hcl cap er 24hr 240 mg	1	PD
verapamil hcl cap er 24hr 300 mg	1	PD
verapamil hcl cap er 24hr 360 mg	1	PD
verapamil hcl tab 40 mg	1	PD
verapamil hcl tab 80 mg	1	PD; Rx4L
verapamil hcl tab 120 mg	1	PD; Rx4L
verapamil hcl tab er 120 mg	1	PD
verapamil hcl tab er 180 mg	1	PD
verapamil hcl tab er 240 mg	1	PD
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	3	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.1875MG	3	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	3	PA, QL (30 caps / 30 days); SPC
CAMZYOS CAP 5MG	3	PA, QL (30 caps / 30 days); SPC
CAMZYOS CAP 10MG	3	PA, QL (30 caps / 30 days); SPC
CAMZYOS CAP 15MG	3	PA, QL (30 caps / 30 days); SPC

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
IMPOTENCE AGENTS		
sildenafil citrate tab 25 mg	2	QL (4 tabs / 30 days)
sildenafil citrate tab 50 mg	2	QL (4 tabs / 30 days)
sildenafil citrate tab 100 mg	2	QL (4 tabs / 30 days)
tadalafil tab 2.5 mg	3	QL (4 tabs / 30 days)
tadalafil tab 5 mg	3	PA, QL (30 tabs / 30 days)
tadalafil tab 10 mg	3	QL (4 tabs / 30 days)
tadalafil tab 20 mg	3	QL (4 tabs / 30 days)
PROSTAGLANDIN VASODILATORS		
epoprostenol sodium for inj 0.5 mg	3	PA; SPC
epoprostenol sodium for inj 1.5 mg	3	PA; SPC
treprostinil inj soln 20 mg/20ml (1 mg/ml)	3	PA; SPC
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	3	PA; SPC
treprostinil inj soln 100 mg/20ml (5 mg/ml)	3	PA; SPC
treprostinil inj soln 200 mg/20ml (10 mg/ml)	3	PA; SPC
TYVASO DPI POW 16-32-48	3	PA; SPC
TYVASO DPI POW 16-32MCG	3	PA; SPC
TYVASO DPI POW 16MCG	3	PA; SPC
TYVASO DPI POW 32-48MCG	3	PA; SPC
TYVASO DPI POW 32MCG	3	PA; SPC
TYVASO DPI POW 48MCG	3	PA; SPC
TYVASO DPI POW 64MCG	3	PA; SPC
TYVASO START SOL 0.6MG/ML	3	PA; SPC
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	3	QL (30 tablets / 30 days); SPC
ambrisentan tab 10 mg	3	QL (30 tablets / 30 days); SPC

Drug Name	Drug Tier	Requirements/Limits
bosentan tab 62.5 mg	3	QL (60 tablets / 30 days); SPC
bosentan tab 125 mg	3	QL (60 tablets / 30 days); SPC
OPSUMIT TAB 10MG	3	PA; SPC
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	3	PA; SPC
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	3	PA; SPC
sildenafil citrate tab 20 mg	1	PA; SPC
tadalafil tab 20 mg (pah)	3	PA; SPC
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	3	PA; SPC
ADEMPAS TAB 1.5MG	3	PA; SPC
ADEMPAS TAB 1MG	3	PA; SPC
ADEMPAS TAB 2.5MG	3	PA; SPC
ADEMPAS TAB 2MG	3	PA; SPC
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	
CORLANOR TAB 5MG	3	
CORLANOR TAB 7.5MG	3	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	3	PA; SPC
VYNDAQEL CAP 20MG	3	PA; SPC
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cephalexin tab 500 mg	1	
KEFLEX CAP 750MG	2	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	2	
cefaclor for susp 125 mg/5ml	1	
cefaclor for susp 250 mg/5ml	1	
cefaclor for susp 375 mg/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	
CEFTIN SUS 250/5ML	3	
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	
cefditoren pivoxil tab 200 mg (base equivalent)	3	
cefditoren pivoxil tab 400 mg (base equivalent)	3	
cefixime cap 400 mg	2	
cefixime for susp 100 mg/5ml	2	
cefixime for susp 200 mg/5ml	2	
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	
ceftibuten cap 400 mg	3	
ceftriaxone sodium for inj 1 gm	2	PA
ceftriaxone sodium for inj 2 gm	2	PA
ceftriaxone sodium for inj 10 gm	2	PA
ceftriaxone sodium for inj 250 mg	2	PA
ceftriaxone sodium for inj 500 mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium for iv soln 1 gm	2	PA
ceftriaxone sodium for iv soln 2 gm	2	PA
SUPRAX CHW 100MG	2	
SUPRAX CHW 200MG	2	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl for inj 1 gm	2	PA
cefepime hcl for inj 2 gm	2	PA
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	ACA
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	1	ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	ACA
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	3	ACA
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	3	ACA
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	ACA
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	ACA
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	ACA
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	ACA
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1	ACA

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	ACA
LO LOESTRIN TAB 1-10-10	2	ACA; PD
NATAZIA TAB	2	ACA
NECON TAB 10/11-28	3	ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	1	ACA
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	1	ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	1	ACA
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	1	ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	1	ACA
norethindrone & mestranol tab 1 mg-50 mcg	1	ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	1	ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	1	ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	1	ACA
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	3	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	2	ACA; PD
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	1	ACA
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	1	ACA
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	ACA

Drug Name	Drug Tier	Requirements/Limits
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	ACA
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	ACA
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	1	ACA
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	1	ACA
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	ACA
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	3	ACA
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	3	ACA
levonorgestrel tab 1.5 mg	1	OTC; ACA
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	3	ACA
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104	3	ACA
medroxyprogesterone acetate im susp 150 mg/ml	1	ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	3	ACA
MIRENA IUD SYSTEM	3	ACA
SKYLA IUD 13.5MG	3	ACA
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	1	ACA
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	2	
cortisone acetate tab 25 mg	1	
DEXAMETHASON CON 1MG/ML	2	
dexamethasone elixir 0.5 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate inj 4 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
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 phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	1	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	Rx4L
prednisone tab 10 mg	1	Rx4L
prednisone tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
SOLU-CORTEF INJ 100MG	1	
TARPEYO CAP 4MG	3	PA; SP
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 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	
COUGH/COLD/ALLERGY COMBINATIONS		
guaifenesin-codeine liquid 225-7.5 mg/5ml	1	OTC
guaifenesin-codeine soln 100-10 mg/5ml	1	OTC
hydrocod polst-chlorphen polst er susp 10-8 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	
pseudoephedrine w/ cod-gg soln 30-10-100 mg/5ml	1	OTC
tusnel c syp	1	OTC
virtussin sol dac	1	OTC
EXPECTORANTS		
potassium iodide oral soln 1 gm/ml	3	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	

Drug Name	Drug Tier	Requirements/Limits
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
adapalene cream 0.1%	1	
adapalene gel 0.1%	1	
adapalene gel 0.3%	2	
adapalene-benzoyl peroxide gel 0.1-2.5%	2	
adapalene-benzoyl peroxide gel 0.3-2.5%	3	ST
AZELEX CRE 20%	3	
benzoyl peroxide gel 5%	1	OTC
benzoyl peroxide gel 10%	1	
benzoyl peroxide gel 10%	1	OTC
benzoyl peroxide liq 10%	1	OTC
benzoyl peroxide-erythromycin gel 5-3%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	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%	2	
clindamycin phosphate-tretinoin gel 1.2-0.025%	3	
EPIDUO FORTE GEL 0.3-2.5%	3	ST
erythromycin gel 2%	1	
erythromycin soln 2%	1	
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
tretinoin cream 0.1%	1	
tretinoin cream 0.05%	1	
tretinoin cream 0.025%	1	
tretinoin gel 0.01%	1	
tretinoin gel 0.025%	1	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium gel 1%	1	QL (1000 gm / 30 days)
diclofenac sodium soln 1.5%	3	
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
centany oin 2%	1	
CORTISPORIN CRE 0.5%	3	
CORTISPORIN OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	
NEO-SYNALAR CRE	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	
ketoconazole cream 2%	1	
ketoconazole shampoo 2%	1	

Drug Name	Drug Tier	Requirements/Limits
luliconazole cream 1%	3	ST, PA
MENTAX CRE 1%	3	ST, PA; (MNPA)
miconazole nitrate cream 2%	1	OTC
naftifine hcl cream 1%	3	
naftifine hcl cream 2%	3	
naftifine hcl gel 1%	3	
NAFTIN GEL 1%	3	
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	
oxiconazole nitrate cream 1%	3	
OXISTAT LOT 1%	3	
sulconazole nitrate cream 1%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
diclofenac sodium (actinic keratoses) gel 3%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
PANRETIN GEL 0.1%	3	PA
PICATO GEL 0.05%	3	PA
PICATO GEL 0.015%	3	PA
VALCHLOR GEL 0.016%	3	PA
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	3	PA
ANTIPSORIATICS		
acitretin cap 10 mg	3	
acitretin cap 17.5 mg	3	
acitretin cap 25 mg	3	
calcipotriene cream 0.005%	2	
calcipotriene oint 0.005%	2	
calcipotriene soln 0.005% (50 mcg/ml)	3	

Drug Name	Drug Tier	Requirements/Limits
calcitriol oint 3 mcg/gm	3	
COSENTYX INJ 75MG/0.5	2	PA, QL ; SPC
COSENTYX INJ 150MG/ML	2	PA, QL ; SPC
COSENTYX INJ 300DOSE	2	PA, QL ; SPC
COSENTYX PEN INJ 150MG/ML	2	PA, QL ; SPC
COSENTYX PEN INJ 300DOSE	2	PA, QL ; SPC
methoxsalen rapid cap 10 mg	3	
8-MOP CAP 10MG	3	
SKYRIZI INJ 150DOSE	2	PA, QL ; SPC
SKYRIZI INJ 150MG/ML	2	PA, QL (1 syringe / 84 days); SPC
SKYRIZI PEN INJ 150MG/ML	2	PA, QL (1 pen / 84 days); SPC
STELARA INJ 45MG/0.5	2	PA, QL ; SPC
STELARA INJ 90MG/ML	2	PA, QL ; SPC
tazarotene cream 0.1%	3	
TAZORAC CRE 0.05%	3	ST
TAZORAC GEL 0.1%	3	ST
TAZORAC GEL 0.05%	3	ST
TREMFYA INJ 100MG/ML	2	PA, QL ; SPC
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
sulfacetamide sodium liquid 10%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	2	QL (15 gm 30 days)
DENAVIR CRE 1%	3	ST, QL (1 tube / 30 days)
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	3	
silver sulfadiazine cream 1%	1	
SULFAMYLON PAK 5%	3	PA
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
amcinonide cream 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
amcinonide lotion 0.1%	1	
AMCINONIDE OIN 0.1%	1	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate oint 0.05%	1	
betamethasone valerate aerosol foam 0.12%	2	
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	3	
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 soln 0.05%	1	
CORDRAN 80X3 TAP 4MCG/CM	3	
desonide cream 0.05%	1	
desonide lotion 0.05%	3	
desonide oint 0.05%	1	
desoximetasone cream 0.05%	3	
desoximetasone cream 0.25%	3	
desoximetasone gel 0.05%	3	
desoximetasone oint 0.25%	3	
fluocinolone acetonide cream 0.025%	1	

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide oil 0.01% (body oil)	2	
fluocinolone acetonide oint 0.025%	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	
flurandrenolide cream 0.05%	3	
flurandrenolide lotion 0.05%	3	
fluticasone propionate cream 0.05%	1	
fluticasone propionate oint 0.005%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 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	
pramoxine-hc cream 1-2.5%	2	
prednicarbate oint 0.1%	3	
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	
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67	3	PA; SPC
DUPIXENT INJ 200MG	3	PA; SPC
DUPIXENT INJ 300/2ML	3	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	OTC
lactic acid (ammonium lactate) lotion 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	2	QL (30 gm / 30 days)
tacrolimus oint 0.1%	2	QL (30 gm 30 days)
tacrolimus oint 0.03%	2	QL (30 gm 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5%	3	
podofilox soln 0.5%	1	
salicylic acid cream 6%	1	
LOCAL ANESTHETICS - TOPICAL		
lidocaine hcl cream 3%	1	
lidocaine hcl gel 2%	1	
lidocaine hcl gel 2%	1	OTC
lidocaine hcl lotion 3%	1	
lidocaine hcl soln 4%	1	
lidocaine oint 5%	2	
lidocaine patch 5%	2	QL (90 patches / 30 days)
lidocaine-prilocaine cream 2.5-2.5%	1	
pramox gel 1%	1	
SYNERA DIS 70-70MG	3	PA
MISC. TOPICAL		
DRYSOL SOL 20%	1	
PIGMENTING-DEPIGMENTING AGENTS		
OXSORALEN LOT 1%	3	
ROSACEA AGENTS		
azelaic acid gel 15%	3	
ivermectin cream 1%	3	

Drug Name	Drug Tier	Requirements/Limits
metronidazole cream 0.75%	2	
metronidazole gel 0.75%	2	
metronidazole lotion 0.75%	2	
SOOLANTRA CRE 1%	3	
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	3	
EURAX CRE 10%	3	
ivermectin lotion 0.5%	3	PA
malathion lotion 0.5%	3	ST
permethrin cream 5%	1	
spinosad susp 0.9%	3	
ULESFIA LOT 5%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
BREEZE 2 MIS TEST	2	QL (100 per 30 days; 300 per 30 days for insulin users), OTC
CONTOUR TES BLD GLUC	2	QL (100 per 30 days; 300 per 30 days for insulin users), OTC
CONTOUR TES NEXT	2	QL (100 strips / 30 days), OTC
ONETOUCH TES ULTRA	2	QL (100 strips / 30 days), OTC
ONETOUCH TES VERIO	2	QL (100 strips / 30 days), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
DIETARY MANAGEMENT PRODUCTS		
niva-fol tab	1	OTC
INFANT FOODS		
ENFA NUTRAMI CON LIPIL	2	OTC
ENFAMIL ENFA POW LIPIL	2	OTC
ENFAMIL PREM LIQ LIPIL	2	OTC
NUTRITIONAL SUPPLEMENTS		
NUTREN 1.0 LIQ UNFLAVOR	2	OTC
PEPTAMEN JUN POW VANILLA	2	OTC

Drug Name	Drug Tier	Requirements/Limits
RESOURCE ARG PAK LEMON	2	OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP	2	
PANCREAZE CAP 2600UNIT	2	
PANCREAZE CAP 4200UNIT	2	
PANCREAZE CAP 10500UNT	2	
PANCREAZE CAP 16800UNT	2	
PANCREAZE CAP 21000UNT	2	
PANCREAZE CAP 37000	2	
PERTZYE CAP 8000UNIT	2	
PERTZYE CAP 16000U	2	
PERTZYE CAP 24000U	2	
SUCRAID SOL 8500/ML	3	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	2	PA
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	PD
spironolactone & hydrochlorothiazide tab 25-25 mg	1	PD
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	PD; Rx4L
triamterene & hydrochlorothiazide cap 50-25 mg	1	PD
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	PD; Rx4L
triamterene & hydrochlorothiazide tab 75-50 mg	1	PD; Rx4L
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	PD; Rx4L
bumetanide tab 1 mg	1	PD; Rx4L
bumetanide tab 2 mg	1	PD; Rx4L
ethacrynic acid tab 25 mg	3	
furosemide oral soln 10 mg/ml	1	PD
furosemide tab 20 mg	1	PD; Rx4L
furosemide tab 40 mg	1	PD; Rx4L
furosemide tab 80 mg	1	PD; Rx4L
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	
CAROSPIR SUS 25MG/5ML	2	PD
spironolactone tab 25 mg	1	PD; Rx4L
spironolactone tab 50 mg	1	PD; Rx4L
spironolactone tab 100 mg	1	PD
triamterene cap 50 mg	3	
triamterene cap 100 mg	3	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide tab 250 mg	1	PD
chlorothiazide tab 500 mg	1	PD

Drug Name	Drug Tier	Requirements/Limits
chlorthalidone tab 25 mg	1	PD
chlorthalidone tab 50 mg	1	PD
DIURIL SUS 250/5ML	3	PD
hydrochlorothiazide cap 12.5 mg	1	PD; Rx4L
hydrochlorothiazide tab 12.5 mg	1	PD
hydrochlorothiazide tab 25 mg	1	PD; Rx4L
hydrochlorothiazide tab 50 mg	1	PD; Rx4L
indapamide tab 1.25 mg	1	PD
indapamide tab 2.5 mg	1	PD
methyclothiazide tab 5 mg	2	ST; PD
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 oral soln 70 mg/75ml	2	PD
alendronate sodium tab 5 mg	1	PD
alendronate sodium tab 10 mg	1	PD
alendronate sodium tab 35 mg	1	PD; Rx4L
alendronate sodium tab 40 mg	1	PD
alendronate sodium tab 70 mg	1	PD; Rx4L
calcitonin (salmon) nasal soln 200 unit/act	1	PD
FORTEO INJ 600/2.4	2	QL (2 year maximum benefit per lifetime); SPC
ibandronate sodium tab 150 mg (base equivalent)	3	PD
NATPARA INJ 25MCG	3	PA; SPC
NATPARA INJ 50MCG	3	PA; SPC
NATPARA INJ 75MCG	3	PA; SPC
NATPARA INJ 100MCG	3	PA; SPC
pamidronate disodium for inj 30 mg	2	PA
pamidronate disodium for inj 90 mg	2	PA
pamidronate disodium iv soln 3 mg/ml	2	PA
pamidronate disodium iv soln 9 mg/ml	2	PA
PAMIDRONATE INJ 6MG/ML	2	PA
risedronate sodium tab 5 mg	3	PD

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 30 mg	3	PD
risedronate sodium tab 35 mg	3	PD
risedronate sodium tab 150 mg	3	PD
TYMLOS INJ	2	QL (1 pen / 30 days); SPC
FERTILITY REGULATORS		
chor gonadot inj 10000unt	3	PA; SPC
clomiphene citrate tab 50 mg	1	
FOLLISTIM AQ INJ 300UNIT	2	PA, QL (6 mL in lifetime); Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit; SPC
FOLLISTIM AQ INJ 600UNIT	2	PA, QL (6 mL in lifetime); Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit; SPC

Drug Name	Drug Tier	Requirements/Limits
FOLLISTIM AQ INJ 900UNIT	2	PA, QL (6 mL in lifetime); Coverage limited to 6 cycles, alone or in any combination, to achieve pregnancy. Infertility drugs resulting in a live birth, or an established pregnancy (fetal heart rate is detected) resulting in a miscarriage, will renew the six cycle limit; SPC
MENOPUR INJ 75UNIT	2	PA, QL (6 cycles); SPC
novarel inj 10000unt	3	PA; SPC
OVIDREL INJ	2	PA, QL (6 cycles); SPC
pregnyl inj 10000unt	3	PA; SPC
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG	2	PA, QL (6 cycles); SPC
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	2	PA, QL (6 cycles); SPC
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	3	PA; SPC
SOMAVERT INJ 15MG	3	PA; SPC
SOMAVERT INJ 20MG	3	PA; SPC
SOMAVERT INJ 25MG	3	PA; SPC
SOMAVERT INJ 30MG	3	PA; SPC
GROWTH HORMONES		
HUMATROPE INJ 5MG	3	PA; SPC
HUMATROPE INJ 6MG	3	PA; SPC
HUMATROPE INJ 12MG	3	PA; SPC
HUMATROPE INJ 24MG	3	PA; SPC
NORDITROPIN INJ 5/1.5ML	2	PA; SPC
NORDITROPIN INJ 10/1.5ML	2	PA; SPC
NORDITROPIN INJ 15/1.5ML	2	PA; SPC
NORDITROPIN INJ 30/3ML	2	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5/1.5ML	3	PA; SPC
OMNITROPE INJ 10/1.5ML	3	PA; SPC
ZORBTIVE INJ 8.8MG	2	PA; SPC
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG	2	
raloxifene hcl tab 60 mg	2	PD
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	3	PA; SPC
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5	3	SPC
LUPANETA KIT 11.25-5	3	SPC
LUPR DEP-PED INJ 3M 30MG	3	SPC
LUPR DEP-PED INJ 7.5MG	3	SPC
LUPR DEP-PED INJ 11.25MG	3	SPC
LUPR DEP-PED INJ 15MG	3	SPC
SYNAREL SOL 2MG/ML	2	
METABOLIC MODIFIERS		
betaine powder for oral solution**	3	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol oral soln 1 mcg/ml	1	
cinacalcet hcl tab 30 mg (base equiv)	3	PA; SPC
cinacalcet hcl tab 60 mg (base equiv)	3	PA; SPC
cinacalcet hcl tab 90 mg (base equiv)	3	PA; SPC
doxercalciferol cap 0.5 mcg	2	
doxercalciferol cap 1 mcg	2	
doxercalciferol cap 2.5 mcg	2	
FABRAZYME INJ 5MG	3	PA; SPC
FABRAZYME INJ 35MG	3	PA; SPC
LUMIZYME INJ 50MG	3	PA; SPC
nitisinone cap 10 mg	3	SPC
paricalcitol cap 1 mcg	2	
paricalcitol cap 2 mcg	2	
paricalcitol cap 4 mcg	2	
sapropterin dihydrochloride powder packet 100 mg	3	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride powder packet 500 mg	3	PA; SPC
sapropterin dihydrochloride tab 100 mg	3	PA; SPC
sodium phenylbutyrate tab 500 mg	3	PA; SPC
STRENSIQ INJ 18/0.45	3	PA
STRENSIQ INJ 28/0.7ML	3	PA
STRENSIQ INJ 40MG/ML	3	PA
STRENSIQ INJ 80/0.8ML	3	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	3	PA
KERENDIA TAB 20MG	3	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	
NOCDURNA SUB 27.7MCG	3	PA
NOCDURNA SUB 55.3MCG	3	PA
NOCTIVA EMU 0.83/0.1	3	PA
NOCTIVA SPR 1.66/0.1	3	PA
STIMATE SOL 1.5MG/ML	3	SPC
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) vial for injection	3	SPC
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) vial for injection	3	SPC
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) vial for injection	3	SPC
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) vial for injection	3	SPC
octreotide acetate inj 1000 mcg/ml (1 mg/ml) vial for injection	3	SPC

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	3	SPC
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	3	SPC
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	3	SPC
SOMATULINE INJ 60/0.2ML	3	PA; SPC
SOMATULINE INJ 90/0.3ML	3	PA; SPC
SOMATULINE INJ 120/.5ML	3	PA; SPC
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 30-15MG	3	PA; SP
JYNARQUE PAK 45-15MG	3	PA; SP
JYNARQUE PAK 60-30MG	3	PA; SP
JYNARQUE PAK 90-30MG	3	PA; SP
JYNARQUE TAB 15MG	3	PA; SP
JYNARQUE TAB 30MG	3	PA; SP
tolvaptan tab 15 mg	3	PA; SPC
tolvaptan tab 30 mg	3	PA; SPC
ESTROGENS		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY	2	
DUAVEE TAB 0.45-20	3	PA
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	3	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	3	
ORIAHNN CAP	2	PA
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-5	3	
ESTROGENS		
CENESTIN TAB 0.3MG	3	

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL GEL 0.5MG	3	
DIVIGEL GEL 0.25MG	3	
DIVIGEL GEL 0.75MG	3	
DIVIGEL GEL 1.25MG	3	
DIVIGEL GEL 1MG/GM	3	
ENJUVIA TAB 0.3MG	3	
ENJUVIA TAB 0.9MG	3	
ENJUVIA TAB 0.45MG	3	
ENJUVIA TAB 0.625MG	3	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	(generic for Vivelle-DOT)
estradiol td patch twice weekly 0.05 mg/24hr	1	(generic for Vivelle-DOT)
estradiol td patch twice weekly 0.025 mg/24hr	1	(generic for Vivelle-DOT)
estradiol td patch twice weekly 0.075 mg/24hr	1	(generic for Vivelle-DOT)
estradiol td patch twice weekly 0.0375 mg/24hr	1	(generic for Vivelle-DOT)
estradiol td patch weekly 0.1 mg/24hr	1	(generic for Climara)
estradiol td patch weekly 0.05 mg/24hr	1	(generic for Climara)
estradiol td patch weekly 0.06 mg/24hr	1	(generic for Climara)
estradiol td patch weekly 0.025 mg/24hr	1	(generic for Climara)
estradiol td patch weekly 0.075 mg/24hr	1	(generic for Climara)
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	(generic for Climara)
estropipate tab 0.75 mg	1	
estropipate tab 1.5 mg	1	
estropipate tab 3 mg	1	
MENEST TAB 0.3MG	3	
MENEST TAB 0.625MG	3	
MENEST TAB 1.25MG	3	
MENEST TAB 2.5MG	3	
PREMARIN TAB 0.3MG	3	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.9MG	3	
PREMARIN TAB 0.45MG	3	
PREMARIN TAB 0.625MG	3	
PREMARIN TAB 1.25MG	3	
FLUOROQUINOLONES		
FLUOROQUINOLONES		
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	2	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	2	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	1	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	1	
FACTIVE TAB 320MG	3	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	2	
GASTROINTESTINAL AGENTS - MISC.		
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	2	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 250MG	3	PA
GALLSTONE SOLUBILIZING AGENTS		
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 24 mcg	3	PA; MNPA

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
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	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	3	PA; SP
BYLVAY CAP 400MCG	3	PA; SP
BYLVAY CAP 600MCG	3	PA; SP
BYLVAY CAP 1200MCG	3	PA; SP
LIVMARLI SOL 9.5MG/ML	3	PA; SP
INFLAMMATORY BOWEL AGENTS		
balsalazide disodium cap 750 mg	1	
DIPENTUM CAP 250MG	3	
mesalamine cap er 24hr 0.375 gm	3	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit*	1	
mesalamine suppos 1000 mg	2	
mesalamine tab delayed release 1.2 gm	2	
mesalamine tab delayed release 800 mg	2	
SKYRIZI INJ 360/2.4	2	PA, QL (1 injection / 56 days); SPC
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	3	Covered for females only
alosetron hcl tab 1 mg (base equiv)	3	Covered for females only
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAP 290MCG	2	
VIBERZI TAB 75MG	3	PA
VIBERZI TAB 100MG	3	PA
ZELNORM TAB 6MG	3	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	2	QL (30 tabs 30 days)
MOVANTIK TAB 25MG	2	QL (30 tabs 30 days)
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	2	
FOSRENOL POW 750MG	3	
FOSRENOL POW 1000MG	3	
lanthanum carbonate chew tab 500 mg (elemental)	3	
lanthanum carbonate chew tab 750 mg (elemental)	3	
lanthanum carbonate chew tab 1000 mg (elemental)	3	
RENAGEL TAB 400MG	3	
sevelamer carbonate packet 0.8 gm	2	
sevelamer carbonate packet 2.4 gm	2	
sevelamer carbonate tab 800 mg	2	
sevelamer hcl tab 800 mg	3	
VELPHORO CHW 500MG	3	ST, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
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)	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	3	PA; SPC
CYSTAGON CAP 150MG	3	PA; SPC
GENITOURINARY IRRIGANTS		
sodium chloride irrigation soln 0.9%	1	

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	3	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
CARDURA XL TAB 4MG	3	ST
CARDURA XL TAB 8MG	3	ST
dutasteride cap 0.5 mg	3	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	
finasteride tab 5 mg	1	
silodosin cap 4 mg	3	
silodosin cap 8 mg	3	
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	Rx4L
allopurinol tab 300 mg	1	Rx4L
colchicine cap 0.6 mg	2	
colchicine tab 0.6 mg	2	
febuxostat tab 40 mg	3	
febuxostat tab 80 mg	3	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	3	MNPA, SPC
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	3	PA; (MNPA), SPC
EMPAVELI INJ 1080MG	3	PA; SP

Drug Name	Drug Tier	Requirements/Limits
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML	3	PA; SPC
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	2	PD
BRILINTA TAB 90MG	2	PD
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	PD
clopidogrel bisulfate tab 300 mg (base equiv)	1	PD
dipyridamole tab 25 mg	1	PD
dipyridamole tab 50 mg	1	PD
dipyridamole tab 75 mg	1	PD
prasugrel hcl tab 5 mg (base equiv)	2	PD
prasugrel hcl tab 10 mg (base equiv)	2	PD
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB 5MG	3	PA; SP
PYRUKYND TAB 5MG TP	3	PA; SP
PYRUKYND TAB 20MG	3	PA; SP
PYRUKYND TAB 20MGX5MG	3	PA; SP
PYRUKYND TAB 50MG	3	PA; SP
PYRUKYND TAB 50MGX20M	3	PA; SP
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CEREZYME INJ 400UNIT	3	PA; SPC
miglustat cap 100 mg	3	PA; SPC
AGENTS FOR SICKLE CELL ANEMIA		
DROXIA CAP 200MG	2	
DROXIA CAP 300MG	2	
DROXIA CAP 400MG	2	

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR SICKLE CELL DISEASE		
OXBRYTA TAB 300MG	3	PA, QL (1 Bottle / 30 days); SPC
OXBRYTA TAB 500MG	3	PA, QL (1 Bottle / 30 days); SPC
FOLIC ACID/FOLATES		
folic acid tab 1 mg	1	OTC; Rx4L
folic acid tab 400 mcg	1	OTC; ACA
folic acid tab 800 mcg	1	OTC; ACA
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	3	PA; SPC
ARANESP INJ 25MCG	3	PA; SPC
ARANESP INJ 40MCG	3	PA; SPC
ARANESP INJ 60MCG	3	PA; SPC
ARANESP INJ 100MCG	3	PA; SPC
ARANESP INJ 150MCG	3	PA; SPC
ARANESP INJ 200MCG	3	PA; SPC
ARANESP INJ 300MCG	3	PA; SPC
ARANESP INJ 500MCG	3	PA; SPC
DOPTELET TAB 20MG	3	PA; SPC
MULPLETA TAB 3MG	3	PA; SPC
PROCRIT INJ 40000/ML	3	PA; SPC
PROMACTA PAK 25MG	3	SPC
PROMACTA POW 12.5MG	3	PA; SPC
PROMACTA TAB 12.5MG	3	PA; SPC
PROMACTA TAB 25MG	3	PA; SPC
PROMACTA TAB 50MG	3	PA; SPC
PROMACTA TAB 75MG	3	PA; SPC
RETACRIT INJ 2000UNIT	2	PA; SPC
RETACRIT INJ 3000UNIT	2	PA; SPC
RETACRIT INJ 4000UNIT	2	PA; SPC
RETACRIT INJ 10000UNT	2	PA; SPC
RETACRIT INJ 20000UNI	2	PA; SPC
RETACRIT INJ 40000UNT	2	PA; SPC
ZARXIO INJ 300/0.5	2	PA; SPC
ZARXIO INJ 480/0.8	2	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO INJ 6/0.6ML	2	PA; SPC
IRON		
carbonyl iron susp 15 mg/1.25ml (elemental iron)	1	OTC; ACA
FERROUS SUL LIQ 220/5ML	1	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	1	OTC; ACA
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	3	OTC; ACA
STEM CELL MOBILIZERS		
MOZOBIL INJ	3	PA; SPC
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
AMICAR TAB 500MG	3	
AMICAR TAB 1000MG	3	
aminocaproic acid oral soln 0.25 gm/ml	3	
aminocaproic acid tab 500 mg	3	
aminocaproic acid tab 1000 mg	3	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	1	
tranexamic acid tab 650 mg	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital tab 15 mg	1	PD
phenobarbital tab 16.2 mg	1	PD
phenobarbital tab 30 mg	1	PD
phenobarbital tab 32.4 mg	1	PD
phenobarbital tab 60 mg	1	PD
phenobarbital tab 64.8 mg	1	PD
phenobarbital tab 97.2 mg	1	PD
phenobarbital tab 100 mg	1	PD
NON-BARBITURATE HYPNOTICS		
estazolam tab 1 mg	1	QL (30 tabs / 30 days (cumulative by class))
eszopiclone tab 1 mg	2	QL (30 tabs 30 days)
eszopiclone tab 2 mg	2	QL (30 tabs 30 days)

Drug Name	Drug Tier	Requirements/Limits
eszopiclone tab 3 mg	2	QL (30 tabs 30 days)
flurazepam hcl cap 15 mg	3	PA, QL (30 caps / 30 days (cumulative by class)); MNPA
quazepam tab 15 mg	3	PA, QL (30 tabs / 30 days (cumulative by class)); MNPA
temazepam cap 7.5 mg	1	QL (30 caps 30 days); PA if < 18 yoa
temazepam cap 15 mg	1	QL (30 caps 30 days)
temazepam cap 22.5 mg	1	QL (30 caps 30 days); PA if < 18 yoa
temazepam cap 30 mg	1	QL (30 caps 30 days)
triazolam tab 0.25 mg	1	QL (30 tabs / 30 days (cumulative by class))
triazolam tab 0.125 mg	1	QL (30 tabs / 30 days (cumulative by class))
zaleplon cap 5 mg	1	QL (30 caps 30 days)
zaleplon cap 10 mg	1	QL (30 caps 30 days)
zolpidem tartrate tab 5 mg	1	QL (30 tabs / 30 days)
zolpidem tartrate tab 10 mg	1	QL (30 tabs / 30 days)
zolpidem tartrate tab er 6.25 mg	1	QL (30 tabs / 30 days)
zolpidem tartrate tab er 12.5 mg	1	QL (30 tabs / 30 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	3	PA; MNPA
BELSOMRA TAB 10MG	3	PA; MNPA
BELSOMRA TAB 15MG	3	PA; MNPA
BELSOMRA TAB 20MG	3	PA; MNPA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
ramelteon tab 8 mg	2	QL (30 tabs / 30 days)
LAXATIVES		
LAXATIVE COMBINATIONS		
GOLYTELY SOL	3	
MOVIPREP SOL	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
SUPREP BOWEL SOL PREP KIT	3	
LAXATIVES - MISCELLANEOUS		
lactulose solution 10 gm/15ml	1	
polyethylene glycol 3350 oral packet 17 gm	1	
polyethylene glycol 3350 oral powder 17 gm/scoop	1	ACA
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	3	
erythromycin ethylsuccinate for susp 400 mg/5ml	3	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	3	

Drug Name	Drug Tier	Requirements/Limits
erythromycin tab delayed release 333 mg	3	
erythromycin tab delayed release 500 mg	3	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	3	ST
DIFICID TAB 200MG	3	ST
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR	2	ACA
FC FEMALE MIS CONDOM	2	OTC; ACA
FEMCAP MIS 22MM	2	ACA
FEMCAP MIS 26MM	2	ACA
FEMCAP MIS 30MM	2	ACA
OMNIFLEX DPR	2	ACA
WIDE-SEAL DPR KIT 60	2	ACA
WIDE-SEAL DPR KIT 65	2	ACA
WIDE-SEAL DPR KIT 70	2	ACA
WIDE-SEAL DPR KIT 75	2	ACA
WIDE-SEAL DPR KIT 80	2	ACA
WIDE-SEAL DPR KIT 85	2	ACA
WIDE-SEAL DPR KIT 90	2	ACA
WIDE-SEAL DPR KIT 95	2	ACA
DIABETIC SUPPLIES		
CONTOUR KIT NEXT	2	OTC; PD
CONTOUR KIT NEXT LNK	2	OTC; PD
OMNIPOD 5 G6 KIT INTRO	2	QL (1 kit / 700 days)
OMNIPOD DASH MIS PODS	2	QL (10 pods / 30 days)
ONETOUCH KIT ULTRA 2	2	OTC
ONETOUCH KIT VERIO RE	2	OTC
PARENTERAL THERAPY SUPPLIES		
EASY TOUCH MIS 30G	2	OTC
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	3	
ergotamine w/ caffeine tab 1-100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
dihydroergotamine mesylate nasal spray 4 mg/ml	2	QL (8 mL 30 days)
MIGRANAL SPR 4MG/ML	2	QL (8mL 30 days)
MIGRAINE PRODUCTS - MONOCLONAL ANTIBODIES		
AIMOVIG INJ 70MG/ML	2	PA
AIMOVIG INJ 140MG/ML	2	PA
AJOVY INJ 225/1.5	2	PA
NURTEC TAB 75MG ODT	3	PA, QL (16 tabs / 30 days)
UBRELVY TAB 50MG	3	PA, QL (16 tabs / 30 days)
UBRELVY TAB 100MG	3	PA, QL (16 tabs / 30 days)
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	3	QL (8 tabs 30 days)
almotriptan malate tab 12.5 mg	3	QL (8 tabs 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	2	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	2	QL (12 tabs / 30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	3	ST, QL (9 tabs / 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs / 30 days)
REYVOW TAB 50MG	3	PA, QL (4 tabs / 30 days); Quantity limit of one product unit per 365 days for members 19 years of age or older; three product units per 365 days for members 18 years of age or younger (cumulative by class)

Drug Name	Drug Tier	Requirements/Limits
REYVOW TAB 100MG	3	PA, QL (8 tabs / 30 days); Quantity limit of one product unit per 365 days for members 19 years of age or older; three product units per 365 days for members 18 years of age or younger (cumulative by class)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (12 tabs 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (12 tabs 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (12 tabs 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (12 tabs 30 days)
sumatriptan nasal spray 5 mg/act	1	QL (6 doses 30 days)
sumatriptan nasal spray 20 mg/act	1	QL (6 doses 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (6 injections 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (6 injections 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (6 injections 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tablets / 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tablets / 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tablets / 30 days)
zolmitriptan nasal spray 2.5 mg/spray unit	3	QL (6 inhalers / 30 days)
zolmitriptan nasal spray 5 mg/spray unit	3	QL (6 bottles / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
zolmitriptan tab 5 mg	1	QL (12 tabs / 30 days)
MINERALS & ELECTROLYTES		
FLUORIDE		
FLUORABON DRO	3	ACA
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	1	ACA
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	1	ACA
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	ACA
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	1	ACA
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	1	ACA
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	1	ACA
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	1	ACA
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	
POTASSIUM		
potassium bicarbonate effer tab 25 meq	2	
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 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
penicillamine tab 250 mg	3	SPC

Drug Name	Drug Tier	Requirements/Limits
trientine hcl cap 250 mg	3	PA; SPC
IMMUNOMODULATORS		
lenalidomide cap 5 mg	3	SP, PA; SPC
lenalidomide cap 10 mg	3	SP, PA; SPC
lenalidomide cap 15 mg	3	SP, PA; SPC
lenalidomide cap 20 mg	3	PA; SPC
lenalidomide cap 25 mg	3	SP, PA; SPC
lenalidomide caps 2.5 mg	3	PA; SPC
REVLIMID CAP 2.5MG	3	PA; SPC
REVLIMID CAP 5MG	3	PA; SPC
REVLIMID CAP 10MG	3	PA; SPC
REVLIMID CAP 15MG	3	PA; SPC
REVLIMID CAP 25MG	3	PA; SPC
THALOMID CAP 50MG	3	PA; SPC
THALOMID CAP 100MG	3	PA; SPC
THALOMID CAP 150MG	3	PA; SPC
THALOMID CAP 200MG	3	PA; SPC
IMMUNOSUPPRESSIVE AGENTS		
azathioprine tab 50 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	3	PA; SPC
everolimus tab 0.5 mg	3	PA
everolimus tab 0.25 mg	3	PA
everolimus tab 0.75 mg	3	PA
LUPKYNIS CAP 7.9MG	3	PA
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	2	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	3	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	3	
NULOJIX INJ 250MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INJ 10MG	3	PA
SIMULECT INJ 20MG	3	PA
sirolimus oral soln 1 mg/ml	2	
sirolimus tab 0.5 mg	2	
sirolimus tab 1 mg	2	
sirolimus tab 2 mg	2	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
IRRIGATION SOLUTIONS		
irrigation solution, physiological*	1	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB 50MG	3	PA; SPC
VIJOICE TAB 125MG	3	PA; SPC
VIJOICE TAB 250MG	3	PA; SPC
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	2	
LOKELMA PAK 10GM	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	3	PA; SPC
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	PA; (MNPA)

Drug Name	Drug Tier	Requirements/Limits
DENTAL PRODUCTS		
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride rinse 0.2%	2	
STEROIDS - MOUTH/THROAT		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
MULTIVITAMINS		
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml*	1	PD
pediatric vitamins acd fluoride & fe drops 0.25-10 mg/ml**	1	PD
poly-vit/fe dro /fl 0.25	1	PD
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg**	1	PD
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg**	1	PD
pediatric multiple vitamins w/ fluoride chew tab 1 mg**	1	PD
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml**	1	PD
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml**	1	OTC; PD
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml**	1	PD
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml**	1	PD
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml**	1	PD
TRIPHLUORIVI DRO 0.25MG	2	PD
PRENATAL VITAMINS		
CITRANATAL CAP HARMONY	3	

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL MIS	3	
CITRANATAL MIS B-CALM	3	
CITRANATAL PAK ASSURE	3	
CITRANATAL PAK DHA	3	
CITRANATAL PAK ESSENCE	3	
CITRANATAL TAB RX	3	
NEONATAL 19 TAB	3	
NEONATAL FE TAB	3	
NEONATAL/DHA MIS	3	
PRENAISSANCE CAP PLUS	3	
PRENATAL VIT TAB LOW IRON	1	
TARON-BC MIS	3	
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
metaxalone tab 800 mg	3	
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	
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		
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	3	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 bottles 30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	3	
olopatadine hcl nasal soln 0.6%	3	
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%)	3	QL (2 bottles 30 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 bottle 30 days)
mometasone furoate nasal susp 50 mcg/act	2	
SYMPATHOMIMETIC DECONGESTANTS		
TYZINE PED DRO 0.05%	3	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	3	
NONDEPOLARIZING MUSCLE RELAXANTS		
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)	3	PA; MNPA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
OMEGA-3 2100 CAP 1050MG	2	OTC
omega-3 fatty acids cap 1000 mg*	1	OTC
PROTEINS		
acetylcysteine cap 600 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ADD-INS PAK COMPLETE	2	OTC
amino acids tab**	1	OTC
NAC TAB 600MG	1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	3	PA
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETOPTIC-S SUS 0.25% OP	3	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	
carteolol hcl ophth soln 1%	1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	2	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	1	
levobunolol hcl ophth soln 0.5%	1	
metipranolol ophth soln 0.3%	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 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE OPHTH OINT 1%	1	
atropine sulfate ophth soln 1%	1	
homatropine hbr ophth soln 5%	1	
ISOPTO ATROP SOL 1% OP	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
tropicamide ophth soln 0.5%	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	3	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	3	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
SIMBRINZA SUS 1-0.2%	3	PA; (MNPA)
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	3	PA
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
CILOXAN OIN 0.3% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	3	
gentamicin sulfate ophth oint 0.3%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	2	
NATACYN SUS 5% OP	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
trifluridine ophth soln 1%	1	
ZIRGAN GEL 0.15%	3	
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (ophth) emulsion 0.05%	2	
RESTASIS MUL EMU 0.05% OP	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	3	
ROCKLATAN DRO	3	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	2	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	2	
fluorometholone ophth susp 0.1%	1	
LOTEMAX OIN 0.5%	2	
LOTEMAX SM GEL 0.38%	2	
loteprednol etabonate ophth gel 0.5%	2	
loteprednol etabonate ophth susp 0.5%	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED MILD SUS 0.12% OP	3	
PRED SOD PHO SOL 1% OP	2	
prednisolone acetate ophth susp 1%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
VEXOL SUS 1% OP	3	
OPHTHALMICS - MISC.		
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	PA; (MNPA)
azelastine hcl ophth soln 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
BEPOTASTINE BESILATE OPHTH SOLN 1.5%	2	
brinzolamide ophth susp 1%	3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	2	
cromolyn sodium ophth soln 4%	1	PD
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
EMADINE SOL 0.05% OP	3	
epinastine hcl ophth soln 0.05%	2	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	3	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
ketotifen fumarate ophth soln 0.025% (base equiv)	1	OTC
LASTACAFT SOL 0.25%	3	
NEVANAC SUS 0.1%	3	
olopatadine hcl ophth soln 0.1% (base equivalent)	2	
olopatadine hcl ophth soln 0.2% (base equivalent)	3	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	3	
latanoprost ophth soln 0.005%	1	
LUMIGAN SOL 0.01%	2	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	3	
VYZULTA SOL 0.024%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid 2% in aluminum acetate otic soln	1	
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
ofloxacin otic soln 0.3%	3	

Drug Name	Drug Tier	Requirements/Limits
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	3	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	3	PA; MNPA
COLY-MYCIN S SUS OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
GAMMAGARD INJ 1GM/10ML	3	PA; SPC
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 10-800	3	PA; (MNPA), SPC
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 250 mg	1	
ampicillin cap 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin for susp 125 mg/5ml	1	
ampicillin for susp 250 mg/5ml	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	2	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PROGESTINS		
PROGESTINS		
hydroxyprogesterone caproate im in oil 250 mg/ml	2	PA; SPC
MAKENA INJ 250MG/ML	2	PA; SPC
MAKENA INJ 275MG	2	PA; SPC
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate tab 10 mg	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	2	
disulfiram tab 250 mg	2	
disulfiram tab 500 mg	2	
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML	3	PA
XYWAV SOL 0.5GM/ML	3	PA; SP
ANTIDEMENTIA AGENTS		
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	2	
memantine hcl cap er 24hr 14 mg	2	
memantine hcl cap er 24hr 21 mg	2	
memantine hcl cap er 24hr 28 mg	2	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl tab 5 mg	2	
memantine hcl tab 10 mg	2	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	

Drug Name	Drug Tier	Requirements/Limits
NAMENDA XR CAP TITRATIO	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	2	
rivastigmine td patch 24hr 9.5 mg/24hr	2	
rivastigmine td patch 24hr 13.3 mg/24hr	2	
COMBINATION PSYCHOTHERAPEUTICS		
LYBALVI TAB 5-10MG	3	PA
LYBALVI TAB 10-10MG	3	PA
LYBALVI TAB 15-10MG	3	PA
LYBALVI TAB 20-10MG	3	PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	3	PA; SPC
AUSTEDO TAB 9MG	3	PA; SPC
AUSTEDO TAB 12MG	3	PA; SPC
INGREZZA CAP 40-80MG	3	PA; SP
INGREZZA CAP 40MG	3	PA; SP
INGREZZA CAP 60MG	3	PA; SP
INGREZZA CAP 80MG	3	PA; SP
tetrabenazine tab 12.5 mg	3	PA; SPC
tetrabenazine tab 25 mg	3	PA; SPC
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG	2	PA; SPC
AUBAGIO TAB 14MG	2	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
AVONEX KIT 30MCG	3	PA; SPC
AVONEX PEN KIT 30MCG	3	PA; SPC
AVONEX PREFL KIT 30MCG	3	PA; SPC
BAFIERTAM CAP 95MG	2	PA; SPC
BETASERON INJ 0.3MG	3	PA; SPC
COPAXONE INJ 20MG/ML	2	PA; SPC
COPAXONE INJ 40MG/ML	2	PA; SPC
dalfampridine tab er 12hr 10 mg	3	PA; SPC
dimethyl fumarate capsule delayed release 120 mg	2	PA; SPC
dimethyl fumarate capsule delayed release 240 mg	2	PA; SPC
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	2	PA; SPC
GILENYA CAP 0.5MG	2	PA; SPC
KESIMPTA INJ 20/.4ML	3	PA; SPC
MAVENCLAD PAK 10MG (4)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (5)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (6)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (7)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (8)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG (9)	3	PA; RxC/M; SPC
MAVENCLAD PAK 10MG(10)	3	PA; RxC/M; SPC
MAYZENT PAK STARTER	2	PA; SPC
MAYZENT TAB 0.25MG	2	PA; RxC/M; SPC*
MAYZENT TAB 1MG	2	PA; SPC
MAYZENT TAB 2MG	2	PA; RxC/M; SPC*
REBIF INJ 22/0.5	3	PA; SPC
REBIF INJ 44/0.5	3	PA; SPC
REBIF REBIDO INJ 22/0.5	3	PA; SPC
REBIF REBIDO INJ 44/0.5	3	PA; SPC
REBIF REBIDO INJ TITRATN	3	PA; SPC
REBIF TITRTN INJ PACK	3	PA; SPC
TYSABRI INJ 300/15ML	3	PA; SPC
VUMERITY CAP 231MG	2	PA; SPC
ZEPOSIA 7DAY CAP STR PACK	2	PA; SPC
ZEPOSIA CAP .92MG	2	PA; SPC

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA CAP STR KIT	2	PA; SPC
ZINBRYTA INJ 150MG/ML	3	PA; (MNPA)
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS		
fluoxetine hcl (pmdd) tab 10 mg	1	
fluoxetine hcl (pmdd) tab 20 mg	1	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	3	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	PA
pimozide tab 1 mg	3	PA
pimozide tab 2 mg	3	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	1	PD; ACA
nicotine polacrilex gum 2 mg	1	QL (4032 pieces / year), OTC; PD; ACA
nicotine polacrilex gum 4 mg	1	QL (24 weeks per year), OTC; PD; ACA
nicotine polacrilex lozenge 2 mg	1	QL (24 weeks per year), OTC; PD; ACA
nicotine polacrilex lozenge 4 mg	1	QL (24 weeks per year), OTC; PD; ACA
NICOTINE SYS KIT TRANSDER	1	OTC; PD; ACA
nicotine td patch 24hr 7 mg/24hr	1	QL (24 weeks per year), OTC; PD; ACA
nicotine td patch 24hr 21 mg/24hr	1	QL (24 weeks per year), OTC; PD; ACA
NICOTROL INH	3	PA; PD; ACA
NICOTROL NS SPR 10MG/ML	3	PA; PD; ACA
varenicline tartrate tab 0.5 mg (base equiv)	3	PD, ACA
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3	PD, ACA
varenicline tartrate tab 1 mg (base equiv)	3	PD, ACA
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ 500MG	3	PA; MNPA; SPC

Drug Name	Drug Tier	Requirements/Limits
GLASSIA INJ	3	PA; MNPA; SPC
ZEMAIRA INJ 1000MG	3	PA; SPC
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG	3	PA; SP
KALYDECO PAK 50MG	3	PA; SP
ORKAMBI GRA 75-94MG	3	PA; SP
ORKAMBI GRA 100-125	3	PA; SP
ORKAMBI GRA 150-188	3	PA; SP
ORKAMBI TAB 100-125	3	PA; SP
ORKAMBI TAB 200-125	3	PA; SP
PULMOZYME SOL 1MG/ML	3	SPC
SYMDEKO TAB 50-75MG	3	PA; SP
SYMDEKO TAB 100-150	3	PA; SP
TRIKAFTA TAB	3	PA; SP
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	3	PA; SPC
OFEV CAP 150MG	3	PA; SPC
pirfenidone tab 267 mg	3	PA; SPC
pirfenidone tab 801 mg	3	PA; SPC
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500 MG	3	
TETRACYCLINES		
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	3	ST
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	3	ST
doxycycline monohydrate for susp 25 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
tetracycline hcl cap 250 mg	3	
tetracycline hcl cap 500 mg	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	1	
ARMOUR THYRO TAB 30MG	1	
ARMOUR THYRO TAB 60MG	1	
ARMOUR THYRO TAB 90MG	1	
ARMOUR THYRO TAB 120MG	1	
ARMOUR THYRO TAB 180MG	1	
ARMOUR THYRO TAB 240MG	1	
ARMOUR THYRO TAB 300MG	1	
levothyroxine sodium cap 13 mcg	2	
levothyroxine sodium cap 25 mcg	2	
levothyroxine sodium cap 50 mcg	2	
levothyroxine sodium cap 75 mcg	2	
levothyroxine sodium cap 88 mcg	2	
levothyroxine sodium cap 100 mcg	2	
levothyroxine sodium cap 112 mcg	2	
levothyroxine sodium cap 125 mcg	2	
levothyroxine sodium cap 137 mcg	2	
levothyroxine sodium cap 150 mcg	2	
levothyroxine sodium cap 175 mcg	2	
levothyroxine sodium cap 200 mcg	2	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NATURE-THROI TAB 81.25MG	1	
NATURE-THROI TAB 113.75MG	1	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
thyroid tab 15 mg (1/4 grain)	1	
thyroid tab 30 mg (1/2 grain)	1	
thyroid tab 60 mg (1 grain)	1	
thyroid tab 90 mg (1 1/2 grain)	1	
thyroid tab 120 mg (2 grain)	1	
TIROSINT CAP 13MCG	2	
TIROSINT CAP 25MCG	2	
TIROSINT CAP 50MCG	2	
TIROSINT CAP 75MCG	2	
TIROSINT CAP 88MCG	2	
TIROSINT CAP 100MCG	2	
TIROSINT CAP 112MCG	2	
TIROSINT CAP 125MCG	2	

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 137MCG	2	
TIROSINT CAP 150MCG	2	
TIROSINT CAP 175MCG	2	
TIROSINT CAP 200	2	
TIROSINT-SOL SOL 37.5/ML	2	
TIROSINT-SOL SOL 44MCG/ML	2	
TIROSINT-SOL SOL 62.5/ML	2	
WP THYROID TAB 81.25MG	1	
WP THYROID TAB 113.75MG	1	

ULCER DRUGS

ANTISPASMODICS

chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
glycopyrrolate oral soln 1 mg/5ml	3	PA
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	1	
methscopolamine bromide tab 2.5 mg	1	

H-2 ANTAGONISTS

cimetidine hcl soln 300 mg/5ml	3	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	3	
famotidine for susp 40 mg/5ml	3	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	3	
nizatidine cap 300 mg	3	
nizatidine oral soln 15 mg/ml	3	
ranitidine hcl cap 150 mg	3	

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl cap 300 mg	3	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	3	
ranitidine hcl tab 150 mg	3	
ranitidine hcl tab 300 mg	3	
MISC. ANTI-ULCER		
sucralfate susp 1 gm/10ml	2	
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
dexlansoprazole cap delayed release 30 mg	3	ST, QL (30 caps / 30 days)
dexlansoprazole cap delayed release 60 mg	3	ST, QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	3	
esomeprazole magnesium cap delayed release 40 mg (base eq)	2	
FIRST-OMEPRA SUS 2MG/ML	2	
lansoprazole cap delayed release 15 mg	2	
lansoprazole cap delayed release 30 mg	2	
LANSOPRAZOLE SUS 3MG/ML	2	
lansoprazole tab delayed release orally disintegrating 15 mg	1	
lansoprazole tab delayed release orally disintegrating 30 mg	1	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
rabeprazole sodium ec tab 20 mg	3	
ULCER DRUGS - PROSTAGLANDINS		
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
methenamine hippurate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	2	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	3	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	3	
fesoterodine fumarate tab er 24hr 4 mg	3	PA; (MNPA)
oxybutynin chloride syrup 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	2	
solifenacin succinate tab 10 mg	2	
tolterodine tartrate cap er 24hr 2 mg	3	
tolterodine tartrate cap er 24hr 4 mg	3	
tolterodine tartrate tab 1 mg	2	
tolterodine tartrate tab 2 mg	2	
trospium chloride cap er 24hr 60 mg	2	
trospium chloride tab 20 mg	2	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ SUS 8MG/ML	2	
MYRBETRIQ TAB 25MG	2	
MYRBETRIQ TAB 50MG	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	2	
VAGINAL AND RELATED PRODUCTS		
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	3	ACA
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	3	
VAGINAL PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG	2	OTC; ACA
GYNOL II GEL 3%	2	OTC; ACA
SHUR-SEAL GEL 2%	2	OTC; ACA
TODAY SPONGE MIS	2	OTC; ACA
VCF VAGINAL AER CONTRACP	2	OTC; ACA
vcf vaginal gel contrace	2	OTC; ACA
VCF VAGINAL MIS CONTRACP	2	OTC; ACA
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUP 100MG	2	
clindamycin phosphate vaginal cream 2%	1	
metronidazole vaginal gel 0.75%	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
vandazole gel 0.75%	1	
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	1	
ESTRING MIS 2MG	3	
FEMRING MIS 0.1MG/24	3	QL (1 insert / 90 days)
FEMRING MIS 0.05/24H	3	QL (1 insert / 90 days)
PREMARIN VAG CRE 0.625MG	3	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	PA
CRINONE GEL 8% VAG	2	PA

Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens/syringes per 365 days)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	1	QL (6 pens/syringes per 365 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (6 pens/syringes per 365 days)
EPIPEN 2-PAK INJ 0.3MG	2	QL (6 pens/syringes per 365 days)
EPIPEN-JR INJ 0.15MG	2	QL (6 pens/syringes per 365 days)
SYMJEPI INJ 0.3MG	2	QL (6 pens/syringes per 365 days)
SYMJEPI INJ 0.15MG	2	QL (6 pens/syringes per 365 days)
VASOPRESSORS		
epinephrine inj 0.1mg/10	1	
EPINEPHRINE INJ 1MG/10ML	1	
epinephrine soln prefilled syringe 1 mg/10ml (0.1 mg/ml)	1	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	2	OTC
cholecalciferol cap 10 mcg (400 unit)	1	OTC
cholecalciferol chew tab 10 mcg (400 unit)	1	OTC
cholecalciferol drops 10 mcg/0.03ml (400 unit/0.03ml)	1	OTC; ACA
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	1	OTC
cholecalciferol tab 10 mcg (400 unit)	1	OTC
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione tab 5 mg	2	

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