

2023

UCare Medicare Group Plans Formulary (List of covered drugs)

- UCare Medicare Group Plans (HMO-POS)

This formulary was updated on 08/22/2022

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

PLEASE READ: This document contains information about the drugs we cover in these plans.

For more recent information or other questions, please contact:

UCare Medicare Group Plans Customer Service at 612-676-6840 or 1-877-447-4385 (this call is free)

For TTY users: 612-676-6810 or 1-800-688-2534 (this call is free)

All lines answered 8 am – 8 pm, seven days a week, or visit **ucare.org**.

Notice of Nondiscrimination

UCare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. UCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **612-676-3200 (voice)** or toll free at **1-800-203-7225 (voice)**, **612-676-6810 (TTY)**, or **1-800-688-2534 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**.

If you believe that UCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

Oral grievance

If you are a current UCare member, please call the number on the back of your membership card. Otherwise please call **612-676-3200** or toll free at **1-800-203-7225 (voice)**; **612-676-6810** or toll free at **1-800-688-2534 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

UCare

Attn: Appeals and Grievances

PO Box 52

Minneapolis, MN 55440-0052

Email: cag@ucare.org

Fax: 612-884-2021

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 612-676-3200/1-800-203-7225（TTY：612-676-6810/1-800-688-2534）。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 612-676-3200/1-800-203-7225 (телетайп: 612-676-6810/1-800-688-2534).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 612-676-3200/1-800-203-7225 (መስማት ለተሳናቸው: 612-676-6810/1-800-688-2534).

ဟံသူဂ်ဟံသး-နမ့်ကတိံ ကညိ ကျိာအယိ, နမန့် ကျိာအတိမဇာလာ တလက်ဘျုဂ်လက်စူ နီတမံဘျုဂ်သုန့်လီလိ. ဟိ: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវិទ្យុភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 612-676-3200/1-800-203-7225 (رقم هاتف الصم والبكم: 612-676-6810/1-800-688-2534).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 612-676-3200/1-800-203-7225 (ATS : 612-676-6810/1-800-688-2534).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 612-676-3200/1-800-203-7225 (TTY: 612-676-6810/1-800-688-2534).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means UCare Minnesota. When it refers to “plan” or “our plan,” it means UCare Medicare Group Plans.

This document includes a list of the drugs (formulary) for our plan which is current as of August 22, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the UCare Medicare Group Plans Formulary?

A formulary is a list of covered drugs selected by UCare Medicare Group Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. UCare Medicare Group Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a UCare Medicare Group Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but UCare Medicare Group Plans may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the UCare Medicare Plan’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove

drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the UCare Medicare Plan's Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 22, 2022. To get updated information about the drugs covered by UCare Medicare Group Plans, please contact us. Our contact information appears on the front and back cover pages. Updates to the UCare Medicare Group Plans Formulary are available on our website, **ucare.org**. Upon your request, UCare will mail you an updated printed edition.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 97. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

UCare Medicare Group Plans cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** UCare Medicare Group Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UCare Medicare Group Plans before you fill your prescriptions. If you don't get approval, UCare Medicare Group Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, UCare Medicare Group Plans limits the amount of the drug that UCare Medicare Group Plans will cover. For example, UCare Medicare Group Plans provides 30 tablets per prescription for *escitalopram* 20 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UCare Medicare Group Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, UCare Medicare Group Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UCare Medicare Group Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask UCare Medicare Group Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the UCare Medicare Group Plans formulary?" on page vii for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Service and ask if your drug is covered. If you learn that UCare Medicare Group Plans does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by UCare Medicare Group Plans. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by UCare Medicare Group Plans.
- You can ask UCare Medicare Group Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the UCare Medicare Group Plans Formulary?

You can ask UCare Medicare Group Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier (Tier 4). If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, UCare Medicare Group Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, UCare Medicare Group Plans will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Transition of Care

If you are a current UCare Medicare Group Plans member transitioning to a different level of care, you may be prescribed medications not on our formulary. While you are talking with your doctor to determine your course of action, you are eligible to receive a 31-day transition supply of the drug since you are transitioning to a different level of care. If you are a current UCare Medicare Group Plans member, admitted or discharged from a long-term care facility, you will be allowed refill-too-soon overrides to ensure that you have access to an adequate supply of your medications.

For more information

For more detailed information about your UCare Medicare Group Plans prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about UCare Medicare Group Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) (this call is free) 24 hours a day/ 7 days a week. TTY users should call 1-877-486-2048 (this call is free). Or, visit <http://www.medicare.gov>.

UCare Medicare Group Plans Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by UCare Medicare Group Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 97.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *lisinopril*).

The information in the Requirements/Limits column tells you if UCare Medicare Group Plans has any special requirements for coverage of your drug.

Explanation of Requirements/Limits	
PA	Prior authorization: Drugs that require approval from UCare before we will cover it.
ST	Step therapy: Drugs that require you to try another drug before we will cover it.
BvsD	Drugs requiring prior authorization to determine coverage under Part B or Part D.
QLL	Quantity limit: There are limits to the amount of drug you can receive.
LA	Limited Distribution: Drugs that are available only at certain pharmacies. For more information call UCare Medicare Group Plans Customer Service at 612-676-6840 or 1-877-447-4385 (this call is free), TTY users: 612-676-6810 or 1-800-688-2534 (this call is free) 8 am – 8 pm, seven days a week.
Part B Covered	Drugs covered under Part B (medical) benefit.

UCare Medicare Group Plans Formulary (List of Covered Drugs)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL (60 EA per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	PA; QL (4 EA per 28 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	3	QL (10 ML per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	3	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium topical gel 3 %</i>	3	PA; QL (100 GM per 28 days)
<i>diflunisal oral tablet 500 mg</i>	1	
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	2	QL (360 EA per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page viii.

Formulary ID: 00023531, Version 11

Effective: January 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	3	PA; QL (10 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	QL (5550 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	3	QL (240 ML per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	3	QL (2400 ML per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (180 EA per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	3	PA; QL (60 EA per 30 days)
<i>IBU ORAL TABLET 600 MG, 800 MG</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; QL (600 ML per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; QL (1200 ML per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; QL (120 EA per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; QL (240 EA per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (900 ML per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QL (900 ML per 30 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA; QL (120 EA per 30 days)
<i>morphine oral tablet extended release 200 mg</i>	3	PA; QL (120 EA per 30 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page viii.

Formulary ID: 00023531, Version 11

Effective: January 1, 2023

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral capsule 5 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	3	QL (180 ML per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (1200 ML per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 EA per 30 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	2	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (240 EA per 30 days)
ANESTHETICS		
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	3	QL (36 GM per 30 days)
LIDOCAINE VISCOUS MUCOUS MEMBRANE SOLUTION 2 %	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (90 EA per 30 days)

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<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NICOTROL INHALATION CARTRIDGE 10 MG	2	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	4	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	2	
ANTIBACTERIALS		
<i>amikacin injection solution 500 mg/2 ml</i>	3	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	

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<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	3	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	3	
<i>azithromycin intravenous recon soln 500 mg</i>	1	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	3	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	3	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	3	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	3	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	3	

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<i>cefotetan injection recon soln 1 gram, 2 gram</i>	3	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	3	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	3	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>ceftriaxone injection recon soln 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	

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<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	3	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	3	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	3	QL (30 EA per 10 days)
<i>daptomycin intravenous recon soln 350 mg, 500 mg</i>	4	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (136 ML per 10 days)
DIFICID ORAL TABLET 200 MG	3	QL (20 EA per 10 days)
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
E.E.S. 400 ORAL TABLET 400 MG	3	
<i>ertapenem injection recon soln 1 gram</i>	3	QL (14 EA per 14 days)
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 250 MG, 333 MG	3	
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	3	

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<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	3	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	3	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	3	
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	3	
<i>gentamicin injection solution 40 mg/ml</i>	3	
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (60 GM per 30 days)
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	3	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	
<i>levofloxacin intravenous solution 25 mg/ml</i>	3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	3	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	
<i>linezolid oral tablet 600 mg</i>	3	
<i>meropenem intravenous recon soln 1 gram</i>	3	QL (30 EA per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	QL (10 EA per 10 days)
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	3	
<i>metronidazole topical gel 0.75 %, 1 %</i>	3	
<i>metronidazole topical lotion 0.75 %</i>	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	

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<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	3	
<i>moxifloxacin oral tablet 400 mg</i>	3	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	3	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	
<i>nafcillin injection recon soln 10 gram</i>	4	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>paromomycin oral capsule 250 mg</i>	3	
<i>penicillin g potassium injection recon soln 20 million unit</i>	3	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	3	
<i>penicillin g sodium injection recon soln 5 million unit</i>	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	3	
<i>streptomycin intramuscular recon soln 1 gram</i>	3	QL (60 EA per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	3	
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	

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<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	3	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	3	
<i>tigecycline intravenous recon soln 50 mg</i>	4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL (224 ML per 28 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	QL (20 EA per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	QL (2 EA per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	QL (10 EA per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	QL (27 EA per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	QL (40 EA per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	QL (80 EA per 10 days)
VANDAZOLE VAGINAL GEL 0.75 % (37.5MG/5 GRAM)	1	
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90 EA per 30 days)
ANTICONVULSANTS		
APTiom ORAL TABLET 200 MG	3	QL (180 EA per 30 days)
APTiom ORAL TABLET 400 MG	3	QL (90 EA per 30 days)
APTiom ORAL TABLET 600 MG, 800 MG	3	QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	PA; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	3	PA; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	PA; QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; QL (360 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; LA
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	PA; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; LA
EPITOL ORAL TABLET 200 MG	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	3	

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FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; LA; QL (360 ML per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	QL (720 ML per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	QL (60 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	QL (120 EA per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	3	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	

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<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	3	PA
<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>	3	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
ROWEEPRA ORAL TABLET 500 MG	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA
<i>rufinamide oral tablet 200 mg</i>	3	PA
<i>rufinamide oral tablet 400 mg</i>	4	PA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; QL (60 EA per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 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	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	4	PA; LA
VIGADRONE ORAL POWDER IN PACKET 500 MG	4	LA

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG	4	QL (120 EA per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	QL (60 EA per 30 days)
XCOPRI ORAL TABLET 50 MG	4	QL (240 EA 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)	3	QL (28 EA per 180 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	PA
ANTIDEMENTIA AGENTS		
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	3	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	2	
galantamine oral solution 4 mg/ml	3	
galantamine oral tablet 12 mg, 4 mg, 8 mg	2	
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	3	PA
memantine oral solution 2 mg/ml	3	PA
memantine oral tablet 10 mg, 5 mg	1	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	3	
ANTIDEPRESSANTS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution 1 mg/ml</i>	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>citalopram oral tablet 20 mg</i>	1	QL (60 EA per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	3	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin oral concentrate 10 mg/ml</i>	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	QL (28 EA per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 EA per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	3	QL (4 EA per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	3	QL (60 EA per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (60 EA per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	3	
MARPLAN ORAL TABLET 10 MG	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	3	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>phenelzine oral tablet 15 mg</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
<i>tranylcypromine oral tablet 10 mg</i>	3	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	QL (30 EA per 180 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (30 EA per 30 days)
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	3	B vs D
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	3	B vs D
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
COMPRO RECTAL SUPPOSITORY 25 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	B vs D
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	B vs D
<i>granisetron hcl oral tablet 1 mg</i>	3	B vs D
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	3	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	3	B vs D
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B vs D
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B vs D
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	3	
<i>prochlorperazine rectal suppository 25 mg</i>	3	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	3	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	PA
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	3	B vs D
<i>amphotericin b injection recon soln 50 mg</i>	3	B vs D
<i>caspofungin intravenous recon soln 50 mg</i>	4	
<i>caspofungin intravenous recon soln 70 mg</i>	3	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	QL (60 ML per 28 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	QL (30 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>econazole topical cream 1 %</i>	3	QL (85 GM per 28 days)
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tablet 500 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule 100 mg</i>	3	QL (120 EA per 30 days)
<i>itraconazole oral solution 10 mg/ml</i>	3	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketoconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
<i>miconazole intravenous recon soln 100 mg, 50 mg</i>	4	
<i>naftifine topical cream 1 %, 2 %</i>	3	QL (60 GM per 28 days)
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	1	QL (180 GM per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL (180 GM per 30 days)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	1	QL (180 GM per 30 days)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	PA; QL (96 EA per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	4	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	PA
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ANTIMIGRAINE AGENTS		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	4	QL (8 ML per 28 days)
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	3	QL (18 EA per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 ML per 30 days)
EPRONTIA ORAL SOLUTION 25 MG/ML	3	PA
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	3	PA; QL (16 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	3	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	3	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	3	QL (8 ML per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	3	QL (8 ML per 28 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (18 EA per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	3	QL (18 EA per 28 days)
ANTIMYASTHENIC AGENTS		
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	
ANTIMYCOBACTERIALS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	

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Drug Name	Drug Tier	Requirements/Limits
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	3	
<i>rifampin intravenous recon soln 600 mg</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA; LA
TRECATOR ORAL TABLET 250 MG	3	
ANTINEOPLASTICS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAPSULE 150 MG	4	PA; QL (240 EA per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; QL (30 EA per 180 days)
<i>anastrozole oral tablet 1 mg</i>	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; LA
<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA
<i>bicalutamide oral tablet 50 mg</i>	1	
BOSULIF ORAL TABLET 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30 EA per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 EA per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; LA; QL (60 EA per 30 days)
COTELLIC ORAL TABLET 20 MG	4	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B vs D
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	1	B vs D
DAURISMO ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
EMCYT ORAL CAPSULE 140 MG	4	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; QL (120 EA per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (60 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; QL (330 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; QL (180 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	B vs D
<i>exemestane oral tablet 25 mg</i>	3	
EXKIVITY ORAL CAPSULE 40 MG	4	PA; LA; QL (120 EA per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	4	PA; LA; QL (21 EA per 28 days)
GAVRETO ORAL CAPSULE 100 MG	4	PA; LA; QL (120 EA per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (180 EA per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	4	PA; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; QL (180 EA per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; QL (120 EA per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA; QL (5 EA per 28 days)
INREBIC ORAL CAPSULE 100 MG	4	PA; LA; QL (120 EA per 30 days)
IRESSA ORAL TABLET 250 MG	4	PA; QL (30 EA per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60 EA per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 EA per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 EA per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 EA per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 EA per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)	4	PA
<i>letrozole oral tablet 2.5 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA
LORBRENA ORAL TABLET 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL (120 EA per 30 days)
LYSODREN ORAL TABLET 500 MG	4	
MATULANE ORAL CAPSULE 50 MG	4	
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TABLET 15 MG	4	PA; LA; QL (180 EA per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
MESNEX ORAL TABLET 400 MG	4	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B vs D
NERLYNX ORAL TABLET 40 MG	4	PA; LA
<i>nilutamide oral tablet 150 mg</i>	4	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL (3 EA per 28 days)
NUBEQA ORAL TABLET 300 MG	4	PA; LA; QL (120 EA per 30 days)
ODOMZO ORAL CAPSULE 200 MG	4	PA; LA; QL (30 EA per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; LA; QL (30 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14 EA per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
QINLOCK ORAL TABLET 50 MG	4	PA; LA; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (120 EA per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28 EA per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; QL (90 EA per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE 25 MG	4	PA
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (600 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 EA per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	
<i>sorafenib oral tablet 200 mg</i>	4	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; QL (60 EA per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; QL (84 EA per 28 days)
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	B vs D
TABLOID ORAL TABLET 40 MG	3	
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (120 EA per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	4	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 EA per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TABLET 200 MG	4	PA; LA
TEPMETKO ORAL TABLET 225 MG	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (28 EA per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (56 EA per 28 days)
TIBSOVO ORAL TABLET 250 MG	4	PA
<i>toremifene oral tablet 60 mg</i>	4	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	4	PA; LA; QL (21 EA per 28 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	4	PA; LA; QL (42 EA per 28 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	4	PA; LA; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAPSULE 200 MG	4	PA; LA; QL (120 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	4	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (42 EA per 180 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET 200 MG	4	PA; QL (120 EA per 30 days)
WELIREG ORAL TABLET 40 MG	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL (60 EA per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	3	B vs D
XOSPATA ORAL TABLET 40 MG	4	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAPSULE 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; QL (60 EA per 30 days)
ZEJULA ORAL CAPSULE 100 MG	4	PA; LA; QL (90 EA per 30 days)
ZELBORAF ORAL TABLET 240 MG	4	PA; QL (240 EA per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	4	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; QL (90 EA per 30 days)
ANTIPARASITICS		
<i>albendazole oral tablet 200 mg</i>	4	
<i>atovaquone oral suspension 750 mg/5 ml</i>	4	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	3	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	
COARTEM ORAL TABLET 20-120 MG	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin oral tablet 3 mg</i>	2	PA; QL (20 EA per 30 days)
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>pentamidine inhalation recon soln 300 mg</i>	3	B vs D; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	3	
<i>praziquantel oral tablet 600 mg</i>	3	
<i>primaquine oral tablet 26.3 mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	3	PA
ANTIPARKINSON AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	3	
<i>bromocriptine oral tablet 2.5 mg</i>	3	
<i>carbidopa oral tablet 25 mg</i>	3	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	
<i>entacapone oral tablet 200 mg</i>	3	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (150 EA per 30 days)
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	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	3	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	4	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	3	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	QL (4.8 ML per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 ML per 28 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 42 MG	3	QL (30 EA per 30 days)
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL (60 EA per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	QL (8 EA per 180 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	3	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	3	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	QL (1.5 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	QL (2.63 ML per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	3	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i>	3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	3	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	3	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	QL (7 EA per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	QL (2 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	3	
<i>abacavir oral tablet 300 mg</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	3	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	B vs D
<i>adefovir oral tablet 10 mg</i>	3	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	4	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	3	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	4	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	4	
CIMDUO ORAL TABLET 300-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	4	
DESCOVY ORAL TABLET 200-25 MG	4	
DOVATO ORAL TABLET 50-300 MG	4	
EDURANT ORAL TABLET 25 MG	4	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	3	
<i>efavirenz oral tablet 600 mg</i>	3	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine oral capsule 200 mg</i>	3	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	4	
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	4	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	
GENVOYA ORAL TABLET 150-150-200-10 MG	4	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	4	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	4	
<i>lamivudine oral solution 10 mg/ml</i>	3	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	3	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	3	
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	4	PA; QL (28 EA per 28 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LIVTENCITY ORAL TABLET 200 MG	4	PA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 150 mg, 300 mg</i>	4	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; QL (168 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG	4	PA; QL (84 EA per 28 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	3	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	3	
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL SOLUTION 80 MG/ML	2	
ODEFSEY ORAL TABLET 200-25-25 MG	4	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	
PIFELTRO ORAL TABLET 100 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	QL (30 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 25 MG	2	
SELZENTRY ORAL TABLET 75 MG	4	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	4	PA; QL (28 EA per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	4	

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SYMTUZA ORAL TABLET 800-150-200-10 MG	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	4	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	4	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG	4	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	
TRIZIVIR ORAL TABLET 300-150-300 MG	4	
<i>valacyclovir oral tablet 1 gram</i>	1	QL (120 EA per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ANXIOLYTICS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	PA; QL (120 EA per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	PA; QL (300 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	PA; QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	PA; QL (300 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	1	PA; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	PA; QL (120 EA per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin oral concentrate 10 mg/ml</i>	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	QL (90 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tablet 20 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	PA
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	1	PA; QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; QL (150 EA per 30 days)
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; QL (10 EA per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	3	PA; QL (120 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	3	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg</i>	1	QL (60 EA per 30 days)

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<i>paroxetine hcl oral tablet 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	3	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	QL (30 EA per 30 days)
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 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	QL (10 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	1	QL (30 EA per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
BIPOLAR AGENTS		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	3	QL (60 EA per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	3	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	3	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPITOL ORAL TABLET 200 MG	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	

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<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	3	QL (60 EA per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>olanzapine intramuscular recon soln 10 mg</i>	3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	QL (30 EA per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	QL (60 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	QL (60 EA per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	QL (7 EA per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	QL (2 EA per 28 days)
BLOOD GLUCOSE REGULATORS		
<i>acarbose oral tablet 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	QL (180 EA per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL (4 ML per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; QL (2.4 ML per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL (1.2 ML per 30 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i>	3	
CYCLOSET ORAL TABLET 0.8 MG	3	QL (180 EA per 30 days)
<i>diazoxide oral suspension 50 mg/ml</i>	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
<i>glimepiride oral tablet 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	Insulin
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	Insulin
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	2	Insulin
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	2	Insulin
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	2	Insulin
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	2	Insulin
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	2	Insulin
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	2	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 EA per 30 days)
KORLYM ORAL TABLET 300 MG	4	PA
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	Insulin
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	Insulin
<i>metformin oral tablet 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>miglitol oral tablet 100 mg</i>	3	QL (90 EA per 30 days)
<i>miglitol oral tablet 25 mg</i>	3	QL (360 EA per 30 days)
<i>miglitol oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	Insulin
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	Insulin

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	Insulin
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	Insulin
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	Insulin
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	Insulin
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	Insulin
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	Insulin
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	Insulin
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	Insulin
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	Insulin
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; QL (1.5 ML per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 ML per 28 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	2	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL (90 ML per 30 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	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	Insulin
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	Insulin
TRADJENTA ORAL TABLET 5 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA 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	2	PA; QL (2 ML per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; QL (9 ML per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	3	
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	3	
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA; LA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i>	1	QL (30 EA per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	QL (28 ML per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	QL (22.4 ML per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	QL (16.8 ML per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	QL (11.2 ML per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA
<i>tranexamic acid oral tablet 650 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA
CARDIOVASCULAR AGENTS		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	3	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amiodarone oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL (30 EA per 30 days)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	

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<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	3	QL (4 EA per 28 days)
<i>colesevelam oral powder in packet 3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i>	3	
<i>colestipol oral packet 5 gram</i>	3	
<i>colestipol oral tablet 1 gram</i>	3	
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	QL (450 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	QL (60 EA per 30 days)
DIGITEK ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

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<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	3	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>fluvastatin oral capsule 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	QL (60 EA per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	3	
<i>furosemide injection syringe 10 mg/ml</i>	3	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	3	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL (30 EA per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	4	PA
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	3	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	3	
NITRO-BID TRANSDERMAL OINTMENT 2 %	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthidiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (3 ML per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (3 ML per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	1	
SOTALOL AF ORAL TABLET 120 MG, 160 MG, 80 MG	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
TAZTIA XT ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
TIADYLT ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; LA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	3	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	2	PA; QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	3	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	4	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120 EA per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (60 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (30 EA per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA; QL (7 EA per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; QL (12 EA per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	3	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	3	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	3	
NUDEXTA ORAL CAPSULE 20-10 MG	4	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (900 ML per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (4.2 ML per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (4.2 ML per 180 days)
<i>riluzole oral tablet 50 mg</i>	3	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (120 EA per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL (120 EA per 30 days)
DENTAL AND ORAL AGENTS		
<i>cevimeline oral capsule 30 mg</i>	3	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
DERMATOLOGICAL AGENTS		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>acyclovir topical ointment 5 %</i>	3	QL (30 GM per 30 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (6 ML per 28 days)
ALA-CORT TOPICAL CREAM 1 %	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	3	
AVITA TOPICAL CREAM 0.025 %	3	PA
<i>azelaic acid topical gel 15 %</i>	3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	3	QL (120 GM per 30 days)

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<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	3	
<i>ciclopirox topical gel 0.77 %</i>	1	QL (45 GM per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 ML per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	QL (6.6 ML per 28 days)
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 ML per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	3	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	3	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	3	QL (118 ML per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	3	QL (236 ML per 28 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	3	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	3	QL (100 GM per 28 days)
CLODAN TOPICAL SHAMPOO 0.05 %	3	QL (236 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>desonide topical cream 0.05 %</i>	3	
<i>desonide topical gel 0.05 %</i>	3	
<i>desonide topical lotion 0.05 %</i>	3	
<i>desonide topical ointment 0.05 %</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
ERY PADS TOPICAL SWAB 2 %	2	

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<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	3	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	3	
<i>fluocinolone topical ointment 0.025 %</i>	3	
<i>fluocinolone topical solution 0.01 %</i>	3	
<i>fluocinonide topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	3	
<i>hydrocortisone topical cream 1 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	3	
<i>ivermectin topical cream 1 %</i>	1	QL (60 GM per 30 days)
<i>malathion topical lotion 0.5 %</i>	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	4	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (60 GM per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (60 GM per 28 days)
OTEZLA ORAL TABLET 30 MG	4	PA; QL (60 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	4	PA
<i>permethrin topical cream 5 %</i>	2	
<i>pimecrolimus topical cream 1 %</i>	3	PA; QL (100 GM per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	3	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
REGRANEX TOPICAL GEL 0.01 %	4	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (180 GM per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	3	PA; QL (100 GM per 30 days)
<i>tazarotene topical cream 0.1 %</i>	3	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.5 %</i>	1	

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<i>triamcinolone acetonide topical ointment 0.1 %</i>	1	
TRIDERM TOPICAL CREAM 0.1 %, 0.5 %	1	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	QL (360 EA per 30 days)
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA
CHEMET ORAL CAPSULE 100 MG	2	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B vs D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B vs D
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	B vs D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	B vs D
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	3	

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<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	3	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
INTRALIPID INTRAVENOUS EMULSION 20 %	3	B vs D
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	1	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	1	
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	1	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	1	
KLOR-CON ORAL PACKET 20 MEQ	3	
<i>lanthanum oral tablet,chewable 1,000 mg</i>	4	QL (135 EA per 30 days)
<i>lanthanum oral tablet,chewable 500 mg</i>	4	QL (270 EA per 30 days)
<i>lanthanum oral tablet,chewable 750 mg</i>	4	QL (180 EA per 30 days)
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	3	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	3	
<i>penicillamine oral tablet 250 mg</i>	4	PA
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B vs D
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	QL (180 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	QL (90 EA per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	3	QL (270 EA per 30 days)
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	3	

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<i>sodium chloride 0.9 % intravenous piggyback</i>	3	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	3	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	3	
<i>sodium chloride irrigation solution 0.9 %</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	1	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B vs D
<i>trientine oral capsule 250 mg</i>	4	PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	3	B vs D
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	
GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	4	PA
CHENODAL ORAL TABLET 250 MG	4	PA; LA
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	3	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	1	
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	QL (30 EA per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
<i>loperamide oral capsule 2 mg</i>	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 EA per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
OICALIVA ORAL TABLET 10 MG, 5 MG	3	PA; LA; QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg</i>	1	QL (30 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL (30 EA per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	3	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	PA; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	PA; QL (12 ML per 30 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
<i>sucralfate oral suspension 100 mg/ml</i>	3	
<i>sucralfate oral tablet 1 gram</i>	1	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
XERMELO ORAL TABLET 250 MG	4	PA; LA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; QL (90 EA per 30 days)
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine oral powder 1 gram/scoop</i>	4	
CERDELGA ORAL CAPSULE 84 MG	4	PA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 EA per 30 days)
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	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	4	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	3	

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CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; LA
<i>miglustat oral capsule 100 mg</i>	4	PA; LA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	3	B vs D
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	4	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA
GENITOURINARY AGENTS		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	QL (60 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
ELMIRON ORAL CAPSULE 100 MG	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	3	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>penicillamine oral tablet 250 mg</i>	4	PA
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	

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<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	QL (60 EA per 30 days)
<i>tiopronin oral tablet 100 mg</i>	4	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)		
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B vs D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral solution 5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
TRIDERM TOPICAL CREAM 0.5 %	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)		
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA
VYNDAMAX ORAL CAPSULE 61 MG	3	PA
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)		
<i>misoprostol oral tablet 200 mcg</i>	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)		
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	1	
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
APRI ORAL TABLET 0.15-0.03 MG	1	
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	1	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	1	
AVIANE ORAL TABLET 0.1-20 MG-MCG	1	
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
CAMILA ORAL TABLET 0.35 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	3	
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	1	
CYRED EQ ORAL TABLET 0.15-0.03 MG	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
DEBLITANE ORAL TABLET 0.35 MG	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
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	3	QL (8 EA per 28 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	3	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	3	
EMOQUETTE ORAL TABLET 0.15-0.03 MG	1	
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
ENSKYCE ORAL TABLET 0.15-0.03 MG	1	
ERRIN ORAL TABLET 0.35 MG	1	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<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>	3	QL (8 EA 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>	3	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	1	
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	1	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	3	
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
INCASSIA ORAL TABLET 0.35 MG	1	
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	3	
ISIBLOOM ORAL TABLET 0.15-0.03 MG	1	
JASMIEL (28) ORAL TABLET 3-0.02 MG	3	
JINTELI ORAL TABLET 1-5 MG-MCG	3	
JULEBER ORAL TABLET 0.15-0.03 MG	1	
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	3	
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	3	
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	3	
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
KELNOR 1-50 (28) ORAL TABLET 1-50 MG-MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
KURVELO (28) ORAL TABLET 0.15-0.03 MG	1	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	1	
LESSINA ORAL TABLET 0.1-20 MG-MCG	1	
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
LEVORA-28 ORAL TABLET 0.15-0.03 MG	1	
LORYNA (28) ORAL TABLET 3-0.02 MG	1	
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	1	
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	1	
LYLEQ ORAL TABLET 0.35 MG	1	
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	3	QL (8 EA per 28 days)
LYZA ORAL TABLET 0.35 MG	1	
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	3	PA
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	1	
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	1	
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	1	
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
MILI ORAL TABLET 0.25-35 MG-MCG	1	
NIKKI (28) ORAL TABLET 3-0.02 MG	3	
NORA-BE ORAL TABLET 0.35 MG	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	1	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	

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NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	1	
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	1	
OSPHENA ORAL TABLET 60 MG	3	
<i>oxandrolone oral tablet 10 mg</i>	3	PA
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	3	
PIRMELLA ORAL TABLET 1-35 MG-MCG	1	
PORTIA 28 ORAL TABLET 0.15-0.03 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>raloxifene oral tablet 60 mg</i>	1	
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	1	
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	1	
SHAROBEL ORAL TABLET 0.35 MG	1	
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	1	
SRONYX ORAL TABLET 0.1-20 MG-MCG	1	
SYEDA ORAL TABLET 3-0.03 MG	3	
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	3	
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	1	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; QL (120 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; QL (300 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; QL (37.5 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; QL (150 GM per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	3	PA; QL (180 ML per 30 days)
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	3	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	1	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	1	
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	1	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	3	
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	3	
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	1	
VESTURA (28) ORAL TABLET 3-0.02 MG	1	
VIENVA ORAL TABLET 0.1-20 MG-MCG	1	
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	3	
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	3	

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Drug Name	Drug Tier	Requirements/Limits
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	
YUVAFEM VAGINAL TABLET 10 MCG	1	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	3	
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	1	
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	4	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>bromocriptine oral capsule 5 mg</i>	3	
<i>bromocriptine oral tablet 2.5 mg</i>	3	

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<i>cabergoline oral tablet 0.5 mg</i>	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	3	B vs D
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	3	B vs D
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
IMMUNOLOGICAL AGENTS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	

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ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	B vs D
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
<i>azathioprine oral tablet 50 mg</i>	1	B vs D
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	2	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	4	PA; LA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	3	B vs D
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	B vs D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 ML per 28 days)

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DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL (16 EA per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	B vs D
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	B vs D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	B vs D
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; QL (330 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; QL (240 EA per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; QL (180 EA per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	B vs D
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	4	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	3	B vs D
GENGRAF ORAL SOLUTION 100 MG/ML	3	B vs D

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Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (6 EA per 180 days)
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 180 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	4	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 EA per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (3 EA per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 EA per 28 days)
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	B vs D
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B vs D
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B vs D
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B vs D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	4	B vs D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B vs D
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	B vs D
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 EA per 180 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL (4 ML per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL (2 ML per 28 days)
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	2	B vs D
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B vs D
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B vs D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B vs D
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 EA per 30 days)
REZUROCK ORAL TABLET 200 MG	4	PA; QL (30 EA per 30 days)
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (30 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (56 EA per 180 days)
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	B vs D
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
<i>sirolimus oral solution 1 mg/ml</i>	4	B vs D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	B vs D
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (2 ML per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL (2 EA per 28 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 ML per 28 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B vs D
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL (1 ML per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL (1 ML per 28 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
XATMEP ORAL SOLUTION 2.5 MG/ML	3	B vs D
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (8 EA per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide oral capsule 750 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	4	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	3	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B vs D
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i>	3	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	1	

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Drug Name	Drug Tier	Requirements/Limits
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
METABOLIC BONE DISEASE AGENTS		
<i>alendronate oral solution 70 mg/75 ml</i>	3	QL (300 ML per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	3	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	3	PA
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	
<i>ibandronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	3	
<i>risedronate oral tablet 150 mg</i>	1	QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	3	QL (4 EA per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	4	PA; QL (2.48 ML per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	B vs D
NON-FRF		
DEXCOM G6 RECEIVER	Part B Covered	PA; QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	Part B Covered	PA; QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	Part B Covered	PA; QL (1 EA per 90 days)
FREESTYLE LIBRE 14 DAY READER	Part B Covered	PA; QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR KIT	Part B Covered	PA; QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Part B Covered	PA; QL (1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 2 SENSOR KIT	Part B Covered	PA; QL (2 EA per 28 days)
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL (1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL (15 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	Part B Covered	
ONETOUCH ULTRA2 METER	Part B Covered	
ONETOUCH ULTRA2 METER KIT	Part B Covered	
ONETOUCH ULTRAMINI KIT	Part B Covered	
ONETOUCH VERIO FLEX METER	Part B Covered	
ONETOUCH VERIO FLEX START KIT	Part B Covered	
ONETOUCH VERIO IQ METER	Part B Covered	
ONETOUCH VERIO IQ METER KIT	Part B Covered	
ONETOUCH VERIO METER	Part B Covered	
ONETOUCH VERIO REFLECT METER	Part B Covered	
ONETOUCH VERIO REFLECT START KIT	Part B Covered	
ONETOUCH VERIO TEST STRIPS STRIP	Part B Covered	
OPHTHALMIC AGENTS		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	3	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	

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<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	3	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	QL (3.5 GM per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	3	
GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	1	QL (3.5 GM per 30 days)
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	QL (70 ML per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	3	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	

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RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 EA per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	QL (10 ML per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	QL (10 ML per 14 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
OTIC AGENTS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
FLAC OTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
RESPIRATORY TRACT/ PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B vs D
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36 GM 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 %), 2.5 mg/0.5 ml</i>	1	B vs D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	3	
ALYQ ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B vs D
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 EA per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	QL (2 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (60 ML per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 ML per 30 days)

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<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 GM per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B vs D; QL (120 ML per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B vs D; QL (60 ML per 30 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84 ML per 56 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	4	B vs D
<i>cromolyn oral concentrate 100 mg/5 ml</i>	3	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	PA; QL (30 EA per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (13 GM per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	Mylan and Teva Manufacturers; QL (2 EA per 30 days)
ESBRIET ORAL CAPSULE 267 MG	4	PA; QL (270 EA per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 ML per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	3	ST; QL (12 GM per 30 days)

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<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	3	ST; QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	3	ST; QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B vs D
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B vs D
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B vs D
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	4	PA; QL (60 EA per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	3	B vs D
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	3	
<i>levocetirizine oral tablet 5 mg</i>	1	QL (30 EA per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	3	QL (30.5 GM per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL (112 EA per 28 days)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (90 EA per 30 days)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	3	PA
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	B vs D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 GM per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; QL (90 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (90 EA per 90 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (21 GM per 30 days)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL (2 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	3	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	

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<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL (280 ML per 28 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL (224 ML per 28 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; QL (84 EA per 28 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	QL (60 EA per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
SKELETAL MUSCLE RELAXANTS		
<i>chlorzoxazone oral tablet 500 mg</i>	3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	
SLEEP DISORDER AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	3	QL (30 EA per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	4	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	4	PA; LA; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	QL (30 EA per 30 days)

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<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	3	QL (30 EA per 30 days)

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NOVOLIN 70-30 FLEXPEN		ONETOUCH ULTRAMINI.....	87	<i>penicillin g potassium</i>	9
U-100.....	43	ONETOUCH VERIO FLEX		<i>penicillin g procaine</i>	9
NOVOLIN N FLEXPEN.....	44	METER.....	87	<i>penicillin g sodium</i>	9
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<i>nystatin-triamcinolone</i>	60	<i>oxacillin in dextrose(iso-</i>		<i>pioglitazone-glimepiride</i>	44
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OALIVA.....	65	<i>oxandrolone</i>	74	<i>piperacillin-tazobactam</i>	9
<i>octreotide acetate</i>	77	<i>oxaprozin</i>	2	PIQRAY.....	26
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<i>0.9%nacl</i>	63	<i>pyrimethamine</i>	29	<i>rizatriptan</i>	21
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<i>sulfacetamide sodium</i>	90	<i>terconazole</i>	19	<i>tretinoin (antineoplastic)</i>	27
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2023 UCare Medicare Group Plans Supplemental Drug Coverage

These drugs are available only to members in UCare Medicare Group Plans that offer coverage in the Medicare Prescription Drug Gap or “donut hole.”

Prescription Cough & Cold Medications	Tier	Limitations (Notes)
Brand	2	
Generic	1	
Erectile Dysfunction Drugs	Tier	Limitations (Notes)
Tadalafil 10 & 20mg strengths	1	QLL 8/30 days
Vardenafil	1	QLL 8/30 days
Sildenafil	1	QLL 8/30 days
alprostadil injection	3	
Caverject injection	3	
Edex injection	3	
Muse pellet	3	
yohimbe powder	3	
Prescription Vitamins & Minerals	Tier	Limitations (Notes)
Brand	2	
Generic	1	

This formulary was updated on 08/22/2022.

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