



A Medicare Advantage Plan from Hometown Health.

Senior Care Plus

Lista de medicamentos 2021

(Lista de medicamentos cubiertos)

LEER LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Identificación de presentación del archivo de la lista de medicamentos aprobado por el Sistema de Gestión de Plan de Salud (HPMS, en inglés): 21017 Versión número: 07

Esta lista de medicamentos se actualizó el 07/25/2021. Para obtener información más reciente o para hacer otras preguntas, comuníquese con Senior Care Plus al 775-982-3112 o llame de manera gratuita al 888-775-7003 (los usuarios de TTY deben llamar al Servicio estatal de retransmisión al 711). (No estamos abiertos los 7 días de la semana durante todo el año) El horario es de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre. También puede visitar www.SeniorCarePlus.com.

Senior Care Plus es un plan Medicare Advantage que tiene un contrato con Medicare. La inscripción en Senior Care Plus depende de la renovación del contrato.

ATENCIÓN: Si usted habla español, tiene a su disposición servicios de asistencia de idiomas, sin cargo. Llame al 775-982-3112 o de forma gratuita al 888-775-7003 (los usuarios de TTY deben llamar al Servicio estatal de retransmisión de mensajes al 711). (No estamos abiertos los 7 días de la semana durante todo el año) El horario es de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre. También puede visitar www.SeniorCarePlus.com.

Nota para los asegurados existentes: Esta lista de medicamentos ha cambiado desde el año anterior. Revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos dice “nosotros”, “nos” o “nuestro”, se refiere a Senior Care Plus. Cuando dice “plan” o “nuestro plan”, se refiere a Senior Care Plus.

Este documento incluye una lista de medicamentos (la lista) para nuestro plan que entró en vigencia el 08/01/2021. Para obtener la lista de medicamentos actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos la lista por última vez, aparece en la portada y contraportada.

Generalmente, debe utilizar farmacias de la red para acceder a su beneficio de medicamentos recetados. Los beneficios, la lista de medicamentos, la red de farmacias y los copagos o coseguros pueden cambiar el 1.^º de enero de 2021 y ocasionalmente durante el año.

¿Qué es la Lista de medicamentos de Senior Care Plus?

La lista de medicamentos es una lista con medicamentos cubiertos seleccionados por Senior Care Plus en consulta con un equipo de proveedores de atención médica, que incluye las terapias con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Generalmente, Senior Care Plus cubrirá los medicamentos incluidos en nuestra lista, siempre y cuando el medicamento se considere médicaamente necesario, la receta se surta en una farmacia de la red de Senior Care Plus y se cumplan las demás reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar la Lista de medicamentos?

La mayoría de los cambios en la cobertura de medicamentos ocurre el 1.^º de enero, pero Senior Care Plus podría agregar o quitar medicamentos de la Lista de medicamentos durante el año, cambiarlos a niveles de costos compartidos diferentes, o agregar nuevas restricciones.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios en la cobertura durante el año:

- **Medicamentos genéricos nuevos.** Podremos quitar un medicamento de marca inmediatamente de nuestra Lista de medicamentos si lo reemplazamos con un medicamento genérico nuevo que estará en el mismo nivel de costos compartidos, o en uno inferior, y que tenga las mismas restricciones o menos. Además, al momento de agregar el medicamento genérico nuevo, podremos decidir mantener al medicamento de marca en nuestra Lista de medicamentos, pero cambiarlo de inmediato a otro nivel de costos compartidos o agregar nuevas restricciones. Si en la actualidad está tomando ese medicamento de marca, es posible que no le avisemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - Si realizamos ese cambio, usted o la persona que le receta pueden solicitarle al plan que haga una excepción y continúe cubriendo el medicamento de marca en su caso. El aviso que le enviemos también incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción a la Lista de medicamentos de Senior Care Plus?”.

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) considera que un medicamento de nuestra lista es inseguro o si el fabricante del medicamento lo retira del mercado, eliminaremos el medicamento de nuestra lista de inmediato y le enviaremos un aviso a los asegurados que lo toman.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los asegurados que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico nuevo para reemplazar un medicamento de marca que actualmente está en la lista de medicamentos o agregar restricciones nuevas al medicamento de marca o pasarlo a un nivel de costo compartido diferente. O podemos hacer cambios según las nuevas pautas clínicas. Si eliminamos medicamentos de nuestra lista, agregamos requisitos de autorización previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, o si pasamos un medicamento a un nivel de costos compartidos más alto, debemos notificar el cambio a los asegurados afectados al menos 30 días antes de que el cambio entre en vigencia, o bien, en el momento en que el asegurado solicite que le surtan el medicamento, en cuyo caso el asegurado recibirá un suministro de 30 días del medicamento.
 - Si realizamos estos otros cambios, usted o la persona que le receta pueden solicitarle al plan que haga una excepción y continúe cubriendo el medicamento de marca en su caso. El aviso que le enviamos también incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción a la Lista de medicamentos de Senior Care Plus?”.
- **Cambios que no lo afectarán si en la actualidad está tomando el medicamento.** Por lo general, si está tomando un medicamento que está en nuestra lista de medicamentos de 2021 que estaba cubierto al principio del año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2021, salvo por lo descrito anteriormente. Esto significa que estos medicamentos seguirán estando disponibles al mismo costo compartido y sin restricciones nuevas para aquellos asegurados que los estén tomando, durante lo que reste del año de cobertura.

La lista de medicamentos adjunta entró en vigencia el 01/01/2021. Para obtener información actualizada sobre los medicamentos que cubre Senior Care Plus, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada.

Senior Care Plus puede decidir difundir una hoja de corrección o anexo durante el año para informar a los asegurados con respecto a los cambios de proveedores o farmacias; direcciones y números de teléfono, y también sobre la cobertura de medicamentos recetados. Senior Care Plus puede realizar cualquier cambio necesario en la lista de medicamentos a través de hojas de corrección que les envía a los asegurados afectados por correo. Senior Care Plus debe brindar información sobre las farmacias y los proveedores contratados e información referente a la lista de medicamentos cuando se la soliciten

¿Cómo utilizo la lista de medicamentos?

Existen dos maneras de buscar su medicamento en la lista:

Afección médica

La lista de medicamentos comienza en la página 13. Los medicamentos de esta lista se agrupan en categorías según el tipo de afección médica que traten. Por ejemplo, los medicamentos usados para tratar una afección cardíaca se mencionan en la categoría “Agentes cardiovasculares”. Si sabe para qué se usa

su medicamento, busque el nombre de la categoría en la lista que comienza en la página 10 Luego busque su medicamento en el nombre de la categoría.

Listas alfábéticas

Si no está seguro de la categoría a la que pertenece su medicamento, debe buscarlo en el Índice que comienza en la página 151. En el Índice se proporciona una lista alfábética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos están incluidos en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página en la que puede encontrar la información de cobertura. Consulte la página que figura en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Senior Care Plus cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Medicamentos y Alimentos (FDA, en inglés) por contener el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos son menos costosos que los de marca.

¿Existen restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** Senior Care Plus requiere que usted o su médico obtengan una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación de Senior Care Plus antes de surtir sus recetas. Si no cuenta con la aprobación, es posible que Senior Care Plus no cubra el medicamento.
- **Límites de cantidad:** Para determinados medicamentos, Senior Care Plus limita la cantidad del medicamento que cubre. Por ejemplo, Senior Care Plus proporciona 30 comprimidos por receta de simvastatina. Esto puede ser además de un suministro estándar para un mes o tres meses.
- **Terapia escalonada:** en algunos casos, Senior Care Plus requiere que primero pruebe determinados medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que Senior Care Plus no cubra el medicamento B, a menos que pruebe el medicamento A primero. Si el medicamento A no es eficaz en su caso, entonces Senior Care Plus cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos adicionales o límites, puede consultar la lista de medicamentos que comienza en la página 13. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos si visita nuestro sitio web. Hemos publicado documentos en línea donde se explican las restricciones de autorización previa y terapia escalonada. También puede solicitarnos que le envíemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos la lista por última vez, aparece en la portada y contraportada.

Puede solicitarle a Senior Care Plus que realice una excepción a estas restricciones o límites o que le proporcione una lista de otros medicamentos similares que pueden tratar su afección médica. Consulte la

sección “¿Cómo solicito una excepción a la Lista de medicamentos de Senior Care Plus?” en la página 4 para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre?

Los medicamentos de venta libre (OTC, en inglés) son medicamentos sin receta que generalmente no están cubiertos por un plan de medicamentos recetados de Medicare.

¿Qué sucede si mi medicamento no está en la lista de medicamentos?

Si su medicamento no está incluido en esta lista de medicamentos (lista de medicamentos cubiertos), debe comunicarse primero con Servicio al Cliente y preguntar si su medicamento está cubierto.

Si le informan que Senior Care Plus no cubre su medicamento, tiene dos opciones:

- Puede solicitarle a Servicio al Cliente una lista de medicamentos similares que estén cubiertos por Senior Care Plus. Cuando reciba la lista, muéstresela a su médico y solicítelle que le recete un medicamento similar que esté cubierto por Senior Care Plus.
- Puede solicitarle a Senior Care Plus que haga una excepción para que cubra su medicamento. Consulte la sección a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción a la Lista de medicamentos de Senior Care Plus?

Puede solicitarle a Senior Care Plus que haga una excepción a sus reglas de cobertura. Existen diversos tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento, aunque no se encuentre en nuestra lista. Si se aprueba, este medicamento estará cubierto a un nivel de costos compartidos predeterminado y usted no podrá solicitarnos que proporcionemos el medicamento a un nivel de costos compartidos más bajo.
- Puede solicitarnos que cubramos un medicamento de la lista a un nivel de costos compartidos más bajo si este medicamento no se encuentra en el nivel de medicamentos especializados. Si se aprueba, eso reduciría el monto que usted debe pagar por su medicamento.
- Puede solicitarnos que anulemos las restricciones o los límites de cobertura de su medicamento. Por ejemplo, para determinados medicamentos, Senior Care Plus limita la cantidad de medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede solicitarnos que anulemos el límite y que cubramos una cantidad mayor.

Generalmente, Senior Care Plus solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en la lista de medicamentos del plan, el medicamento de costos compartidos más bajo o las restricciones de utilización adicionales no fuesen tan eficaces para tratar su afección o le ocasionaran efectos médicos adversos.

Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para una excepción a la lista o a las restricciones de utilización. **Cuando solicita una excepción a la lista o a las restricciones de utilización, debe presentar una declaración de parte del profesional o médico que receta para respaldar su solicitud.** Generalmente, debemos tomar una decisión en un plazo de 72 horas a partir de la fecha en que recibimos la declaración de respaldo del profesional que receta. Puede solicitar una excepción

acelerada (rápida) si usted o su médico consideran que su salud podría verse gravemente perjudicada si espera 72 horas para conocer la decisión. Si le otorgan la solicitud de excepción acelerada, debemos informarle nuestra decisión no después de 24 horas a partir de la fecha en que recibimos la declaración de respaldo de su médico u otro profesional que receta.

¿Qué debo hacer antes poder hablar con mi médico sobre cambiar mis medicamentos o solicitar una excepción?

Como asegurado nuevo o que continúa con la cobertura de nuestro plan, es posible que tome medicamentos que no se encuentren en nuestra lista de medicamentos. O bien, quizás esté tomando un medicamento que se encuentra en nuestra lista, pero sus posibilidades de obtenerlo son limitadas. Por ejemplo, quizás necesite una autorización previa nuestra antes de poder surtir su receta. Debe consultar a su médico para decidir si debería cambiar el medicamento por uno adecuado que cubramos o si debería solicitar una excepción a la lista para que cubramos el medicamento que toma. Mientras habla con su médico para determinar la forma de proceder correcta para usted, es posible que, en ciertos casos, cubramos su medicamento durante los primeros 90 días a partir de la fecha en que se convierte en asegurado de nuestro plan.

Para cada uno de sus medicamentos que no se encuentren en nuestra lista o si sus posibilidades de obtener los medicamentos son limitadas, cubriremos un suministro temporal para 30 días. Si la receta médica es por menos días, permitiremos resurtidos para proveer un suministro máximo de 30 días del medicamento.

Después de su primer suministro para 30 días, no pagaremos por estos medicamentos, aunque haya sido un asegurado del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y usted necesita un medicamento que no se encuentra en nuestra lista o si sus posibilidades de obtener sus medicamentos son limitadas, pero ya transcurrieron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras solicita una excepción a la lista.

Los surtidos de transición incluyen la transición de afiliados nuevos al plan de la Parte D de Medicare después del período anual de elección coordinada; la transición de afiliados nuevos elegibles al plan de la Parte D de Medicare desde otra cobertura; la transición de afiliados de un plan a otro después de comenzado el año del plan (p. ej., después del 1.^º de enero); afiliados que residan en un centro de atención a largo plazo (LTC, en inglés), y afiliados que actualmente se encuentran en un plan de la Parte D de Medicare afectados por los cambios en la lista de un año del plan al otro.

El período de transición son los primeros 90 días de cobertura en virtud de un plan de la Parte D de Medicare después de una transición, la cobertura se extenderá durante los años de contrato si un afiliado tiene una fecha de inscripción efectiva el 1.^º de noviembre o el 1.^º de diciembre que permita la cobertura completa de 90 días. Durante este tiempo, los planes de la Parte D de Medicare deben proporcionar al afiliado un surtido temporal de un medicamento que no se encuentre en la lista.

En el caso de los afiliados que viven en un centro de atención a largo plazo y obtengan sus medicamentos recetados en una farmacia de la red de atención a largo plazo o que experimenten una transición caracterizada como un cambio en el nivel de atención de un centro de tratamiento a otro, Senior Care Plus proporcionará un suministro para hasta 31 días de un medicamento que no se encuentre en la lista. Se proporcionará un suministro adicional para hasta 31 días para permitir el procesamiento de una reclamación por un medicamento que no se encuentra en la lista.

Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de Senior Care Plus, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene alguna pregunta sobre Senior Care Plus, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos la lista por última vez, aparece en la portada y contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite <http://www.medicare.gov>.

Lista de medicamentos de Senior Care Plus

La lista que comienza en la página 13 proporciona información de cobertura sobre los medicamentos cubiertos por Senior Care Plus. Si tiene dificultades para encontrar su medicamento en la lista, diríjase al Índice, que comienza en la página 151.

En la primera columna del cuadro se menciona el nombre del medicamento. Los medicamentos de marca aparecen en letra mayúscula (p. ej., CRESTOR) y los medicamentos genéricos aparecen en letra minúscula cursiva (p. ej., *rosuvastatina*).

La información en la columna Requisitos/Límites le indica si Senior Care Plus tiene algún requisito especial para la cobertura de su medicamento.

GUÍA DE NOTAS

El símbolo < [BvD]>, que aparece junto al nombre del medicamento, indica que el medicamento pertenece a la Parte D frente a la Parte B solo con autorización previa.

El símbolo < [LA]>, que aparece junto al nombre del medicamento, indica que tiene acceso limitado (LA, en inglés). Este medicamento recetado puede estar disponible solo en algunas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame al Servicio al Cliente al 775-982-3112 o al número gratuito 888-775-7003. Los usuarios de TTY deben llamar al Servicio estatal de retransmisión de mensajes al 711. Estamos disponibles de lunes a viernes, de 7:00 a. m. a 8:00 p. m.

El símbolo < [PA]>, que aparece junto al nombre del medicamento, indica que es posible que requiera autorización previa (PA, en inglés).

El símbolo < [QL]>, que aparece junto al nombre del medicamento, indica que es posible que haya un límite en las cantidades suministradas (QL, en inglés).

El símbolo < [ST]>, que aparece junto al nombre del medicamento, indica que es posible que requiera terapia escalonada (ST, en inglés).

El símbolo < [NDS]>, que aparece junto al nombre del medicamento, indica que es posible que se aplique un suministro de días no extendido (NDS, en inglés).

El símbolo < [GC]>, que aparece junto al nombre del medicamento, indica que es posible que haya una etapa sin cobertura (GC, en inglés). Proporcionamos cobertura adicional de este medicamento recetado durante la etapa sin cobertura. Consulte su Evidencia de cobertura para obtener más información sobre esta cobertura.

Le notificaremos cuando haya un medicamento genérico disponible para todo el año para determinados medicamentos de marca.

Ciertos medicamentos recetados relacionados con terapia de infusión en casa que generalmente están cubiertos en virtud de nuestro beneficio de medicamentos recetados para pacientes ambulatorios pueden estar cubiertos por nuestro beneficio médico en su lugar. Para obtener más información, llame al Servicio al Cliente al 775-982-3112 o al número gratuito 888-775-7003. Los usuarios de TTY deben llamar al Servicio estatal de retransmisión de mensajes al 711. (No estamos abiertos los 7 días de la semana durante todo el año) El horario es de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre. También puede visitar www.SeniorCarePlus.com

TIPO DE PLAN	Nivel					
	1 Genérico preferido (Copagos estándar / preferidos)	2 Genérico no preferido (Copagos estándar / preferidos)	3 De marca preferido (Copagos estándar / preferidos)	4 De marca no preferido (Copagos estándar / preferidos)	5 Especializado (Copagos estándar / preferidos)	6 Medicamentos de atención médica seleccionados (Copagos estándar / preferidos)
Essential (HMO)-012	\$5 / \$11	\$12 / \$20	\$41 / \$47	\$94 / \$100	Coseguro del 33 %	\$2.50 / \$8.50
Complete (HMO)-019	\$2 / \$8	\$8 / \$16	\$41 / \$47	\$94 / \$100	Coseguro del 33 %	\$0 / \$6
Renown Preferred (HMO)-023	\$5 / \$11	\$12 / \$20	\$41 / \$47	\$94 / \$100	Coseguro del 33 %	\$2.50 / \$8.50
Comprehensive (HMO)-021	\$2 / \$8	\$8 / \$16	\$41 / \$47	\$94 / \$100	Coseguro del 33 %	\$0 / \$6
Select (HMO)-018	\$0 / \$6	\$0 / \$8	\$41 / 47 Senior Savings: \$35	\$94 / \$100	Coseguro del 33 %	\$0 / \$6
Encompass (HMO)-022	\$0 / \$8	\$5 / \$15	\$37 / 47 Senior Savings: \$35	\$85 / \$95	Coseguro del 33 %	\$0 / \$0

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	GC; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	GC; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	GC; QL (180 per 30 days)
<i>buprenorphine hcl injection solution (Buprenex) 0.3 mg/ml</i>	2	GC
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	GC
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg (Esgic)</i>	2	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	GC; QL (180 per 30 days)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	GC; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)</i>	2	GC; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	GC; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	2	GC; QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	GC; QL (150 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

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

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral solution 5 mg/5 ml</i>	2	GC; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg (Roxicodone)</i>	2	GC; QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	GC; QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg (Roxicodone)</i>	2	GC; QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg</i>	2	GC; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 2.5-325 mg, 5-325 mg</i>	2	GC; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 7.5-325 mg</i>	2	GC; QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	GC; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>tramadol oral tablet 50 mg (Ultram)</i>	1	GC; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet (Ultragel) 37.5-325 mg</i>	2	GC; QL (300 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 36 MG	3	QL (240 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	GC; QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Cataflam)	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	GC; QL (150 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	2	GC; QL (120 per 30 days)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i>	2	GC; QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	2	GC; QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Arthritis Pain (diclofenac))	2	GC
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	2	PA; GC; QL (100 per 28 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	GC
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	GC
<i>etodolac oral tablet 500 mg</i>	2	GC
<i>flurbiprofen oral tablet 100 mg</i>	2	GC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	GC
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	GC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	GC
<i>indomethacin oral capsule 25 mg</i>	2	GC; QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i>	2	GC; QL (120 per 30 days)
<i>ketorolac oral tablet 10 mg</i>	2	GC; QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i>	2	GC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone oral tablet 500 mg, 750 mg (Relafen)</i>	2	GC
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	GC
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	1	GC
<i>naproxen oral tablet,delayed release (EC-Naprosyn) (dr/ec) 375 mg, 500 mg</i>	2	GC
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	5	PA; NM; NDS; QL (224 per 28 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	GC
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	GC; QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	GC
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	GC
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %) (Xylocaine (Cardiac) (PF))</i>	1	GC
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %) (Xylocaine)</i>	1	GC
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	GC; QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	PA; GC
<i>lidocaine topical adhesive patch,medicated 5 % (Lidoderm)</i>	2	PA; GC; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	PA; GC; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	GC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	PA; GC; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	3	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		

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Drug Name	Drug Tier	Requirements/Limits
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	GC
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	GC; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 8-2 mg</i>	2	GC; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg</i>	2	GC; QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	GC; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	GC
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	GC
LUCEMYRA ORAL TABLET 0.18 MG	5	NM; NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	GC
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	GC
<i>naltrexone oral tablet 50 mg</i>	2	GC
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	5	NM; NDS; QL (0.5 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	5	NM; NDS; QL (1.5 per 30 days)
Antianxiety Agents		
Benzodiazepines		

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	GC
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	GC
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	GC
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Macrolides		
<i>azithromycin intravenous recon soln (Zithromax) 500 mg</i>	2	GC
<i>azithromycin oral suspension for (Zithromax) reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	GC
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	GC
<i>azithromycin oral tablet 250 mg, 500 (Zithromax) mg</i>	1	GC
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	GC
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	5	ST; NM; NDS; QL (100 per 10 days)
DIFICID ORAL TABLET 200 MG	5	ST; NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i>	2	GC
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i>	2	GC
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	GC
Miscellaneous B-Lactam Antibiotics		

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Drug Name		Drug Tier	Requirements/Limits
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	(Azactam)	2	GC
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML		5	PA; NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i>	(Invanz)	2	GC
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>		2	GC
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	(Primaxin IV)	2	GC
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>		2	GC
Penicillins			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>		1	GC
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>		1	GC
<i>amoxicillin oral tablet 500 mg, 875 mg</i>		1	GC
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>		2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>		2	GC
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600)	2	GC
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	(Augmentin)	1	GC
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>		2	GC
<i>ampicillin oral capsule 250 mg, 500 mg</i>		2	GC
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>		2	GC
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	(Unasyn)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	GC
<i>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	GC
<i>nafcillin injection recon soln 1 gram</i>	2	GC
<i>nafcillin injection recon soln 10 gram</i>	5	NM; NDS
<i>nafcillin injection recon soln 2 gram</i>	2	GC
<i>penicillin g potassium injection recon (Pfizerpen-G) soln 20 million unit</i>	2	GC
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	2	GC
<i>penicillin gk 5 million unit p/f, latex-free 5 million unit (Pfizerpen-G)</i>	2	GC
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	GC
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	GC
<i>pfsizerpen-g injection recon soln 20 million unit</i>	2	GC
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	2	GC
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl 750 mg tab f/c 750 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg</i>	1	GC
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	GC
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	2	GC
<i>levofloxacin intravenous solution 25 mg/ml</i>	2	GC
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	GC
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	GC
<i>moxifloxacin oral tablet 400 mg</i>	2	GC
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	GC
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	GC
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	GC
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	GC
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	GC
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	2	GC
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	GC
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	GC
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	GC
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	GC
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	GC
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	GC
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	GC
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	GC
<i>monodoxyne nl oral capsule 100 mg</i>	2	GC
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	GC
<i>tigecycline intravenous recon soln 50 mg (Tygacil)</i>	5	NM; NDS
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NM; NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NM; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD; GC
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA BvD; GC
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)-180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	NM; NDS
<i>arsenic trioxide intravenous solution (Trisenox) 2 mg/ml</i>	5	NM; NDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	5	NM; NDS
BALVERSA ORAL TABLET 3 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg (Targretin)</i>	5	PA NSO; NM; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg (Casodex)</i>	2	GC
BLENREP INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	GC
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	5	NM; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	PA BvD; ST; GC
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	4	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
DAURISMO ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NM; NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	2	PA BvD; GC
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	5	PA NSO; NM; NDS; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	GC
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	GC
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS
<i>flouxuridine injection recon soln 0.5 gram</i>	2	PA BvD; GC
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	2	PA BvD; GC
<i>flutamide oral capsule 125 mg</i>	2	GC
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NM; NDS
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	5	PA NSO; NM; NDS; QL (5 per 21 days)
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	5	PA NSO; NM; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	GC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i>	2	GC
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	GC
<i>imatinib oral tablet 100 mg</i> (Gleevec)	2	PA NSO; GC; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	2	PA NSO; GC; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; NM; NDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	5	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	GC
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	NM; NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS; QL (7 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	GC
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	GC
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD; GC
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD; GC
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST; GC
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	GC
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA NSO; NM; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	NM; NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA NSO; NM; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; NM; NDS; QL (14 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA NSO; NM; NDS; QL (2 per 28 days)
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG-30000 UNIT/15ML	5	PA NSO; NM; NDS; QL (15 per 21 days)
PHESGO SUBCUTANEOUS SOLUTION 600 MG-600 MG-20000 UNIT/10ML	5	PA NSO; NM; NDS; QL (10 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NM; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
QINLOCK ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	NM; NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA NSO; NM; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 1 MG <i>tamoxifen oral tablet 10 mg, 20 mg</i>	5	PA NSO; NM; NDS; QL (30 per 30 days) GC
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
TEPMETKO ORAL TABLET 225 MG <i>thiotepa injection recon soln 100 mg, (Tepadina) 15 mg</i>	5	PA NSO; NM; NDS; QL (60 per 30 days) NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG <i>toposar intravenous solution 20 mg/ml</i>	4	
<i>toremifene oral tablet 60 mg (Fareston)</i>	2	GC
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	5	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	5	NM; NDS; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>tretinoïn (antineoplastic) oral capsule 10 mg</i>	5	NM; NDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA NSO; NM; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	5	PA NSO; NM; NDS
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
TUKYSA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; NM; NDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
UKONIQ ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NM; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	5	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; NM; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	GC
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	5	PA NSO; NM; NDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	5	PA NSO; NM; NDS; QL (4 per 28 days)
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA NSO; NM; NDS; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA NSO; NM; NDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	PA NSO; NM; NDS
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)

Anticonvulsants

Anticonvulsants

APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; NM; NDS; QL (60 per 30 days)
BANZEL ORAL TABLET 200 MG, 400 MG	5	ST; NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	ST; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	ST; NM; NDS; QL (600 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG		5	ST; NM; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	2	GC
<i>carbamazepine oral suspension 100 mg/5 ml</i>	(Tegretol)	2	GC
<i>carbamazepine oral tablet 200 mg</i>	(Epitol)	2	GC
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	(Tegretol XR)	2	GC
<i>carbamazepine oral tablet, chewable 100 mg</i>		2	GC
CELONTIN ORAL CAPSULE 300 MG		4	
<i>clobazam oral suspension 2.5 mg/ml</i>	(Onfi)	2	PA NSO; GC; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	(Onfi)	2	PA NSO; GC; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG		5	PA NSO; NM; NDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG		5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	(Diastat AcuDial)	4	
<i>diazepam rectal kit 2.5 mg</i>	(Diastat)	4	
<i>divalproex oral capsule, delayed release 125 mg</i>	(Depakote Sprinkles)	2	GC
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	(Depakote ER)	2	GC
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	(Depakote)	2	GC
EPIDIOLEX ORAL SOLUTION 100 MG/ML		5	PA NSO; NM; NDS
<i>epitol oral tablet 200 mg</i>		2	GC
<i>ethosuximide oral capsule 250 mg</i>	(Zarontin)	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	GC
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	GC
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	GC
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO; NM; NDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	GC
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; NM; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; NM; NDS; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i> gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	1	GC; QL (360 per 30 days)
<i> gabapentin oral capsule 400 mg</i> (Neurontin)	1	GC; QL (270 per 30 days)
<i> gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	GC; QL (2160 per 30 days)
<i> gabapentin oral tablet 600 mg</i> (Neurontin)	2	GC; QL (180 per 30 days)
<i> gabapentin oral tablet 800 mg</i> (Neurontin)	2	GC; QL (120 per 30 days)
<i> lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	1	GC
<i> lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	GC
<i> levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	GC
<i> levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	GC
<i> levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	2	GC
<i> levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	GC
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	QL (10 per 30 days)
<i> oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	GC
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	5	ST; NM; NDS
PEGANONE ORAL TABLET 250 MG	4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	GC
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	GC
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	GC
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	2	GC
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	GC
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	GC
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	GC
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	GC
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	2	GC; QL (90 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	2	GC; QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	GC
<i>rufinamide oral suspension 40 mg/ml</i> (Banzel)	5	ST; NM; NDS
<i>rufinamide oral tablet 200 mg, 400 mg</i> (Banzel)	5	ST; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	GC
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	GC
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	GC
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	2	GC
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	GC
<i>valproic acid oral capsule 250 mg</i>	2	GC
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadron)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>vigadron oral powder in packet 500 mg</i>	5	PA NSO; NM; NDS; QL (180 per 30 days)
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	4	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	ST
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	GC
<i>zonisamide oral capsule 50 mg</i>	2	GC
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	2	GC; QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	2	GC
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	GC; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	2	GC; QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	GC; QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	2	GC; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	2	GC; QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	GC; QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	GC; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	GC; QL (30 per 30 days)
Antidepressants		
Antidepressants		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	GC	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	GC	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	GC	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	(Wellbutrin XL)	2	GC
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	(Wellbutrin SR)	2	GC
<i>citalopram oral solution 10 mg/5 ml</i>	2	GC; QL (600 per 30 days)	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	(Celexa)	1	GC; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	(Anafranil)	2	GC
<i>desipramine oral tablet 10 mg, 25 mg</i>	(Norpramin)	2	GC
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>		2	GC
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	(Pristiq)	2	GC; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>		2	GC
<i>doxepin oral concentrate 10 mg/ml</i>		1	GC
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>		4	ST; QL (60 per 30 days)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>		4	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	(Cymbalta)	2	GC; QL (60 per 30 days)
<i>EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR</i>		5	ST; NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>		2	GC
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	(Lexapro)	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA NSO; NM; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	GC
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	GC
<i>trazodone oral tablet 300 mg</i>	2	GC
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	GC
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	2	GC; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i>	2	GC; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	GC
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	3	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	5	NM; NDS

Antidiabetic Agents

Antidiabetic Agents, Miscellaneous

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	GC; QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	GC; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	6	GC; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	GC; QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	GC; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	6	GC; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	GC; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NM; NDS; QL (10.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	4	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	SI; QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	SI; QL (24 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	SI; QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	SI; QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	SI; QL (30 per 28 days)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	SI; QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	GC; SI; QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	GC; SI; QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	GC; SI; QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	GC; SI; QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	GC; SI; QL (40 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	SI; QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	SI; QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg (Amaryl)	6	GC; QL (30 per 30 days)
glimepiride oral tablet 4 mg (Amaryl)	6	GC; QL (60 per 30 days)
glipizide oral tablet 10 mg (Glucotrol)	6	GC; QL (120 per 30 days)
glipizide oral tablet 5 mg	6	GC; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 10 mg (Glucotrol XL)	6	GC; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg (Glucotrol XL)	6	GC; QL (30 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	6	GC; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	6	GC; QL (120 per 30 days)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)	6	GC
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	6	GC
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	6	GC
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits	
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD; GC	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	5	NM; NDS	
<i>ciclopirox topical cream 0.77 %</i>	(Ciclodan)	2	GC; QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i>	(Ciclodan)	2	GC; QL (19.8 per 30 days)
<i>clotrimazole mucous membrane troche 10 mg</i>		2	GC
<i>clotrimazole topical cream 1 %</i>	(Antifungal (clotrimazole))	1	GC
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>		2	GC; QL (90 per 30 days)
<i>econazole topical cream 1 %</i>		2	GC; QL (170 per 30 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>		2	PA BvD; GC
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	(Diflucan)	2	GC
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Diflucan)	2	GC
<i>flucytosine oral capsule 250 mg, 500 mg</i>	(Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>		2	GC
<i>griseofulvin microsize oral tablet 500 mg</i>		2	GC
<i>itraconazole oral capsule 100 mg</i>	(Sporanox)	2	GC
<i>ketoconazole oral tablet 200 mg</i>		2	GC
<i>ketoconazole topical cream 2 %</i>		2	GC; QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>		2	GC; QL (360 per 30 days)
<i>miconazole-3 vaginal suppository 200 mg</i>		2	GC
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NM; NDS	
<i>nyamyc topical powder 100,000 unit/gram</i>		2	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin oral suspension 100,000 unit/ml</i>	2	GC; QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	2	GC
<i>nystatin topical cream 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	2	GC; QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	2	GC; QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	GC
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	GC

Antigout Agents

Antigout Agents, Other

<i>allopurinol oral tablet 100 mg (Zyloprim)</i>	1	GC
<i>allopurinol oral tablet 300 mg</i>	1	GC
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	4	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg (Uloric)</i>	2	ST; GC; QL (30 per 30 days)
<i>MITIGARE ORAL CAPSULE 0.6 MG</i>	2	GC; QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	GC
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	GC

Antihistamines

Antihistamines

<i>ciproheptadine oral syrup 2 mg/5 ml</i>	2	GC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	GC
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml (Diphen)</i>	2	GC
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	GC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	GC
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	GC
<i>levocetirizine oral solution 2.5 mg/5 ml (Xyzal)</i>	2	GC
<i>levocetirizine oral tablet 5 mg (24HR Allergy Relief)</i>	1	GC
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	GC
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 % (Cleocin)</i>	2	GC
<i>metronidazole vaginal gel 0.75 % (Metrogel Vaginal)</i>	2	GC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	GC
<i>terconazole vaginal suppository 80 mg</i>	2	GC
Antimigraine Agents		
Antimigraine Agents		
<i>AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML</i>	3	PA; QL (1 per 30 days)
<i>AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML</i>	3	PA; QL (1.5 per 30 days)
<i>AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML</i>	3	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml (D.H.E.45)</i>	5	NM; NDS; QL (24 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	(Migranal)	5	NM; NDS; QL (8 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML		3	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)		3	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG		5	NM; NDS; QL (20 per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG		3	PA; QL (18 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG		3	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i>	(Maxalt)	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>		2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	(Maxalt-MLT)	2	GC; QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>		2	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	(Imitrex)	2	GC; QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	(Imitrex)	2	GC; QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	(Imitrex)	2	GC; QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	(Imitrex)	2	GC; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	(Imitrex STATdose Refill)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Pen)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex)	2	GC; QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>		2	GC; QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG		3	PA; QL (16 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	4	PA; QL (1 per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	GC
<i>ethambutol oral tablet 100 mg</i>	2	GC
<i>ethambutol oral tablet 400 mg (Myambutol)</i>	2	GC
<i>isoniazid oral solution 50 mg/5 ml</i>	2	GC
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	GC
PRETOMANID ORAL TABLET 200 MG	4	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	GC
<i>rifabutin oral capsule 150 mg (Mycobutin)</i>	2	GC
<i>rifampin intravenous recon soln 600 mg (Rifadin)</i>	2	GC
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	GC
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; NM; NDS
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; GC; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	PA BvD; GC; QL (1 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 80 mg</i>	(Emend)	2	PA BvD; GC; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	(Emend)	2	PA BvD; GC; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML		4	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>		2	GC
<i>dimenhydrinate injection solution 50 mg/ml</i>		2	GC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	(Marinol)	2	PA; GC; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>		2	GC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)		4	PA BvD; QL (6 per 28 days)
<i>fosaprepitant intravenous recon soln 150 mg</i>	(Emend (fosaprepitant))	2	GC; QL (2 per 28 days)
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>		2	GC
<i>gransetron hcl intravenous solution 1 mg/ml</i>		2	GC
<i>gransetron hcl oral tablet 1 mg</i>		2	PA BvD; GC
<i>meclizine oral tablet 12.5 mg</i>		2	GC
<i>meclizine oral tablet 25 mg</i>	(Dramamine Less Drowsy)	2	GC
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>		1	GC
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>		1	GC
<i>ondansetron hcl intravenous solution 2 mg/ml</i>		2	GC
<i>ondansetron hcl oral tablet 24 mg, 8 mg</i>		2	PA BvD; GC
<i>ondansetron hcl oral tablet 4 mg</i>	(Zofran)	2	PA BvD; GC
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>		2	PA BvD; GC
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>		2	GC
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>		2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate oral tablet</i> (Compazine) <i>10 mg, 5 mg</i>	2	GC
<i>prochlorperazine rectal suppository</i> (Compro) <i>25 mg</i>	2	GC
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	GC
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC
<i>promethazine rectal suppository 12.5 mg, 50 mg</i>	2	GC
<i>promethazine rectal suppository 25 mg</i>	2	GC
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>scopolamine base transdermal patch</i> (Transderm-Scop) <i>3 day 1 mg over 3 days</i>	2	GC; QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	5	NM; NDS
<i>ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML</i>	5	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	GC
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	GC
<i>chloroquine phosphate oral tablet 250 mg</i>	2	GC; QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	GC; QL (25 per 30 days)
<i>COARTEM ORAL TABLET 20-120 MG</i>	4	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	GC; QL (90 per 30 days)
<i>IMPAVIDO ORAL CAPSULE 50 MG</i>	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	GC
<i>KRINTAFEL ORAL TABLET 150 MG</i>	4	
<i>mefloquine oral tablet 250 mg</i>	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
<i>nitazoxanide oral tablet 500 mg</i>	(Alinia)	5	NM; NDS
<i>paromomycin oral capsule 250 mg</i>	(Humatin)	2	GC
<i>pentamidine inhalation recon soln 300 mg</i>	(Nebupent)	2	PA BvD; GC
<i>pentamidine injection recon soln 300 mg</i>	(Pentam)	2	GC
PRIMAQUINE ORAL TABLET 26.3 MG		2	GC
<i>pyrimethamine oral tablet 25 mg</i>	(Daraprim)	5	PA; NM; NDS
Antiparkinsonian Agents			
Antiparkinsonian Agents			
<i>amantadine hcl oral capsule 100 mg</i>		2	GC
<i>amantadine hcl oral solution 50 mg/5 ml</i>		2	GC
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML		5	PA; NM; NDS; QL (60 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	(Cogentin)	2	GC
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>		2	GC
<i>bromocriptine oral capsule 5 mg</i>	(Parlodel)	2	GC
<i>bromocriptine oral tablet 2.5 mg</i>	(Parlodel)	2	GC
<i>cabergoline oral tablet 0.5 mg</i>		2	GC
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg</i>	(Sinemet)	2	GC
<i>carbidopa-levodopa oral tablet 25-250 mg</i>		2	GC
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>		2	GC
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i>	(Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i>	(Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	(Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	(Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	(Stalevo 150)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	GC
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; NM; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	5	PA; NM; NDS; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS; QL (150 per 30 days)
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	5	PA; NM; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	4	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	GC
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	GC
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	2	GC
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	GC
<i>selegiline hcl oral capsule 5 mg</i>	2	GC
<i>selegiline hcl oral tablet 5 mg</i>	2	GC
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	GC
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
XADAGO ORAL TABLET 100 MG, 50 MG	5	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	GC; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	GC; QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	ST; NM; NDS; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	5	ST; NM; NDS; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	ST; GC; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	ST; NM; NDS; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	GC
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	GC
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	GC
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NM; NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NM; NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NM; NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 per 30 days)
<i>loxpipine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
<i>molindone oral tablet 10 mg</i>	2	GC; QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	GC; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>molindone oral tablet 5 mg</i>	2	GC; QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	GC; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	GC; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i> (Invega)	2	GC; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	GC; QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i> (Invega)	5	NM; NDS; QL (30 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	GC
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	5	NM; NDS; QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	GC
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	GC; QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	NM; NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	GC; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	GC; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	2	GC; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	5	ST; NM; NDS; QL (30 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	GC
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	GC
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	GC; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	2	GC; QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	GC
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	GC
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	GC
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NM; NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	2	GC
BIKTARVY ORAL TABLET 50-200-25 MG	5	NM; NDS
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	NM; NDS
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	2	GC
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	5	NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
<i>efavirenz oral capsule 50 mg</i>	(Sustiva)	2	GC
<i>efavirenz oral tablet 600 mg</i>	(Sustiva)	2	GC
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	(Atripla)	5	NM; NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg</i>	(Symfi Lo)	5	NM; NDS
<i>efavirenz-lamivu-tenofovir disop oral tablet 600-300-300 mg</i>	(Symfi)	5	NM; NDS
<i>emtricitabine oral capsule 200 mg</i>	(Emtriva)	2	GC
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	(Truvada)	5	NM; NDS
EMTRIVA ORAL SOLUTION 10 MG/ML		4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)		4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	(Intelence)	5	NM; NDS
EVOTAZ ORAL TABLET 300-150 MG		5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i>	(Lexiva)	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG		5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG		5	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG		5	NM; NDS
INTELENCE ORAL TABLET 25 MG		4	
INVIRASE ORAL TABLET 500 MG		5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG		5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG		4	
ISENTRESS ORAL TABLET 400 MG		5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG		4	
JULUCA ORAL TABLET 50-25 MG		5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
KALETRA ORAL TABLET 100-25 MG	4	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	NM; NDS; QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	GC
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	GC
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	GC
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	GC
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	GC; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	GC; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	5	NM; NDS; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	GC
<i>nevirapine oral tablet 200 mg</i>	2	GC
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	GC
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	2	GC
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	NM; NDS
PREZISTA ORAL TABLET 75 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR ORAL TABLET 200 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	GC
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	NM; NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	GC
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
TEMIXYS ORAL TABLET 300-300 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	GC
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
VOCABRIA ORAL TABLET 30 MG	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	GC
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	GC
<i>zidovudine oral tablet 300 mg</i>	2	GC
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD; GC
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	GC; QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	GC; QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	GC; QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	GC; QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	GC
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	4	QL (4 per 180 days)
Hcv Antivirals		
EPCLUSIA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; NM; NDS; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; NM; NDS; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; NM; NDS; QL (28 per 28 days)
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	5	PA; NM; NDS; QL (28 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	5	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; NM; NDS; QL (28 per 28 days)
VIEKIRA PAK ORAL TABLETS, DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NM; NDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; NDS
Nucleosides And Nucleotides		

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oral capsule 200 mg</i>	2	GC
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	GC
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	GC
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	2	PA BvD; GC
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD; GC
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NM; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	2	GC
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	GC
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	5	PA BvD; NM; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	5	PA BvD; NM; NDS
<i>ribasphere oral capsule 200 mg</i>	2	GC
<i>ribasphere oral tablet 600 mg</i>	5	NM; NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NM; NDS
<i>ribavirin oral capsule 200 mg</i>	2	GC
<i>ribavirin oral tablet 200 mg</i>	2	GC
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	GC
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	2	GC
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	PA BvD; NM; NDS
Blood		
Products/Modifiers/Volume		
Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	4	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	GC; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	GC; QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	GC; QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	GC; QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	GC; QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	GC; QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	5	NM; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	GC
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	GC
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	GC
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	GC
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	GC
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	GC
<i>jantoven oral tablet 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	GC
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	1	GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS; QL (20 per 30 days)
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; NM; NDS; QL (60 per 30 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; NM; NDS; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; NM; NDS; QL (20 per 30 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; NDS; QL (7 per 7 days)
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	5	PA; NM; NDS; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; NM; NDS; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	3	PA; QL (6 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; NM; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	GC
<i>anagrelide oral capsule 1 mg</i>	2	GC
CABLIVI INJECTION KIT 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	5	PA; NM; NDS
<i>protamine intravenous solution 10 mg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
SIKLOS ORAL TABLET 1,000 MG, 100 MG	4	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	2	GC
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	GC; QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er</i> <i>multiphase 12 hr 25-200 mg</i>	2	GC; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	GC
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	GC
<i>dipyridamole oral tablet 25 mg, 50</i> <i>mg, 75 mg</i>	2	GC
<i>pentoxifylline oral tablet extended</i> <i>release 400 mg</i>	2	GC
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	GC; QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE- FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF- FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE- FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	PA BvD
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	PA BvD
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION 8-14 %	4	PA BvD
CLINOLIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	2	PA BvD; GC
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	GC
<i>dextrose 5%-water iv soln single use 5 %</i>	2	GC
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	GC
clonidine transdermal patch weekly (Catapres-TTS-1) 0.1 mg/24 hr	2	GC; QL (4 per 28 days)
clonidine transdermal patch weekly (Catapres-TTS-2) 0.2 mg/24 hr	2	GC; QL (4 per 28 days)
clonidine transdermal patch weekly (Catapres-TTS-3) 0.3 mg/24 hr	2	GC; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	GC
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> (Northera)	5	PA; NM; NDS; QL (180 per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	GC
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	GC
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	GC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	GC
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	GC
Angiotensin II Receptor Antagonists		
<i>EDARBI ORAL TABLET 40 MG, 80 MG</i>	3	
<i>EDARBYPCLOR ORAL TABLET 40-12.5 MG, 40-25 MG</i>	3	
<i>ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG</i>	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	GC
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	GC
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	GC
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	GC
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	6	GC
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	6	GC
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	GC
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	GC
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)		
<i>benazepril oral tablet 5 mg</i>	6	GC
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	GC
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	GC
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	GC
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	GC
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	GC
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>lisinopril oral tablet 10 mg, 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	GC
<i>lisinopril oral tablet 20 mg</i> (Prinivil)	6	GC
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	GC
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	GC
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	GC
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	GC
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	GC
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	GC
<i>amiodarone oral tablet 400 mg</i> (Pacerone)	2	GC
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	GC
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	GC
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	GC
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	GC
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 200 mg</i>	1	GC
<i>pacerone oral tablet 400 mg</i>	2	GC
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	GC
<i>procainamide intravenous syringe 100 mg/ml</i>	2	GC
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	GC
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	GC
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	GC
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	GC
<i>atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)</i>	2	GC
<i>atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)</i>	2	GC
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	GC
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	GC
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg (Ziac)</i>	2	GC
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	GC
<i>labetalol intravenous solution 5 mg/ml</i>	2	GC
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	GC
<i>metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	GC
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i>	2	GC
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	GC
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	GC
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	1	GC
<i>metoprolol tartrate oral tablet 25 mg</i>	1	GC
<i>propranolol intravenous solution 1 mg/ml</i>	2	GC
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	GC
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	GC
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	GC
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	GC
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	GC
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	GC
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	GC
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i>	2	GC
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	GC
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i>	2	GC
<i>diltiazem hcl oral tablet 90 mg</i>	2	GC
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	GC
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	GC
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	GC
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	GC
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	GC
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	GC
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	GC
Cardiovascular Agents, Miscellaneous		
<i>CORLANOR ORAL SOLUTION 5 MG/5 ML</i>	3	
<i>CORLANOR ORAL TABLET 5 MG, 7.5 MG</i>	3	
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	GC
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	GC
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	(Digitek)	2	GC
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i>	(EpiPen Jr)	2	GC; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	(Auvi-Q)	2	GC; QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	(Adrenalin)	1	GC
<i>hydralazine injection solution 20 mg/ml</i>		2	GC
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>		2	GC
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	(Firazyr)	5	PA; NM; NDS; QL (18 per 30 days)
<i>metyrosine oral capsule 250 mg</i>	(Demser)	5	NM; NDS
<i>milrinone intravenous solution 1 mg/ml</i>		5	PA BvD; NM; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	(Ranexa)	2	GC
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML		3	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG		5	PA; NM; NDS; QL (30 per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG		5	PA; NM; NDS; QL (120 per 30 days)
Dihydropyridines			
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Norvasc)	1	GC
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i>	(Lotrel)	6	GC
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>		6	GC
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	(Exforge)	6	GC
<i>nicardipine oral capsule 20 mg, 30 mg</i>		2	GC
<i>nifedipine oral capsule 10 mg, 20 mg</i>		2	GC
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	(Procardia XL)	2	GC

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Drug Name	Drug Tier	Requirements/Limits	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	(Adalat CC)	2	GC
Diuretics			
<i>amiloride oral tablet 5 mg</i>	2	GC	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	GC	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	GC	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	GC	
<i>chlorothiazide oral tablet 500 mg</i>	2	GC	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	(Diuril IV)	2	GC
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	GC	
<i>furosemide injection solution 10 mg/ml</i>	1	GC	
<i>furosemide injection syringe 10 mg/ml</i>	2	GC	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	GC	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	(Lasix)	1	GC
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	GC	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	GC	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	GC	
<i>JYNARQUE ORAL TABLET 15 MG, 30 MG</i>	5	PA; NM; NDS; QL (120 per 30 days)	
<i>JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)</i>	5	PA; NM; NDS; QL (56 per 28 days)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	GC	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	(Aldactone)	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	GC
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)</i>	1	GC
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)</i>	1	GC
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)</i>	6	GC
<i>cholestyramine (with sugar) oral powder in packet 4 gram (Questran)</i>	2	GC
<i>cholestyramine light oral powder 4 gram</i>	2	GC
<i>cholestyramine light packet 4 gram</i>	2	GC
<i>colesevelam oral tablet 625 mg (WelChol)</i>	2	GC
<i>colestipol oral packet 5 gram (Colestid)</i>	2	GC
<i>colestipol oral tablet 1 gram (Colestid)</i>	2	GC
<i>ezetimibe oral tablet 10 mg (Zetia)</i>	2	GC; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	GC
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg (Tricor)</i>	2	GC
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	GC
<i>gemfibrozil oral tablet 600 mg (Lopid)</i>	1	GC
<i>JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>JUXTAPID ORAL CAPSULE 20 MG</i>	5	PA; NM; NDS; QL (90 per 30 days)
<i>JUXTAPID ORAL CAPSULE 5 MG</i>	5	PA; NM; NDS; QL (45 per 30 days)
<i>LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG</i>	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	GC
<i>NEXLETOL ORAL TABLET 180 MG</i>	3	QL (30 per 30 days)
<i>NEXLIZET ORAL TABLET 180-10 MG</i>	3	QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>niacin oral tablet 500 mg</i>	(Niacor)	2	GC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	(Niaspan Extended-Release)	2	GC
<i>niacor oral tablet 500 mg</i>		2	GC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	2	GC; QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML		3	QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>		6	GC
<i>prevalite oral powder in packet 4 gram</i>		2	GC
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML		3	QL (7 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML		3	QL (6 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML		3	QL (6 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	(Crestor)	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	(Zocor)	6	GC; QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>		6	GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM		2	GC; QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM		2	GC; QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM		2	GC
Renin-Angiotensin-Aldosterone System Inhibitors			
<i>aliskiren oral tablet 150 mg, 300 mg</i>	(Tekturna)	2	GC
<i>eplerenone oral tablet 25 mg, 50 mg</i>	(Inspira)	2	GC
Vasodilators			
BIDIL ORAL TABLET 20-37.5 MG		3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>		2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	GC
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	2	GC
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	GC
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	GC
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	GC
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	GC
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	GC
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	GC
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	GC

Central Nervous System

Agents

Central Nervous System Agents

<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	GC; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	GC; QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	GC	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; NM; NDS; QL (30 per 30 days)	
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; NM; NDS; QL (12 per 28 days)	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	(Ampyra)	2	PA; GC; QL (60 per 30 days)
<i>dexamphetamine oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Focalin)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	(Zenzedi)	2	GC; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	(Adderall XR)	2	GC; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	(Adderall XR)	2	GC; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	(Adderall)	2	GC; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	(Tecfidera)	5	PA; NM; NDS; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	(Tecfidera)	5	PA; NM; NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	(Tecfidera)	5	PA; NM; NDS; QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS; QL (15 per 30 days)	
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	GC	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (30 per 30 days)	
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	(Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	(Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>		5	PA; NM; NDS; QL (30 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	GC; QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	
<i>tetrabenazine oral tablet 12.5 mg, 25</i> (Xenazine) mg	5	PA; NM; NDS; QL (112 per 28 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	5	PA; NM; NDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; NM; NDS; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46- 0.92 MG	5	PA; NM; NDS
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	5	PA; NM; NDS
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>altavera (28) oral tablet 0.15-0.03</i> mg	2	GC
<i>alyacen 1/35 (28) oral tablet 1-35</i> mg-mcg	2	GC
<i>alyacen 7/7/7 (28) oral tablet</i> 0.5/0.75/1 mg- 35 mcg	2	GC
<i>amethia lo oral tablets,dose pack,3</i> <i>month 0.10 mg-20 mcg (84)/10 mcg</i> (7)	2	GC; QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3</i> <i>month 0.15 mg-30 mcg (84)/10 mcg</i> (7)	2	GC; QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	GC
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>ayuna oral tablet 0.15-0.03 mg</i>	2	GC
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>camila oral tablet 0.35 mg</i>	1	GC
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	GC
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	GC
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	GC
<i>dasetta 1/35 (28) oral tablet 1-35 mg- mcg</i>	2	GC
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	GC
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	1	GC
<i>desog-e.estradiol/e.estriadiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	2	GC
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Jasmiel (28))	2	GC
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Syeda)	2	GC
<i>elinet oral tablet 0.3-30 mg-mcg</i>	2	GC
<i>ELLA ORAL TABLET 30 MG</i>	4	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	2	GC; QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	GC
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	GC
<i>errin oral tablet 0.35 mg</i>	1	GC
<i>estarrylla oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	GC
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50 (28))	2	GC
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	2	GC; QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg- mcg</i>	2	GC
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	GC
<i>hailey oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>heather oral tablet 0.35 mg</i>	1	GC
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	GC
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	GC
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	GC
<i>jencycla oral tablet 0.35 mg</i>	1	GC
<i>juleber oral tablet 0.15-0.03 mg</i>	2	GC
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	GC
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	GC
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	GC
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	GC
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	GC
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	2	GC
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (LoJaimiess)	2	GC; QL (91 per 84 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	2	GC; QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>		2	GC
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>		2	GC
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>		2	GC
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>		2	GC
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>		1	GC
<i>larissia oral tablet 0.1-20 mg-mcg</i>		2	GC
<i>lessina oral tablet 0.1-20 mg-mcg</i>		2	GC
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>		2	GC
<i>levonorgestrel-ethynodiol dihydrogen oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	2	GC
<i>levonorgestrel-ethynodiol dihydrogen oral tablet 0.15-0.03 mg</i>	(Altavera (28))	2	GC
<i>levonorgestrel-ethynodiol dihydrogen oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	2	GC; QL (91 per 84 days)
<i>levonorgestrel-ethynodiol dihydrogen oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	2	GC
<i>levora-28 oral tablet 0.15-0.03 mg</i>		2	GC
<i>lillow (28) oral tablet 0.15-0.03 mg</i>		2	GC
<i>lojaimies oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>		2	GC; QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>		2	GC
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>		2	GC
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>		2	GC
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>		2	GC
<i>lyleg oral tablet 0.35 mg</i>		1	GC
<i>lyza oral tablet 0.35 mg</i>		1	GC
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>		2	GC

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Drug Name	Drug Tier	Requirements/Limits	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC	
<i>mihi oral tablet 0.25-35 mg-mcg</i>	2	GC	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	GC	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	GC	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	GC	
<i>noreth-ee-fe 1-0.02(24)-75 cap inner (Merzee) 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	GC	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	2	GC
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	1	GC
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Aurovela 24 Fe)	2	GC
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	1	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri Femynor)	2	GC
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	2	GC
<i>norlyda oral tablet 0.35 mg</i>		1	GC
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		2	GC
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		2	GC
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>		2	GC
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	GC
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	GC
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>pirmella oral tablet 0.5/0.75/1 mg-35 mcg, 1-35 mg-mcg</i>	2	GC
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	GC
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	GC
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	GC; QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	GC
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	GC; QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>syeda oral tablet 3-0.03 mg</i>	2	GC
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	GC
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	GC
<i>tri-femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-estarrylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	GC
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-lo-estarrylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	GC
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	GC
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	GC
<i>tulana oral tablet 0.35 mg</i>	1	GC
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>	2	GC
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	GC
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	GC
<i>vienna oral tablet 0.1-20 mg-mcg</i>	2	GC
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	GC
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	GC
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	GC
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	GC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	GC; QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	2	GC; QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	GC
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	GC	
Dental And Oral Agents			
Dental And Oral Agents			
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1	GC
<i>denta 5000 plus dental cream 1.1 %</i>		1	GC
<i>dentagel dental gel 1.1 %</i>		1	GC
<i>fluoride (sodium) dental solution 0.2 %</i>	(PreviDent)	1	GC
<i>oralone dental paste 0.1 %</i>		2	GC
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>		1	GC
<i>periogard mucous membrane mouthwash 0.12 %</i>		1	GC
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	2	GC
<i>sf 5000 plus dental cream 1.1 %</i>		1	GC
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	(Fluoridex Sensitivity Relief)	1	GC
<i>triamicinolone acetonide dental paste 0.1 %</i>	(Oralone)	2	GC
Dermatological Agents			
Dermatological Agents, Other			
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>		2	GC
<i>acitretin oral capsule 10 mg, 25 mg</i>	(Soriatane)	2	GC
<i>acitretin oral capsule 17.5 mg</i>		2	GC
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	2	GC; QL (30 per 30 days)
<i>ALCOHOL PADS TOPICAL PADS, MEDICATED</i>		1	GC
<i>ammonium lactate topical cream 12 %</i>		2	GC
<i>ammonium lactate topical lotion 12 %</i>	(Skin Treatment)	2	GC
<i>calcipotriene scalp solution 0.005 %</i>		2	GC; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	(Dovonex)	2	GC; QL (120 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>fluorouracil topical cream 0.5 %</i>	(Carac)	5	NM; NDS
<i>fluorouracil topical cream 5 %</i>	(Efudex)	2	GC
<i>fluorouracil topical solution 2 %, 5 %</i>		2	GC
<i>imiquimod topical cream in packet 5 %</i>	(Aldara)	2	GC; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>		5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %		5	NM; NDS
PICATO TOPICAL GEL 0.015 %		3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %		3	QL (2 per 56 days)
<i>podoftlox topical solution 0.5 %</i>		2	GC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM		4	QL (180 per 30 days)
TOLAK TOPICAL CREAM 4 %		4	
VALCHLOR TOPICAL GEL 0.016 %		5	NM; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>		2	GC
Dermatological Antibacterials			
<i>clindamycin phosphate topical solution 1 %</i>	(Cleocin T)	2	GC; QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	(Clindacin ETZ)	2	GC
<i>ery pads topical swab 2 %</i>		2	GC
<i>erythromycin with ethanol topical gel 2 %</i>	(Erygel)	2	GC; QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>		2	GC; QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>		2	GC; QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>		2	GC; QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i>	(Rosadan)	2	GC
<i>metronidazole topical gel 0.75 %</i>	(Rosadan)	2	GC
<i>metronidazole topical gel 1 %</i>	(Metrogel)	2	GC
<i>metronidazole topical lotion 0.75 %</i>	(MetroLotion)	2	GC
<i>mupirocin topical ointment 2 %</i>	(Centany)	1	GC; QL (220 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	GC
NEOSPORIN GU IRRIGANT IRRIGATION SOLUTION 40 MG-200,000 UNIT/ML	2	GC
<i>rosadan topical cream 0.75 %</i>	2	GC
<i>selenium sulfide topical lotion 2.5 %</i>	2	GC
<i>silver sulfadiazine topical cream 1 % (SSD)</i>	2	GC
<i>ssd topical cream 1 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	GC
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	1	GC
<i>alclometasone topical cream 0.05 %</i>	2	GC
<i>alclometasone topical ointment 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	GC
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	GC
<i>betamethasone valerate topical cream 0.1 %</i>	2	GC
<i>betamethasone valerate topical lotion 0.1 %</i>	2	GC
<i>betamethasone valerate topical ointment 0.1 %</i>	2	GC
<i>betamethasone, augmented topical cream 0.05 %</i>	2	GC
<i>betamethasone, augmented topical gel 0.05 %</i>	2	GC
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	GC
<i>betamethasone, augmented topical ointment 0.05 % (Diprolene (augmented))</i>	2	GC
<i>clobetasol scalp solution 0.05 %</i>	2	GC
<i>clobetasol topical cream 0.05 % (Temovate)</i>	2	GC
<i>clobetasol-emollient topical cream 0.05 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cormax scalp solution 0.05 %</i>	2	GC
<i>desoximetasone topical cream 0.25 % (Topicort)</i>	2	GC; QL (120 per 30 days)
<i>EUCRISA TOPICAL OINTMENT 2 %</i>	3	
<i>fluocinolone topical cream 0.01 %</i>	2	GC
<i>fluocinolone topical cream 0.025 % (Synalar)</i>	2	GC
<i>fluocinolone topical ointment 0.025 % (Synalar)</i>	2	GC
<i>fluocinonide topical cream 0.05 %</i>	2	GC
<i>fluocinonide topical solution 0.05 %</i>	2	GC
<i>fluocinonide-e topical cream 0.05 %</i>	2	GC
<i>fluticasone propionate topical cream 0.05 % (Cutivate)</i>	2	GC
<i>fluticasone propionate topical ointment 0.005 %</i>	2	GC
<i>halobetasol propionate topical cream 0.05 %</i>	2	GC
<i>halobetasol propionate topical ointment 0.05 %</i>	2	GC
<i>hydrocortisone topical cream 1 % (Ala-Cort)</i>	1	GC
<i>hydrocortisone topical cream 2.5 %</i>	1	GC
<i>hydrocortisone topical lotion 2.5 %</i>	2	GC
<i>hydrocortisone topical ointment 1 % (Anti-Itch (HC))</i>	1	GC
<i>hydrocortisone topical ointment 2.5 %</i>	1	GC
<i>mometasone topical cream 0.1 %</i>	2	GC
<i>mometasone topical ointment 0.1 %</i>	2	GC
<i>mometasone topical solution 0.1 %</i>	2	GC
<i>pimecrolimus topical cream 1 % (Elidel)</i>	2	GC; QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	2	GC
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>procosol hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>protozone-hc topical cream with perineal applicator 2.5 %</i>	2	GC
<i>tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)</i>	2	GC; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>triamicinolone acetonide topical cream 0.025 %</i>	1	GC
<i>triamicinolone acetonide topical cream 0.1 %, 0.5 %</i>	1	GC
<i>triamicinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	GC
<i>triamicinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	GC
<i>triamicinolone acetonide topical ointment 0.05 %</i>	2	GC
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	GC
<i>adapalene topical gel 0.1 %</i> (Differin)	2	GC
ALTRENO TOPICAL LOTION 0.05 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	2	GC
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA; GC
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA; GC
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA; GC
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	GC
<i>permethrin topical cream 5 %</i> (Elimite)	2	GC
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	GC
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	GC
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	GC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	GC

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Drug Name	Drug Tier	Requirements/Limits	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	GC	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	GC	
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 0.3 ML 29 GAUGE	(Ultilet Insulin Syringe)	2	GC
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	2	GC
INSULIN SYRINGE-NEEDLE U- 100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	2	GC
OMNIPOD / VGO		2	GC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	2	GC
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "		1	GC
Enzyme			
Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS	
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3		
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; NM; NDS	
GALAFOLD ORAL CAPSULE 123 MG	5	PA; NM; NDS; QL (14 per 28 days)	

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Drug Name	Drug Tier	Requirements/Limits
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	PA; NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	5	PA; NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 20 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; NM; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	5	NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>atropine ophthalmic (eye) drops 1 % (Isopto Atropine)</i>	4	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	GC; QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	GC
<i>cyclopentolate ophthalmic (eye) (Cyclogyl) drops 0.5 %, 1 %, 2 %</i>	2	GC
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	NM; NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	GC
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	GC; QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	GC; QL (15 per 10 days)
<i>olopatadine ophthalmic (eye) drops (Eye Allergy Itch- Redness Rlf) 0.1 %</i>	2	GC
<i>olopatadine ophthalmic (eye) drops (Eye Allergy Itch Relief) 0.2 %</i>	2	GC
<i>proparacaine ophthalmic (eye) drops (Alcaine) 0.5 %</i>	2	GC
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	5	PA; NM; NDS
Eye, Ear, Nose, Throat Anti- Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>acetic acid-aluminum acetate otic (ear) drops 2 %</i>	2	GC
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	GC
<i>bacitracin-polymyxin b ophthalmic (Polycin) (eye) ointment 500-10,000 unit/gram</i>	2	GC
<i>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %</i>	3	ST
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	GC
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	GC
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	GC; QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	GC
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	GC
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	GC
<i>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %</i>	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	GC
<i>neomycin-bacitracin-polymyxin b ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	GC
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	GC
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	GC
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	GC
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	GC
<i>ofloxacin ophthalmic (eye) drops 0.3% (Ocuflox)</i>	2	GC
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	GC
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	GC
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	GC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)</i>	2	GC
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	GC
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	GC
<i>tobramycin ophthalmic (eye) drops 0.3% (Tobrex)</i>	1	GC
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	GC
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	GC
<i>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %</i>	4	
<i>ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	GC	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	GC	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3		
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	GC; QL (50 per 25 days)	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	4		
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	GC	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	(24 Hour Allergy Relief)	1	GC; QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3		
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3		
<i>ketorolac ophthalmic (eye) drops 0.5 % (Acular)</i>	2	GC; QL (10 per 25 days)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3		
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3		
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	(Lotemax)	2	GC
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	(Nasonex)	2	GC; QL (34 per 28 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	(Pred Forte)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>		2	GC
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3		
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)	

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Drug Name	Drug Tier	Requirements/Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Supressants		
cimetidine hcl oral solution 300 mg/5 ml	2	GC
esomeprazole sodium intravenous recon soln 20 mg	2	GC
esomeprazole sodium intravenous (Nexium IV) recon soln 40 mg	2	GC
famotidine (pf) intravenous solution 20 mg/2 ml	1	GC
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	2	GC
famotidine intravenous solution 10 mg/ml	2	GC
famotidine oral tablet 20 mg (Acid Controller)	1	GC
famotidine oral tablet 40 mg (Pepcid)	1	GC
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	2	GC; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	GC; QL (60 per 30 days)
misoprostol oral tablet 100 mcg, 200 mcg (Cytotec)	2	GC
nizatidine oral capsule 150 mg, 300 mg	2	GC
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	GC
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram	2	ST; GC; QL (30 per 30 days)
pantoprazole intravenous recon soln 40 mg	2	GC
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	GC; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	GC; QL (60 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>sucralfate oral tablet 1 gram</i>	(Carafate)	2	GC
Gastrointestinal Agents, Other			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		3	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		5	NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>		2	GC
<i>cromolyn oral concentrate 100 mg/5 ml</i>	(Gastrocrom)	2	GC
<i>dicyclomine oral capsule 10 mg</i>		2	GC
<i>dicyclomine oral solution 10 mg/5 ml</i>		2	GC
<i>dicyclomine oral tablet 20 mg</i>		2	GC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>		2	GC
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	(Lomotil)	2	GC
<i>enulose oral solution 10 gram/15 ml</i>		2	GC
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG		5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>		2	GC
<i>glycopyrrolate injection solution 0.2 mg/ml</i>		2	GC
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		2	GC
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>		2	GC
<i>kionex oral powder</i>		2	GC
<i>lactulose oral solution 10 gram/15 ml (Constulose)</i>		2	GC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		3	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	QL (90 per 30 days)
<i>loperamide oral capsule 2 mg</i>	(Anti-Diarrheal (loperamide))	2	GC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	(Amitiza)	3	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>		2	GC
<i>metoclopramide hcl injection solution 5 mg/ml</i>		2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	GC
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	GC
<i>metoclopramide hcl oral tablet 10 (Reglan) mg, 5 mg</i>	1	GC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; NM; NDS; QL (16.8 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; NM; NDS; QL (11.2 per 28 days)
<i>sodium phenylbutyrate oral tablet (Buphenyl) 500 mg</i>	5	NM; NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	2	GC
<i>sodium polystyrene sulfonate oral powder</i>	2	GC
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	GC
<i>ursodiol oral capsule 300 mg</i>	2	GC
<i>ursodiol oral tablet 250 mg (URSO 250)</i>	2	GC
<i>ursodiol oral tablet 500 mg (URSO Forte)</i>	2	GC
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NM; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	3	
<i>gavilyte-c oral recon soln 240-22.72- 6.72 -5.84 gram</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	GC
<i>gavilyte-n oral recon soln 420 gram</i>	2	GC
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	GC
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	GC
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	GC
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	5	NM; NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	GC
<i>sevelamer hcl oral tablet 400 mg</i>	2	GC
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	2	GC
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	GC
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	GC
<i>oxybutynin chloride oral tablet 5 mg</i>	2	GC
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	GC
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	(Detrol LA)	2	GC
<i>tolterodine oral tablet 1 mg, 2 mg</i>	(Detrol)	2	GC
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG		3	
<i>trospium oral tablet 20 mg</i>		2	GC
Genitourinary Agents, Miscellaneous			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	(Uroxatral)	1	GC; QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	(Avodart)	2	GC
<i>finasteride oral tablet 5 mg</i>	(Proscar)	1	GC
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	1	GC
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	GC
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG		5	PA; NM; NDS
<i>tiopronin oral tablet 100 mg</i>	(Thiola)	5	NM; NDS
Heavy Metal Antagonists			
Heavy Metal Antagonists			
<i>clovique oral capsule 250 mg</i>		5	PA; NM; NDS; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	(Jadenu Sprinkle)	5	PA; NM; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	(Jadenu)	5	PA; NM; NDS
<i>deferasirox oral tablet, dispersible 125 mg</i>	(Exjade)	2	PA; GC
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	(Exjade)	5	PA; NM; NDS
<i>deferiprone oral tablet 500 mg</i>	(Ferriprox)	5	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram</i>		2	PA; GC
<i>deferoxamine injection recon soln 500 mg</i>	(Desferal)	2	PA; GC
FERRIPROX ORAL SOLUTION 100 MG/ML		5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
FERRIPROX ORAL TABLET 1,000 MG	5	PA; NM; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	5	PA; NM; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Clovique)	5	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NM; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	GC
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA; GC
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA; GC
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; GC; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA; GC; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; GC; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; GC; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	GC
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	GC
<i>estradiol vaginal tablet 10 mcg</i>	2	GC; QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	GC
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i>	2	GC
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	GC
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	GC
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	GC; QL (8 per 28 days)
<i>mimvey oral tablet 1-0.5 mg</i>	2	GC
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	GC
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	

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Drug Name	Drug Tier	Requirements/Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	GC
<i>yuvafem vaginal tablet 10 mcg</i>	2	GC; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	GC
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	GC
<i>cortisone oral tablet 25 mg</i>	2	GC
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	GC
<i>dexamethasone oral tablet 0.5 mg,</i> (Decadron) <i>0.75 mg, 4 mg, 6 mg</i>	2	GC
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	GC
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	GC
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	GC
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NM; NDS; QL (91 per 28 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	2	GC
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	GC
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	GC
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	GC

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets, dose pack 4 mg (Medrol (Pak))</i>	2	GC
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	GC
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg (Solu-Medrol)</i>	2	GC
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	PA BvD; GC
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)</i>	2	PA BvD; GC
<i>prednisone oral solution 5 mg/5 ml</i>	2	PA BvD; GC
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	PA BvD; GC
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	GC
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
<i>triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)</i>	2	GC
Pituitary		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	5	NM; NDS
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin injection solution 4 mcg/ml (DDAVP)</i>	2	GC
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	GC
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	2	GC
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG, 2 MG	5	PA; NM; NDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; NM; NDS; QL (60 per 30 days)
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NM; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NM; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution</i> <i>1,000 mcg/ml, 200 mcg/ml</i>	2	GC
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	GC
<i>octreotide acetate injection syringe</i> <i>100 mcg/ml (1 ml), 50 mcg/ml (1 ml),</i> <i>500 mcg/ml (1 ml)</i>	2	GC
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
ORGOVYX ORAL TABLET 120 MG	5	PA NSO; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NM; NDS
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NM; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	5	PA NSO; NM; NDS; QL (1 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; NM; NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	QL (10 per 28 days)
<i>hydroxyprogesterone cap(ppres)</i> (Makena) <i>intramuscular oil 250 mg/ml</i>	5	NM; NDS
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>suspension 150 mg/ml</i>	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone intramuscular</i> (Depo-Provera) <i>syringe 150 mg/ml</i>	2	GC; QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10</i> (Provera) <i>mg, 2.5 mg, 5 mg</i>	1	GC
<i>megestrol oral suspension 400 mg/10</i> <i>ml (40 mg/ml)</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	GC
<i>progesterone intramuscular oil 50 mg/ml</i>	2	GC
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	GC
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	GC
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	1	GC
<i>liothyronine oral tablet 25 mcg, 50 mcg</i> (Cytomel)	2	GC
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	GC
<i>propylthiouracil oral tablet 50 mg</i>	2	GC
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; NM; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD; GC
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD; GC
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; NM; NDS
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD; GC
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD; GC
<i>cyclosporine modified oral capsule</i> 50 mg	2	PA BvD; GC
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD; GC
<i>cyclosporine oral capsule 100 mg, 25</i> (Sandimmune) mg	2	PA BvD; GC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
<i>everolimus (immunosuppressive) oral</i> (Zortress) tablet 0.25 mg	2	PA BvD; GC
<i>everolimus (immunosuppressive) oral</i> (Zortress) tablet 0.5 mg, 0.75 mg	5	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA BvD
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	5	PA; NM; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	PA BvD; GC
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD; GC
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UVEITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
IMOGLAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg (Arava)</i>	2	GC

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Drug Name		Drug Tier	Requirements/Limits
<i>mycophenolate mofetil (hcl)</i> <i>intravenous recon soln 500 mg</i>	(CellCept Intravenous)	2	PA BvD; GC
<i>mycophenolate mofetil oral capsule</i> 250 mg	(CellCept)	2	PA BvD; GC
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	(CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet</i> 500 mg	(CellCept)	2	PA BvD; GC
NULOJIX INTRAVENOUS RECON SOLN 250 MG		5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %		5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG		5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG		5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML		5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML		5	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG		5	PA; NM; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)		5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %		5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML		4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG		4	PA BvD; ST
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML		3	

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Drug Name	Drug Tier	Requirements/Limits
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NM; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NM; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	5	PA BvD; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD; GC
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NM; NDS
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD; GC
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 80 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
TALTZ SYRINGE (2 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE (3 PACK) SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS AUTO-Injector 100 MG/ML	5	PA; NM; NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; NM; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; NM; NDS
ZORTRESS ORAL TABLET 1 MG	5	PA BvD; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	3	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG- LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25- 58-10 LF-MCG-LF/0.5ML	3	

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Drug Name	Drug Tier	Requirements/Limits
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	QL (1 per 365 days)

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg</i>	(Lotronex)	2	GC
<i>alosetron oral tablet 1 mg</i>	(Lotronex)	5	NM; NDS
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	2	GC
<i>budesonide oral capsule, delayed, extend.release 3 mg</i>	(Entocort EC)	2	GC
<i>colocort rectal enema 100 mg/60 ml</i>		2	GC
DIPENTUM ORAL CAPSULE 250 MG		5	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	4	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	2	GC
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	2	GC
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	(Lialda)	2	GC
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	(Asacol HD)	2	GC
<i>mesalamine rectal suppository 1,000 mg</i>	(Canasa)	5	NM; NDS
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	2	GC
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	(Azulfidine EN-tabs)	2	GC

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Drug Name	Drug Tier	Requirements/Limits
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Irrigating Solutions		
Irrigating Solutions		
LACTATED RINGERS IRRIGATION SOLUTION	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>	1	GC; QL (4 per 28 days)
<i>alendronate oral tablet 70 mg (Fosamax)</i>	1	GC; QL (4 per 28 days)
<i>calcitonin (salmon) injection solution (Miacalcin) 200 unit/ml</i>	5	NM; NDS
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	GC; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	GC
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)</i>	2	GC
<i>calcitriol oral solution 1 mcg/ml (Rocaltrol)</i>	2	GC
<i>cinacalcet oral tablet 30 mg (Sensipar)</i>	2	GC; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg (Sensipar)</i>	5	NM; NDS; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg (Sensipar)</i>	5	NM; NDS; QL (120 per 30 days)
<i>doxercalciferol intravenous solution (Hectorol) 4 mcg/2 ml</i>	2	GC
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	5	PA; NM; NDS; QL (2.34 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	GC; QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	2	GC; QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg (Boniva)</i>	2	GC; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	NM; NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	GC
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	GC
<i>paricalcitol oral capsule 4 mcg</i>	2	GC
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	ST; QL (1 per 180 days)
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	GC; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	2	GC; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	GC; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	2	GC; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	2	GC; QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	GC
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	GC
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	GC; QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-Injector 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (8 per 28 days)
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NM; NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	GC
ELMIRON ORAL CAPSULE 100 MG	5	NM; NDS; QL (90 per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NM; NDS; QL (180 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	5	PA; NM; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NM; NDS
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	3	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	3	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	GC
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	2	GC
KEVEYIS ORAL TABLET 50 MG	5	PA; NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	GC	
<i>leucovorin calcium injection solution 10 mg/ml</i>	2	GC	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	GC	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	GC	
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor)	2	GC
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	(Fusilev)	5	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i>	(Mesnex)	2	GC
MESNEX ORAL TABLET 400 MG		5	NM; NDS
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML		5	PA; NM; NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	(Mestinon)	2	GC
<i>pyridostigmine bromide oral tablet 30 mg</i>		2	GC
<i>pyridostigmine bromide oral tablet 60 mg</i>	(Mestinon)	2	GC
RECTIV RECTAL OINTMENT 0.4 % (W/W)		4	QL (30 per 30 days)
TAKHYYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)		5	PA; NM; NDS; QL (4 per 28 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NM; NDS; QL (60 per 30 days)
TOTECT INTRAVENOUS RECON SOLN 500 MG		5	NM; NDS
TYBOST ORAL TABLET 150 MG		3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM		5	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM		5	PA; NM; NDS; QL (120 per 30 days)
Ophthalmic Agents			
Antiglaucoma Agents			
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	GC	

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Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	GC
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	GC
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	GC
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	GC
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	GC
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	2	GC
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	GC
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	GC; QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	GC
<i>pilocarpine hcl ophthalmic (eye) (Isopto Carpine) drops 1 %, 2 %, 4 %</i>	2	GC
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) (Timoptic) drops 0.25 %, 0.5 %</i>	1	GC
<i>timolol maleate ophthalmic (eye) gel (Timoptic-XE) forming solution 0.25 %, 0.5 %</i>	4	
<i>travoprost (benzalkonium) ophthalmic (eye) drops 0.004 %</i>	2	GC; QL (2.5 per 25 days)
<i>travoprost ophthalmic (eye) drops (Travatan Z) 0.004 %</i>	2	GC; QL (2.5 per 25 days)

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

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	2	PA BvD; GC
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	GC
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 8 meq</i>	2	GC
<i>potassium chloride oral tablet,er (Klor-Con M10) particles/crystals 10 meq</i>	2	GC
<i>potassium chloride oral tablet,er (Klor-Con M20) particles/crystals 20 meq</i>	2	GC
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	GC
<i>potassium citrate oral tablet extended (Urocit-K 10) release 10 meq (1,080 mg)</i>	2	GC
<i>potassium citrate oral tablet extended (Urocit-K 15) release 15 meq</i>	2	GC
<i>potassium citrate oral tablet extended (Urocit-K 5) release 5 meq (540 mg)</i>	2	GC
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	GC
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	2	GC; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization</i> 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	2	PA BvD; GC
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (30.6 per 30 days)
Antileukotrienes		
montelukast oral tablet 10 mg (Singulair)	1	GC

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

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Drug Name	Drug Tier	Requirements/Limits
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	GC
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	QL (4 per 30 days)
SPIRIVA WITH HANIDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	GC
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NM; NDS
<i>theophylline oral solution 80 mg/15 ml</i>	2	GC
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	GC
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	GC
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	3	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution (Acetadote) 200 mg/ml (20 %)</i>	2	GC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD; GC

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Drug Name	Drug Tier	Requirements/Limits
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	5	NM; NDS; QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD; GC
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NM; NDS; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	5	PA BvD; NM; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; NM; NDS; QL (84 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	GC
<i>chlorzoxazone oral tablet 250 mg</i>	5	NM; NDS
<i>chlorzoxazone oral tablet 500 mg</i>	2	GC
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	GC
<i>dantrolene oral capsule 100 mg</i>	2	GC
<i>dantrolene oral capsule 25 mg, 50 mg (Dantrium)</i>	2	GC
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	GC
<i>revonto intravenous recon soln 20 mg</i>	2	GC
<i>tizanidine oral tablet 2 mg</i>	2	GC
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	2	GC
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)</i>	2	PA; GC; QL (30 per 30 days)
<i>BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)</i>	2	GC; QL (30 per 30 days)
<i>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</i>	5	PA; NM; NDS; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (30 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NM; LA; NDS; QL (540 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	5	PA; NM; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	GC; QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	GC; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	5	PA; NM; NDS; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i>	2	PA; GC
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i>	5	PA; NM; NDS
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NM; NDS; QL (37.5 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	PA; GC; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; NM; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA; NM; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS
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Vitamins And Minerals		
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Esta lista de medicamentos se actualizó el XX/XX/2021. Para obtener información más reciente o para hacer otras preguntas, comuníquese con Senior Care Plus al 775-982-3112 o llame de manera gratuita al 888-775-7003 (los usuarios de TTY deben llamar al Servicio estatal de retransmisión al 711). Estamos disponibles de lunes a domingo, de 7:00 a. m. a 8:00 p. m. También puede visitar www.SeniorCarePlus.com.

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