North Carolina State Health Plan
2025 Custom Formulary

Effective 07/01/2025

Please talk to your provider about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list can help guide you and your doctor in selecting an appropriate medication.

The comprehensive formulary document is regularly updated. Please visit the Plan's website for the most up-to-date information. This guide was current at the time of printing and is subject to change.

To search for a medication name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on Search.

USE CAUTION BEFORE PRINTING; LARGE CONTENT DOCUMENT!

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Member Guide to Covered Medications on the Formulary

This guide lists the approved brand name and generic prescription medications that have been reviewed by the North Carolina State Health Plan (Plan). Please refer to this formulary guide for information about medications covered by this formulary and present this guide to your provider if you require a prescription.

The prescription medications listed in the formulary, or their tier placement may change from time to time due to a change in the cost of the medication and/or in the classification of the medication by the U.S. Food and Drug Administration (FDA) or nationally recognized medication databases (e.g., Medi-Span). For a more complete listing of medication coverage and costs, you may use our drug Lookup tools. You may also call CVS Caremark® Customer Service at 1-888-321-3124 to verify prescription medication benefits.

A formulary is a list of prescription medications covered by a health plan. The Plan's Pharmacy & Therapeutics (P&T) Committee reviews medications at least quarterly. This includes ongoing reviews of clinical information about new medications and reviews of new safety and efficacy information about older medications. The majority of the Plan's P&T Committee is composed of practicing prescribers and pharmacists independent of the Plan. Tier placement of prescription medications in the formulary may be determined by the effectiveness and safety of the medication, the cost of the medication, and/or the classification of the medications by the FDA or nationally recognized medication databases (e.g., Medi-Span).

Please refer to https://www.shpnc.org for detailed information regarding your pharmacy benefits, including out-of- pocket costs, prior authorization and step therapy medication requests, and applicable exclusions.

Formulary Tiers

The Formulary covers most medications approved by the FDA, within existing benefits. The plan design determines the member's payment obligation.

Definitions for the Tiers are as follows:

Tier 0: Made up of zero-cost medications including Affordable Care Act (ACA) preventive medications, insulin, and preferred Blood Glucose Meters (BGMs).

Tier 1: Typically includes the most cost-effective of non-specialty prescription medications; most are generic though there are a few instances in which the branded product is more cost-effective. Also includes some specialty generic oral antiretroviral and anti-rejection immunosuppressant medications.

Tier 2: Typically includes preferred brand non-specialty medications and some high-cost generics. Also includes some specialty brand oral antiretroviral and anti-rejection immunosuppressant medications and preferred Continuous Glucose Monitors (CGMs) and associated supplies.

Tier 3: Typically includes non-preferred brands, including branded generics (also known as single source generics), non-specialty medications and compounds. Also includes some non-preferred specialty brand oral antiretroviral medications. Excluded, non-specialty medications that are approved via the exceptions process also take a Tier 3 copay.

Tier 4: Typically includes the most cost-effective specialty medications including generics and some biosimilars.

Tier 5: Typically includes preferred brand specialty medications and some biosimilar medications. Also includes some high-cost non-specialty medications.

Tier 6: Non-preferred brand specialty prescription medications. Excluded, specialty medications that are approved via the exceptions process also take a Tier 6 copay.

Tier 7: Preferred diabetic supplies and preferred Blood Glucose Meter (BGM) supplies.

Pharmacy Benefit Cost-Share Compare by Plan

The grid below provides a summary of the 2025 Plan Year cost-share and unique copays for each of the Plans. Additional description for unique copays and reference to other resources is found in following pages within the guide.

Formulary Tier or Unique Copay	80/20 Plan	70/30 Plan	High Deductible Health Plan
Tier 0	**$0**	**$0**	**$0**
Tier 1	$5 copay per 30-day supply	$16 copay per 30-day supply	50% after deductible
Tier 2	$30 copay per 30-day supply	$47 copay per 30-day supply	50% after deductible
Tier 3	Deductible/coinsurance	Deductible/coinsurance	50% after deductible
Tier 4	$100 copay per 30-day supply	$200 copay per 30-day supply	50% after deductible
Tier 5	$250 copay per 30-day supply	$350 copay per 30-day supply	50% after deductible
Tier 6	Deductible/coinsurance	Deductible/coinsurance	50% after deductible
Tier 7	$5 copay per 30-day supply	$10 copay per 30-day supply	50% after deductible
HDHP Preventive Medications (PV)	not applicable	not applicable	50% bypass deductible

Generic Medications

In most cases, choosing a generic medication equivalent, when available, may mean significant savings to you. We encourage you to discuss with your provider whether a generic alternative is an available treatment option. Especially for medications that are taken daily and refilled frequently, you will experience the long-term savings of a lower medication payment month after month. **If you choose a brand name prescription medication and a generic equivalent is available, you may be subject to higher out-of-pocket expense**.

Compounded Prescriptions

Compounded prescriptions contain two or more medications mixed together. Compounded prescriptions are processed according to member benefits. To be eligible for coverage, compounded medications must contain at least one ingredient that is defined as a prescription medication and must not be a copy of a commercially available product. Compounded medications may be subject to prior authorization and benefit exclusion.

Utilization Management: Prior Authorization, Quantity Limitations and Step Therapy Medications

Certain medications may be subject to prior authorization, quantity limitations, or step therapy programs. The Plan's P&T Committee reviews and approves the clinical criteria for these programs.

- Medications that have prior authorization requirements must be reviewed by CVS Caremark for coverage determination before coverage can be authorized.

- Certain medications may also have limitations on the quantity and days' supply for coverage. Quantities in excess of the coverage limit must be reviewed and approved by CVS Caremark coverage determination before coverage can be authorized for amounts in excess of the limits.

- For coverage of step therapy medications, the Plan requires that the member has tried non-restricted formulary alternatives medications first. Coverage for step therapy medications may be provided without the use of a non-step therapy medication if the prescriber certifies in writing that the member has previously used non-restricted medications and the non-restricted medications have been detrimental to the member's health or have been ineffective in treating the same condition and, in the opinion of the prescriber, are likely to be detrimental to the member's health or ineffective in treating the condition in the future. Clinical rationale and documentation for exception requests may be required.

The FDA is responsible for approving medications for use based on clinical data proving the medication is safe and effective for that specific use. The Plan's utilization management programs follow FDA-approved uses for these medications. However, the Plan recognizes that in many cases, "off-label" (i.e., non-FDA approved) uses of prescription medications may be acceptable. In determining the acceptability of off label uses, the Plan utilizes several sources of clinical information including but not limited to:

1. Nationally recognized clinical references including American Hospital Formulary Service Medication Information

2. The results of at least two randomized, controlled clinical studies that support a specific off-label use, and that are published in peer-reviewed professional medical journals

3. Consultations with internal and external physician experts regarding community standards. Additional searches for current supporting medical literature may be performed utilizing standard electronic databases.

Specialty Medications

These medications, as classified by the Plan, have unique uses, treat complex medical conditions, require special dosing or monitoring, are typically prescribed by a specialist provider and/or require special patient education, training, or coordination of care. Most specialty medications can be found on Tier 6, but some may be found on lower specialty Tiers 4 or 5.

Specialty medications will need to be filled with CVS Specialty® pharmacy. These medications are identified in the specialty column of the formulary guide. Call the CVS Specialty customer service number at 1-800-237-2767 to determine the steps required to fill your specialty medication prescription.

Affordable Care Act

Please note, some medications may have $0 cost-sharing under the Affordable Care Act (ACA) for members enrolled in the 70/30, 80/20 or HDHP plans. These medications take Tier 0. Examples of categories of medications that may be subject to $0 cost share include aspirin, breast cancer preventive, fluoride supplements, folic acid supplements, gonorrhea prophylaxis (newborn), iron supplements, tobacco cessation, vaccines, vitamin D supplements, and some contraceptive medications and devices. You may find additional information about these medications on the ACA Preventive List. These medications are identified by the notation of "**ACA**" next to qualifying medications within the formulary guide. If you do not find the medication you are searching for, consult or contact CVS Caremark customer service at 1-888-321-3124 to find out if the medication is available over the counter or is covered under your medical and/or pharmacy benefit.

High Deductible Health Plan (HDHP) Preventive Medications

For the High Deductible Health Plan some preventive medications used to prevent or manage certain health conditions are covered without meeting a deductible. Coinsurance will still apply. These medications are identified in the guide with a "**PV**" notation. Additional information about these medications can be found on the HDHP Preventive Medication List.

Insulin

The Plan will cover the full cost of insulin. This means that any covered insulin or insulin approved through the formulary exceptions (medical necessity) process will take Tier 0 and have a $0 copay/coinsurance for members. Preferred insulin products are identified in the guide with a notation of "**$0 copay per 30-day supply**".

Non-Covered Medications

The Plan has a custom closed formulary. In a "closed" formulary, certain drugs are not covered. This comprehensive formulary document notes drugs that are not covered by the Plan. This is applicable to the Traditional Pharmacy Benefit (which includes the 80/20 Plan and 70/30 Plan). Non-covered medications are designated in the formulary guide with an "**NC**." A formulary exception process is available to support Plan members who, per their prescriber, have a medical necessity to remain on a non-covered drug. The exception process is administered by CVS Caremark, the Plan's Pharmacy Benefit Manager.

Medical Benefit Specialty Medications

Some specialty medications are covered under the medical benefit and are subject to office charges. These medications are usually administered by intramuscular injection or intravenous injection or infusion under provider supervision in an office, outpatient setting or through home infusion. Medical benefit specialty medications are designated in the formulary guide with an "**M**." Members may obtain prior authorization, and providers may contact Aetna Customer Service at 1-833-690-1037.

Preferred Blood Glucose Monitoring and Diabetic Supplies

Diabetic testing supplies associated with the Plan's preferred Blood Glucose Monitoring (BGM) systems take Tier 7 and will have a unique copay of $5 per 30-day supply for the 80/20 Plan or $10 per 30-day supply for the 70/30 Plan. This unique copay also applies to preferred insulin pens and syringes and lancets. It does not apply to Continuous Glucose Monitoring (CGM) products.

Using the Member Guide to the Basic Formulary

The Medication List is organized into broad categories (e.g., ANALGESICS AND ANESTHETICS). The graphic below shows the information that is provided in each column of the medication list and is an example only. Please use the medication search function to find current information for medications on the medication list.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
ANALGESICS, OTHER		
OFIRMEV INJ 10MG/ML	1	PA
ANESTHETICS PV		
AMIDATE INJ 2MG/ML	4	PA, ST, QL, SP, ACA, PV
BREVITAL SOD INJ 2.5GM	5	PA, ST, QL, SP, ACA, PV
BREVITAL SOD INJ 500MG	5	PA, ST, QL, SP, ACA, PV
DIPRIVAN INJ	5	
DIPRIVAN INJ 100MG/ML	5	PV
DIPRIVAN INJ 200/20ML	5	
DIPRIVAN INJ 500/50ML	5	
etomidate iv soln 2 mg/ml	2	ST

Document Layout Key

Column	Description
Drug Name	Lists the medication name. Generic medications are listed in lowercase, *italicized* letters. Brand name medications are CAPITALIZED. Separate medication entries are required for some dosage forms such as extended-release and delayed-release.
Drug Tier	Indicates the tier level.
Requirements/Limits	Indicates how the medication is classified or whether any Utilization Management program(s) apply. For instance, SP indicates that the medication is classified as specialty, PV indicates that the medication is considered preventive, and ST notates that step therapy applies for this medication. A full list of abbreviations can be found under the LEGEND section of this document.

Legend

Abbreviation/Acronym	Definition
cap	capsule
chew	chewable
conc	concentrate
cr	controlled-release
dr	delayed-release
ec	enteric coated
effer	effervescent
equiv	equivalent
er	extended-release
inhal	inhalation
inj	injection

Abbreviation/Acronym	Definition
liq	liquid
lot	lotion
nebu	nebulizer
odt	orally disintegrating tablet
oint	ointment
ophth	ophthalmic
powd	powder
sl	sublingual
sol/soln	solution
sr	sustained-release
suppos	suppository
susp	suspension
tab	tablet
td	transdermal
ACA	Affordable Care Act Copay
NC	Not Covered
OTC	Over the counter
PA	Prior Authorization
PV	Preventive (HDHP)
QL	Quantity Limit
SP	Specialty
ST	Step Therapy

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with North Carolina State Health Plan or CVS Caremark.

When viewing the formulary via the Internet, please be advised that this document is updated periodically, and changes may appear prior to their effective date to allow for client notification.

NCSHP Effective 07/01/2025

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
ADDERALL TAB 5MG	NC	
ADDERALL TAB 7.5MG	NC	
ADDERALL TAB 10MG	NC	
ADDERALL TAB 12.5MG	NC	
ADDERALL TAB 15MG	NC	
ADDERALL TAB 20MG	NC	
ADDERALL TAB 30MG	NC	
ADDERALL XR CAP 5MG	NC	
ADDERALL XR CAP 10MG	NC	
ADDERALL XR CAP 15MG	NC	
ADDERALL XR CAP 20MG	NC	
ADDERALL XR CAP 25MG	NC	
ADDERALL XR CAP 30MG	NC	
ADZENYS ER SUS 1.25MG	NC	
ADZENYS XR TAB 3.1MG	NC	
ADZENYS XR TAB 6.3MG	NC	
ADZENYS XR TAB 9.4MG	NC	
ADZENYS XR TAB 12.5MG	NC	
ADZENYS XR TAB 15.7 MG	NC	
ADZENYS XR TAB 18.8MG	NC	
amphetamine sulfate tab 5 mg	1	PA, QL
amphetamine sulfate tab 10 mg	1	PA, QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	2	PA, QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	2	PA, QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	2	PA, QL
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	2	PA, QL
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	PA, QL
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	PA, QL
amphetamine-dextroamphetamine tab 5 mg	1	PA, QL
amphetamine-dextroamphetamine tab 7.5 mg	1	PA, QL
amphetamine-dextroamphetamine tab 10 mg	1	PA, QL
amphetamine-dextroamphetamine tab 12.5 mg	1	PA, QL
amphetamine-dextroamphetamine tab 15 mg	1	PA, QL
amphetamine-dextroamphetamine tab 20 mg	1	PA, QL
amphetamine-dextroamphetamine tab 30 mg	1	PA, QL
DEXEDRINE CAP 10MG CR	3	PA, QL
dextroamphetamine sulfate cap er 24hr 5 mg	1	PA, QL
dextroamphetamine sulfate cap er 24hr 10 mg	1	PA, QL
dextroamphetamine sulfate cap er 24hr 15 mg	1	PA, QL
dextroamphetamine sulfate oral solution 5 mg/5ml	2	PA, QL
dextroamphetamine sulfate tab 2.5 mg	2	PA, QL
dextroamphetamine sulfate tab 5 mg	1	PA, QL
dextroamphetamine sulfate tab 7.5 mg	2	PA, QL
dextroamphetamine sulfate tab 10 mg	1	PA, QL
dextroamphetamine sulfate tab 15 mg	2	PA, QL
dextroamphetamine sulfate tab 20 mg	2	PA, QL
dextroamphetamine sulfate tab 30 mg	2	PA, QL
DYANAVEL XR SUS 2.5MG/ML	NC	
DYANAVEL XR TAB 5MG	NC	
DYANAVEL XR TAB 10MG	NC	
DYANAVEL XR TAB 15MG	NC	
DYANAVEL XR TAB 20MG	NC	
EVEKEO ODT TAB 5MG	NC	
EVEKEO ODT TAB 10MG	NC	
EVEKEO ODT TAB 15MG	NC	
EVEKEO ODT TAB 20MG	NC	
EVEKEO TAB 5MG	NC	
EVEKEO TAB 10MG	NC	
lisdexamfetamine dimesylate cap 10 mg	2	PA, QL
lisdexamfetamine dimesylate cap 20 mg	2	PA, QL
lisdexamfetamine dimesylate cap 30 mg	2	PA, QL
lisdexamfetamine dimesylate cap 40 mg	2	PA, QL
lisdexamfetamine dimesylate cap 50 mg	2	PA, QL
lisdexamfetamine dimesylate cap 60 mg	2	PA, QL
lisdexamfetamine dimesylate cap 70 mg	2	PA, QL
lisdexamfetamine dimesylate chew tab 10 mg	2	PA, QL
lisdexamfetamine dimesylate chew tab 20 mg	2	PA, QL
lisdexamfetamine dimesylate chew tab 30 mg	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate chew tab 40 mg	2	PA, QL
lisdexamfetamine dimesylate chew tab 50 mg	2	PA, QL
lisdexamfetamine dimesylate chew tab 60 mg	2	PA, QL
methamphetamine hcl tab 5 mg	2	PA, QL
MYDAYIS CAP 12.5MG	NC	
MYDAYIS CAP 25MG	NC	
MYDAYIS CAP 37.5MG	NC	
MYDAYIS CAP 50MG	NC	
procentra sol 5mg/5ml	2	PA, QL
VYVANSE CAP 10MG	3	PA, QL
VYVANSE CAP 20MG	3	PA, QL
VYVANSE CAP 30MG	3	PA, QL
VYVANSE CAP 40MG	3	PA, QL
VYVANSE CAP 50MG	3	PA, QL
VYVANSE CAP 60MG	3	PA, QL
VYVANSE CAP 70MG	3	PA, QL
VYVANSE CHW 10MG	3	PA, QL
VYVANSE CHW 20MG	3	PA, QL
VYVANSE CHW 30MG	3	PA, QL
VYVANSE CHW 40MG	3	PA, QL
VYVANSE CHW 50MG	3	PA, QL
VYVANSE CHW 60MG	3	PA, QL
XELSTRYM PAD 9MG/9HR	NC	
XELSTRYM PAD 13.5/9HR	NC	
XELSTRYM PAD 18MG/9HR	NC	
zenzedi tab 2.5mg	2	PA, QL
zenzedi tab 5mg	1	PA, QL
zenzedi tab 7.5mg	2	PA, QL
zenzedi tab 10mg	1	PA, QL
zenzedi tab 15mg	2	PA, QL
zenzedi tab 20mg	2	PA, QL
zenzedi tab 30mg	2	PA, QL
ANALEPTICS		
caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)	1	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
DOPRAM INJ 20MG/ML	3	
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P TAB 37.5MG	3	PA; PV
benzphetamine hcl tab 50 mg	1	PA; PV
diethylpropion hcl tab 25 mg	1	PA; PV
diethylpropion hcl tab er 24hr 75 mg	1	PA; PV

Drug Name	Drug Tier	Requirements/Limits
LOMAIRA TAB 8MG	NC	
phendimetrazine tartrate tab 35 mg	1	PA; PV
phentermine hcl cap 15 mg	1	PA; PV
phentermine hcl cap 30 mg	1	PA; PV
phentermine hcl cap 37.5 mg	1	PA; PV
phentermine hcl tab 37.5 mg	1	PA; PV
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA; PV
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA; PV
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA; PV
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA; PV
PLENITY CAP	NC	
QSYMIA CAP 3.75-23	2	PA; PV
QSYMIA CAP 7.5-46MG	2	PA; PV
QSYMIA CAP 11.25-69	2	PA; PV
QSYMIA CAP 15-92MG	2	PA; PV
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	NC	
IMCIVREE INJ 10MG/ML	NC	
orlistat cap 120 mg	2	PA; PV
XENICAL CAP 120MG	NC	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 18 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 25 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 40 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 60 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 80 mg (base equiv)	1	PA, QL
atomoxetine hcl cap 100 mg (base equiv)	1	PA, QL
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
INTUNIV TAB 1MG	NC	
INTUNIV TAB 2MG	NC	
INTUNIV TAB 3MG	NC	
INTUNIV TAB 4MG	NC	
QELBREE CAP 100MG ER	2	PA, QL
QELBREE CAP 150MG ER	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 200MG ER	2	PA, QL
STRATTERA CAP 10MG	3	PA, QL
STRATTERA CAP 18MG	3	PA, QL
STRATTERA CAP 25MG	3	PA, QL
STRATTERA CAP 60MG	3	PA, QL
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	PA, QL
SUNOSI TAB 150MG	2	PA, QL
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	5	SP, PA, QL
WAKIX TAB 17.8MG	5	SP, PA, QL
STIMULANTS - MISC.		
ADHANSIA XR CAP 25MG	NC	
ADHANSIA XR CAP 35MG	NC	
ADHANSIA XR CAP 45MG	NC	
ADHANSIA XR CAP 55MG	NC	
ADHANSIA XR CAP 70MG	NC	
ADHANSIA XR CAP 85MG	NC	
APTENSIO XR CAP 10MG	NC	
APTENSIO XR CAP 15MG	NC	
APTENSIO XR CAP 20MG	NC	
APTENSIO XR CAP 30MG	NC	
APTENSIO XR CAP 40MG	NC	
APTENSIO XR CAP 50MG	NC	
APTENSIO XR CAP 60MG	NC	
armodafinil tab 50 mg	1	PA, QL
armodafinil tab 150 mg	1	PA, QL
armodafinil tab 200 mg	1	PA, QL
armodafinil tab 250 mg	1	PA, QL
AZSTARYS CAP 26.1-5.2	2	PA, QL
AZSTARYS CAP 39.2-7.8	2	PA, QL
AZSTARYS CAP 52.3-10.	2	PA, QL
CONCERTA TAB 18MG	NC	
CONCERTA TAB 27MG	NC	
CONCERTA TAB 36MG	NC	
CONCERTA TAB 54MG	NC	
COTEMPLA XR TAB 8.6MG	NC	
COTEMPLA XR TAB 17.3MG	NC	
COTEMPLA XR TAB 25.9MG	NC	
DAYTRANA DIS 10MG/9HR	NC	
DAYTRANA DIS 15MG/9HR	NC	
DAYTRANA DIS 20MG/9HR	NC	

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA DIS 30MG/9HR	NC	
dexmethylphenidate hcl cap er 24 hr 5 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 10 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 15 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 20 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 25 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 30 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 35 mg	1	PA, QL
dexmethylphenidate hcl cap er 24 hr 40 mg	1	PA, QL
dexmethylphenidate hcl tab 2.5 mg	1	PA, QL
dexmethylphenidate hcl tab 5 mg	1	PA, QL
dexmethylphenidate hcl tab 10 mg	1	PA, QL
FOCALIN TAB 2.5MG	3	PA, QL
FOCALIN TAB 5MG	3	PA, QL
FOCALIN TAB 10MG	3	PA, QL
FOCALIN XR CAP 5MG	NC	
FOCALIN XR CAP 10MG	NC	
FOCALIN XR CAP 15MG	NC	
FOCALIN XR CAP 20MG	NC	
FOCALIN XR CAP 25MG	NC	
FOCALIN XR CAP 30MG	NC	
FOCALIN XR CAP 35MG	NC	
FOCALIN XR CAP 40MG	NC	
JORNAY PM CAP 20MG ER	NC	
JORNAY PM CAP 40MG ER	NC	
JORNAY PM CAP 60MG ER	NC	
JORNAY PM CAP 80MG ER	NC	
JORNAY PM CAP 100MG ER	NC	
METADATE CD CAP 10MG	NC	
METADATE CD CAP 20MG	NC	
METADATE CD CAP 30MG	NC	
METADATE CD CAP 40MG	NC	
METADATE CD CAP 50MG	NC	
METADATE CD CAP 60MG	NC	
METHYLIN SOL 5MG/5ML	3	PA, QL
METHYLIN SOL 10MG/5ML	3	PA, QL
methylphenidate hcl cap er 10 mg (cd)	1	PA, QL
methylphenidate hcl cap er 20 mg (cd)	1	PA, QL
methylphenidate hcl cap er 24hr 10 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 10 mg (xr)	1	PA, QL
methylphenidate hcl cap er 24hr 15 mg (xr)	1	PA, QL
methylphenidate hcl cap er 24hr 20 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 20 mg (xr)	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 24hr 30 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 30 mg (xr)	1	PA, QL
methylphenidate hcl cap er 24hr 40 mg (la)	1	PA, QL
methylphenidate hcl cap er 24hr 40 mg (xr)	1	PA, QL
methylphenidate hcl cap er 24hr 50 mg (xr)	1	PA, QL
methylphenidate hcl cap er 24hr 60 mg (la)	2	PA, QL
methylphenidate hcl cap er 24hr 60 mg (xr)	1	PA, QL
methylphenidate hcl cap er 30 mg (cd)	1	PA, QL
methylphenidate hcl cap er 40 mg (cd)	1	PA, QL
methylphenidate hcl cap er 50 mg (cd)	1	PA, QL
methylphenidate hcl cap er 60 mg (cd)	1	PA, QL
methylphenidate hcl chew tab 2.5 mg	1	PA, QL
methylphenidate hcl chew tab 5 mg	1	PA, QL
methylphenidate hcl chew tab 10 mg	1	PA, QL
methylphenidate hcl soln 5 mg/5ml	1	PA, QL
methylphenidate hcl soln 10 mg/5ml	1	PA, QL
methylphenidate hcl tab 5 mg	1	PA, QL
methylphenidate hcl tab 10 mg	1	PA, QL
methylphenidate hcl tab 20 mg	1	PA, QL
methylphenidate hcl tab er 10 mg	1	PA, QL
methylphenidate hcl tab er 20 mg	1	PA, QL
methylphenidate hcl tab er 24hr 18 mg	1	PA, QL
methylphenidate hcl tab er 24hr 27 mg	1	PA, QL
methylphenidate hcl tab er 24hr 36 mg	1	PA, QL
methylphenidate hcl tab er 24hr 54 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	PA, QL
methylphenidate hcl tab er osmotic release (osm) 72 mg	2	PA, QL
methylphenidate td patch 10 mg/9hr	2	PA, QL
methylphenidate td patch 15 mg/9hr	2	PA, QL
methylphenidate td patch 20 mg/9hr	2	PA, QL
methylphenidate td patch 30 mg/9hr	2	PA, QL
modafinil tab 100 mg	1	PA, QL
modafinil tab 200 mg	1	PA, QL
NUVIGIL TAB 50MG	NC	
NUVIGIL TAB 150MG	NC	

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TAB 200MG	NC	
NUVIGIL TAB 250MG	NC	
PROVIGIL TAB 100MG	NC	
PROVIGIL TAB 200MG	NC	
QUILLICHEW CHW 20MG ER	NC	
QUILLICHEW CHW 30MG ER	NC	
QUILLICHEW CHW 40MG ER	NC	
QUILLIVANT SUS 25MG/5ML	NC	
RELEXXII TAB 72MG ER	NC	
RITALIN LA CAP 10MG	3	PA, QL
RITALIN LA CAP 20MG	3	PA, QL
RITALIN LA CAP 30MG	3	PA, QL
RITALIN LA CAP 40MG	3	PA, QL
RITALIN TAB 5MG	3	PA, QL
RITALIN TAB 10MG	3	PA, QL
RITALIN TAB 20MG	3	PA, QL
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
ALLERGENIC EXTRACTS		
GRASTEK SUB 2800BAU	2	PA; PV
ODACTRA SUB	3	PA; PV
ORALAIR SUB 300 IR	2	PA; PV
PALFORZIA CAP ESCALAT	NC	
PALFORZIA CAP LEVEL 1	NC	
PALFORZIA CAP LEVEL 2	NC	
PALFORZIA CAP LEVEL 3	NC	
PALFORZIA CAP LEVEL 4	NC	
PALFORZIA CAP LEVEL 5	NC	
PALFORZIA CAP LEVEL 6	NC	
PALFORZIA CAP LEVEL 7	NC	
PALFORZIA CAP LEVEL 8	NC	
PALFORZIA CAP LEVEL 9	NC	
PALFORZIA CAP LEVEL 10	NC	
PALFORZIA POW LEVEL 11	NC	
RAGWITEK SUB	2	PA; PV
ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - A'S		
ALPHA-LIPOIC SOL ACID	3	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	1	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	1	
ARIKAYCE SUS	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
BETHKIS NEB 300/4ML	NC	SP
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate inj 10 mg/ml	1	
gentamicin sulfate inj 40 mg/ml	1	
HUMATIN CAP 250MG	NC	
KITABIS PAK NEB 300/5ML	NC	SP
neomycin sulfate tab 500 mg	1	
streptomycin sulfate for inj 1 gm	1	
TOBI NEB 300/5ML	NC	SP
TOBI PODHALR CAP 28MG	NC	SP
tobramycin nebu soln 300 mg/4ml	4	SP, PA, QL
tobramycin nebu soln 300 mg/5ml	4	SP, PA, QL
tobramycin sulfate for inj 1.2 gm	2	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	2	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	1	
tobramycin sulfate inj 10 mg/ml (base equivalent)	1	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	1	
ZEMDRI INJ 500MG/10	3	

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ABRILADA 1PN INJ 40/0.8ML	NC	SP
ABRILADA INJ 20/0.4ML	NC	SP
ABRILADA INJ 40/0.8ML	NC	SP
ADALIMU-AATY KIT 20/0.2ML	NC	SP
ADALIMU-AATY KIT 40/0.4ML	NC	SP
ADALIMU-ADAZ INJ 10/0.1ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 20/0.2ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
ADALIMU-ADAZ INJ 40/0.4ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
ADALIMU-ADAZ INJ 80/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
ADALIMU-FKJP KIT 20/0.4ML	NC	SP
AMJEVITA INJ 10/0.2ML	NC	SP
AMJEVITA INJ 20/0.2ML	NC	SP
AMJEVITA INJ 20/0.4ML	NC	SP
AMJEVITA INJ 40/0.4ML	NC	SP
AMJEVITA INJ 40/0.8ML	NC	SP
AMJEVITA INJ 80/0.8ML	NC	SP
CYLTEZO INJ 10/0.2ML	NC	SP
CYLTEZO INJ 20/0.4ML	NC	SP
CYLTEZO INJ 40/0.8ML	NC	SP
HADLIMA INJ 40/0.4ML	NC	SP
HADLIMA INJ 40/0.8ML	NC	SP
HADLIMA PUSH INJ 40/0.4ML	NC	SP
HADLIMA PUSH INJ 40/0.8ML	NC	SP
HULIO INJ 40/0.8ML	NC	SP
HULIO KIT 20/0.4ML	NC	SP
HUMIRA INJ 10/0.1ML	NC	SP
HUMIRA INJ 20/0.2ML	NC	SP
HUMIRA INJ 40/0.4ML	NC	SP
HUMIRA KIT 40MG/0.8	NC	SP

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIA INJ CROHNS	NC	SP
HUMIRA PEN INJ 40/0.4ML	NC	SP
HUMIRA PEN INJ 40MG/0.8	NC	SP
HUMIRA PEN INJ 80/0.8ML	NC	SP
HUMIRA PEN KIT PS/UV	NC	SP
HYRIMOZ INJ 10/0.1ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ INJ 20/0.2ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ INJ 40/0.4ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ INJ 40/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 80/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ SENS INJ 80/0.8ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ-CROH INJ UC SP	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ-PED INJ CROHNS	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
HYRIMOZ-PLAQ INJ PSOR/UVE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-PLAQ INJ PSORIASI	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Crohn's Disease, Hidradenitis Suppurativa, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, and All Other Conditions
IDACIO 2-PEN INJ 40/0.8ML	NC	SP
IDACIO 2-SYR INJ 40/0.8ML	NC	SP
SIMLANDI 1PN KIT 40/0.4ML	NC	SP
SIMLANDI 1PN KIT 80/0.8ML	NC	SP
SIMLANDI 2PN INJ 40/0.4ML	NC	SP
SIMLANDI KIT 20/0.2ML	NC	SP
SIMLANDI KIT 80/0.8ML	NC	SP
SIMPONI ARIA SOL 50MG/4ML	5	SP, PA, QL
SIMPONI INJ 50/0.5ML	NC	SP
SIMPONI INJ 100MG/ML	NC	SP
YUFLYMA 1PEN KIT 80/0.8ML	NC	SP
YUSIMRY INJ 40/0.8ML	NC	SP
ANTIRHEUMATIC - ENZYME INHIBITORS		
OLUMIANT TAB 2MG	NC	SP
RINVOQ LQ SOL 1MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
RINVOQ TAB 15MG ER	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TAB 30MG ER	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
RINVOQ TAB 45MG ER	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis and Ulcerative Colitis
XELJANZ SOL 1MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 11MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG	5	SP, PA, QL; Preferred for Rheumatoid Arthritis, Ulcerative Colitis
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	5	SP, PA, QL
OTREXUP INJ 12.5/0.4	5	SP, PA, QL
OTREXUP INJ 15MG	5	SP, PA, QL
OTREXUP INJ 17.5/0.4	5	SP, PA, QL
OTREXUP INJ 20MG	5	SP, PA, QL
OTREXUP INJ 22.5/0.4	5	SP, PA, QL
OTREXUP INJ 25MG	5	SP, PA, QL
RASUVO INJ 7.5MG	NC	SP
RASUVO INJ 10MG	NC	SP
RASUVO INJ 12.5MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 15MG	NC	SP
RASUVO INJ 17.5MG	NC	SP
RASUVO INJ 20MG	NC	SP
RASUVO INJ 22.5MG	NC	SP
RASUVO INJ 25MG	NC	SP
RASUVO INJ 30MG	NC	SP
REDITREX INJ 7.5/.3ML	NC	SP
REDITREX INJ 10/.4ML	NC	SP
REDITREX INJ 12.5/0.5	NC	SP
REDITREX INJ 15/.6ML	NC	SP
REDITREX INJ 17.5/0.7	NC	SP
REDITREX INJ 20/.8ML	NC	SP
REDITREX INJ 22.5/0.9	NC	SP
REDITREX INJ 25MG/ML	NC	SP
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG	NC	SP
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	NC	SP
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	6	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	NC	SP
ACTEMRA INJ 162/0.9	NC	SP
ACTEMRA INJ 200/10ML	NC	SP
ACTEMRA INJ 400/20ML	NC	SP
KEVZARA INJ 150/1.14	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
TYENNE INJ 80MG/4ML	NC	SP
TYENNE INJ 200/10ML	NC	SP
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
ARTHROTEC 50 TAB	NC	
ARTHROTEC 75 TAB	NC	
CALDOLOR INJ 4MG/ML	3	
CALDOLOR INJ 800/8ML	3	
CELEBREX CAP 50MG	NC	
CELEBREX CAP 100MG	NC	
CELEBREX CAP 200MG	NC	
CELEBREX CAP 400MG	NC	
celecoxib cap 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
COMBOGESIC INJ 300-1000	NC	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 25 mg	NC	
diclofenac potassium tab 50 mg	1	
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	NC	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
ec-naproxen tab 375mg	1	
ec-naproxen tab 500mg	1	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
fenoprofen calcium cap 400 mg	NC	
fenoprofen calcium tab 600 mg	NC	
FENOPROFEN CAP 200MG	NC	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibu tab 400mg	1	
ibu tab 600mg	1	
ibu tab 800mg	1	
ibuprofen lysine iv soln 10 mg/ml (base equivalent)	1	
ibuprofen susp 100 mg/5ml	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	NC	
INDOCIN SUP 50MG	NC	

Drug Name	Drug Tier	Requirements/Limits
INDOCIN SUS 25MG/5ML	NC	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketoprofen cap 25 mg	NC	
ketoprofen cap er 24hr 200 mg	NC	
ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)	1	
ketorolac tromethamine inj 15 mg/ml	1	
ketorolac tromethamine inj 30 mg/ml	1	
ketorolac tromethamine tab 10 mg	1	
lurbipr tab 100mg	1	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	2	
mefenamic acid cap 250 mg	1	
meloxicam cap 5 mg	NC	
meloxicam cap 10 mg	NC	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NAPRELAN TAB 375MG CR	NC	
NAPRELAN TAB 500MG CR	NC	
NAPRELAN TAB 750MG CR	NC	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	
naproxen sodium tab er 24hr 375 mg (base equiv)	NC	
naproxen sodium tab er 24hr 500 mg (base equiv)	NC	
naproxen susp 125 mg/5ml	NC	
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
naproxen-esomeprazole magnesium tab dr 375-20 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
naproxen-esomeprazole magnesium tab dr 500-20 mg	NC	
NEOPROFEN SOL 10MG/ML	3	
NUDROXIPAK KIT DSDR-50	NC	
NUDROXIPAK KIT DSDR-75	NC	
NUDROXIPAK KIT E-400	NC	
NUDROXIPAK KIT I-800	NC	
NUDROXIPAK KIT M-15	NC	
NUDROXIPAK KIT N-500	NC	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
PREVIDOLRX PAK ANALGESI	NC	
RELAFEN DS TAB 1000MG	NC	
relafen tab 500mg	NC	
relafen tab 750mg	NC	
SPRIX SPR 15.75MG	NC	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolectin 600 tab 600mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	NC	
VIMOVO TAB 500-20MG	NC	
VIVLODEX CAP 5MG	NC	
VIVLODEX CAP 10MG	NC	
ZIPSOR CAP 25MG	NC	
ZORVOLEX CAP 18MG	NC	
ZORVOLEX CAP 35MG	NC	
ZYNRELEF INJ 200-6MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 10/20/30	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 20MG	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	

Drug Name	Drug Tier	Requirements/Limits
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 50/0.4ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML	5	SP, PA, QL; Preferred for Rheumatoid Arthritis
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL INJ 25MG	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL MINI INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions
ENBREL SRCLK INJ 50MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, all other autoimmune conditions

ANALGESICS - NONNARCOTIC

Drug Name	Drug Tier	Requirements/Limits
ANALGESIC COMBINATIONS		
ALLZITAL TAB 25-325MG	NC	
bac tab	1	QL
BUT/ASA/CAF TAB	NC	
BUTAL/APAP CAP 50-300MG	NC	
butalbital-acetaminophen cap 50-300 mg	NC	
butalbital-acetaminophen tab 25-325 mg	NC	
butalbital-acetaminophen tab 50-325 mg	1	QL
butalbital-acetaminophen-caffeine cap 50-300-40 mg	NC	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	NC	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	QL
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL
esgic cap	NC	
FIORICET CAP	NC	
tencon tab 50-325mg	1	QL
vanatol lq sol	NC	
vtol lq sol	NC	
zebutal cap	NC	
ANALGESICS - SODIUM CHANNEL PAIN SIGNAL INHIBITORS		
JOURNAVX TAB 50MG	NC	
ANALGESICS OTHER		
acetaminophen iv soln 10 mg/ml	2	
clonidine hcl inj (for epidural infusion) 100 mcg/ml	1	
clonidine hcl inj (for epidural infusion) 500 mcg/ml	1	
DURACLON INJ	3	
LOTREXONE CAP 1.5MG	NC	
LOTREXONE CAP 4.5MG	NC	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT INJ 25MCG/ML	6	SP
PRIALT INJ 100MCG	6	SP
PRIALT INJ 500MCG	6	SP
SALICYLATES		
aspirin 81 tab 81mg ec	0	OTC; ACA, PV
aspirin adlt tab 81mg ec	0	OTC; ACA, PV
aspirin chew tab 81 mg	0	OTC; ACA, PV
aspirin chld chw 81mg	0	OTC; ACA, PV
aspirin ec tab 81mg	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
aspirin low chw 81mg	0	OTC; ACA, PV
aspirin low tab 81mg	0	OTC; ACA, PV
aspirin low tab 81mg ec	0	OTC; ACA, PV
aspirin regi tab 81mg	0	OTC; ACA, PV
aspirin tab delayed release 81 mg	0	OTC; ACA, PV
aspirin-81 chw 81mg	0	OTC; ACA, PV
bayer low chw 81mg	0	OTC; ACA, PV
bayer low tab 81mg ec	0	OTC; ACA, PV
child asa chw 81mg	0	OTC; ACA, PV
cvs aspirin tab 81mg ec	0	OTC; ACA, PV
diflunisal tab 500 mg	1	
ecotrin low tab 81mg ec	0	OTC; ACA, PV
eq aspirin chw 81mg	0	OTC; ACA, PV
eql aspirin chw 81mg	0	OTC; ACA, PV
ft aspirin chw 81mg	0	OTC; ACA, PV
ft aspirin tab 81mg	0	OTC; ACA, PV
gnp aspirin chw 81mg	0	OTC; ACA, PV
gnp aspirin tab 81mg	0	OTC; ACA, PV
gnp aspirin tab 81mg ec	0	OTC; ACA, PV
goodsense tab 81mg ec	0	OTC; ACA, PV
kls aspirin tab 81mg ec	0	OTC; ACA, PV
kp aspirin tab 81mg ec	0	OTC; ACA, PV
mm aspirin tab low dose	0	OTC; ACA, PV
qc aspirin chw 81mg	0	OTC; ACA, PV
qc child asa chw 81mg	0	OTC; ACA, PV
ra aspirin chw 81mg	0	OTC; ACA, PV
ra aspirin tab 81mg ec	0	OTC; ACA, PV
salsalate tab 750 mg	1	
sb child asa chw 81mg	0	OTC; ACA, PV
st joseph chw low 81mg	0	OTC; ACA, PV
st joseph tab low 81mg	0	OTC; ACA, PV

ANALGESICS - OPIOID

OPIOID AGONISTS

ARYMO ER TAB 15MG	NC	
ARYMO ER TAB 30MG	NC	
ARYMO ER TAB 60MG	NC	
CODEINE SULF TAB 15MG	3	PA, QL
CODEINE SULF TAB 60MG	3	PA, QL
codeine sulfate tab 30 mg	1	PA, QL
CONZIP CAP 100MG	3	ST, PA, QL
CONZIP CAP 200MG	3	ST, PA, QL
CONZIP CAP 300MG	3	ST, PA, QL
DEMEROL INJ 25MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
DEMEROL INJ 50MG/ML	3	
DEMEROL INJ 75MG/ML	3	
DEMEROL INJ 100MG/ML	3	
DILAUDID INJ 0.2MG/ML	3	
DILAUDID INJ 1MG/ML	NC	
DILAUDID INJ 2MG/ML	NC	
DILAUDID LIQ 1MG/ML	3	PA, QL
DILAUDID TAB 2MG	3	PA, QL
DILAUDID TAB 4MG	3	PA, QL
DILAUDID TAB 8MG	3	PA, QL
DSUVIA SUB 30MCG	NC	
DURAMORPH INJ 0.5MG/ML	3	
DURAMORPH INJ 1MG/ML	3	
FENTANYL CIT INJ 50MCG/ML	3	
FENTANYL CIT SOL 10MCG/ML	NC	
fentanyl citrate pf soln prefilled syringe 50 mcg/ml	1	
fentanyl citrate preservative free (pf) inj 50 mcg/ml	1	
fentanyl citrate preservative free (pf) inj 100 mcg/2ml	1	
fentanyl citrate preservative free (pf) inj 250 mcg/5ml	1	
fentanyl citrate preservative free (pf) inj 500 mcg/10ml	1	
fentanyl citrate preservative free (pf) inj 1000 mcg/20ml	1	
fentanyl citrate preservative free (pf) inj 2500 mcg/50ml	1	
FENTANYL INJ 50MCG/ML	NC	
fentanyl td patch 72hr 12 mcg/hr	1	ST, PA, QL
fentanyl td patch 72hr 25 mcg/hr	1	ST, PA, QL
fentanyl td patch 72hr 37.5 mcg/hr	2	ST, PA, QL
fentanyl td patch 72hr 50 mcg/hr	1	ST, PA, QL
fentanyl td patch 72hr 62.5 mcg/hr	2	ST, PA, QL
fentanyl td patch 72hr 75 mcg/hr	1	ST, PA, QL
fentanyl td patch 72hr 87.5 mcg/hr	2	ST, PA, QL
fentanyl td patch 72hr 100 mcg/hr	1	ST, PA, QL
FENTNYL/NACL INJ 1000/50	3	
HYDRO/NACL INJ 20/100ML	3	
HYDRO/NACL INJ 25/25	3	
hydrocodone bitartrate cap er 12hr 10 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 15 mg	2	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate cap er 12hr 20 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 30 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 40 mg	2	ST, PA, QL
hydrocodone bitartrate cap er 12hr 50 mg	2	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 20 mg	2	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 30 mg	2	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 40 mg	2	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 60 mg	2	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 80 mg	2	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 100 mg	1	ST, PA, QL
hydrocodone bitartrate tab er 24hr deter 120 mg	1	ST, PA, QL
HYDROMO/NACL INJ 2MG/ML	NC	
HYDROMO/NACL INJ 20/100ML	3	
HYDROMORPHON INJ 0.2MG/ML	3	
HYDROMORPHON INJ 1MG/ML	3	
HYDROMORPHON INJ 2MG/ML	3	
HYDROMORPHON INJ 4MG/ML	3	
HYDROMORPHON INJ 10MG/ML	3	
HYDROMORPHON INJ 30/30ML	3	
HYDROMORPHON SOL 0.2MG/ML	3	
hydromorphone hcl inj 0.2 mg/ml	1	
hydromorphone hcl inj 1 mg/ml	1	
hydromorphone hcl inj 2 mg/ml	1	
hydromorphone hcl liqd 1 mg/ml	2	PA, QL
hydromorphone hcl preservative free (pf) inj 10 mg/ml	1	
hydromorphone hcl tab 2 mg	1	PA, QL
hydromorphone hcl tab 4 mg	1	PA, QL
hydromorphone hcl tab 8 mg	1	PA, QL
hydromorphone hcl tab er 24hr 8 mg	1	ST, PA, QL
hydromorphone hcl tab er 24hr 12 mg	2	ST, PA, QL
hydromorphone hcl tab er 24hr 16 mg	2	ST, PA, QL
hydromorphone hcl tab er 24hr 32 mg	2	ST, PA, QL
HYSINGLA ER TAB 20 MG	NC	
HYSINGLA ER TAB 30 MG	NC	
HYSINGLA ER TAB 40 MG	NC	
HYSINGLA ER TAB 60 MG	NC	
HYSINGLA ER TAB 80 MG	NC	
HYSINGLA ER TAB 100 MG	NC	
HYSINGLA ER TAB 120 MG	NC	
INFUMORPH INJ 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
INFUMORPH INJ 25MG/ML	3	
IONSYS PAD 40MCG/AC	NC	
LAZANDA SPR 100MCG	NC	
LAZANDA SPR 300MCG	NC	
LAZANDA SPR 400MCG	NC	
levorphanol tartrate tab 2 mg	NC	
meperidine hcl inj 25 mg/ml	1	
meperidine hcl inj 50 mg/ml	1	
meperidine hcl inj 100 mg/ml	1	
meperidine hcl oral soln 50 mg/5ml	1	PA, QL
meperidine hcl tab 50 mg	2	PA, QL
METHADO/NACL INJ 1MG/ML	3	
METHADO/NACL INJ 5MG/5ML	3	
METHADO/NACL INJ 10MG/ML	3	
methadone con 10mg/ml	1	ST, PA, QL
methadone hcl conc 10 mg/ml	1	ST, PA, QL
methadone hcl inj 10 mg/ml	1	ST, PA, QL
methadone hcl soln 5 mg/5ml	1	ST, PA, QL
methadone hcl soln 10 mg/5ml	1	ST, PA, QL
methadone hcl tab 5 mg	1	ST, PA, QL
methadone hcl tab 10 mg	1	ST, PA, QL
methadone hcl tab for oral susp 40 mg	1	ST, PA, QL
METHADONE INJ 10MG/ML	3	ST, PA, QL
METHADOSE CON 10MG/ML	3	ST, PA, QL
METHADOSE SF CON 10MG/ML	3	ST, PA, QL
methadose tab 40mg	1	ST, PA, QL
mitigo inj 10mg/ml	1	
mitigo inj 25mg/ml	1	
MORPHABOND TAB 15MG ER	NC	
MORPHABOND TAB 30MG ER	NC	
MORPHABOND TAB 60MG ER	NC	
MORPHABOND TAB 100MG ER	NC	
MORPHIN/NACL INJ 1MG/ML	3	
MORPHIN/NACL INJ 2MG-0.9%	NC	
MORPHIN/NACL INJ 4MG-0.9%	NC	
MORPHIN/NACL INJ 100/100	3	
MORPHINE SUL INJ 1MG/ML	3	
MORPHINE SUL INJ 2MG2/ML	3	
MORPHINE SUL INJ 2MG/ML	3	
MORPHINE SUL INJ 2MG/ML	NC	
MORPHINE SUL INJ 4MG/ML	3	
MORPHINE SUL INJ 8MG/ML	3	
MORPHINE SUL INJ 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SUL INJ 50MG/ML	3	
MORPHINE SUL INJ 250/50ML	3	
MORPHINE SUL INJ NACL	3	
morphine sulfate beads cap er 24hr 30 mg	2	ST, PA, QL
morphine sulfate beads cap er 24hr 45 mg	1	ST, PA, QL
morphine sulfate beads cap er 24hr 60 mg	1	ST, PA, QL
morphine sulfate beads cap er 24hr 75 mg	1	ST, PA, QL
morphine sulfate beads cap er 24hr 90 mg	2	ST, PA, QL
morphine sulfate beads cap er 24hr 120 mg	1	ST, PA, QL
morphine sulfate cap er 24hr 10 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 20 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 30 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 50 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 60 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 80 mg	2	ST, PA, QL
morphine sulfate cap er 24hr 100 mg	2	ST, PA, QL
morphine sulfate inj pf 0.5 mg/ml	1	
morphine sulfate inj pf 1 mg/ml	1	
morphine sulfate iv soln 4 mg/ml	1	
morphine sulfate iv soln 8 mg/ml	1	
morphine sulfate iv soln 10 mg/ml	1	
morphine sulfate oral soln 10 mg/5ml	1	PA, QL
morphine sulfate oral soln 20 mg/5ml	1	PA, QL
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL
morphine sulfate tab 15 mg	1	PA, QL
morphine sulfate tab 30 mg	1	PA, QL
morphine sulfate tab er 15 mg	1	ST, PA, QL
morphine sulfate tab er 30 mg	1	ST, PA, QL
morphine sulfate tab er 60 mg	1	ST, PA, QL
morphine sulfate tab er 100 mg	1	ST, PA, QL
morphine sulfate tab er 200 mg	2	ST, PA, QL
MS CONTIN TAB 15MG ER	3	ST, PA, QL
MS CONTIN TAB 30MG ER	3	ST, PA, QL
MS CONTIN TAB 60MG ER	3	ST, PA, QL
NUCYNTA ER TAB 50MG	NC	
NUCYNTA ER TAB 100MG	NC	
NUCYNTA ER TAB 150MG	NC	
NUCYNTA ER TAB 200MG	NC	
NUCYNTA ER TAB 250MG	NC	
NUCYNTA TAB 50MG	NC	
NUCYNTA TAB 75MG	NC	
NUCYNTA TAB 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
OXAYDO TAB 7.5MG	NC	
oxycodone hcl cap 5 mg	1	PA, QL
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	2	PA, QL
oxycodone hcl soln 5 mg/5ml	1	PA, QL
oxycodone hcl tab 5 mg	1	PA, QL
oxycodone hcl tab 10 mg	1	PA, QL
oxycodone hcl tab 15 mg	1	PA, QL
oxycodone hcl tab 20 mg	1	PA, QL
oxycodone hcl tab 30 mg	1	PA, QL
OXYCONTIN TAB 10MG ER	NC	
OXYCONTIN TAB 15MG ER	NC	
OXYCONTIN TAB 20MG ER	NC	
OXYCONTIN TAB 30MG ER	NC	
OXYCONTIN TAB 40MG ER	NC	
OXYCONTIN TAB 60MG ER	NC	
OXYCONTIN TAB 80MG ER	NC	
oxymorphone hcl tab 5 mg	1	PA, QL
oxymorphone hcl tab 10 mg	1	PA, QL
oxymorphone hcl tab er 12hr 5 mg	NC	
oxymorphone hcl tab er 12hr 7.5 mg	NC	
oxymorphone hcl tab er 12hr 10 mg	NC	
oxymorphone hcl tab er 12hr 15 mg	NC	
oxymorphone hcl tab er 12hr 20 mg	NC	
oxymorphone hcl tab er 12hr 30 mg	NC	
oxymorphone hcl tab er 12hr 40 mg	NC	
remifentanil hcl for iv soln 1 mg	1	
remifentanil hcl for iv soln 2 mg	1	
remifentanil hcl for iv soln 5 mg	1	
ROXICODONE TAB 15MG	3	PA, QL
ROXICODONE TAB 30MG	3	PA, QL
ROXYBOND TAB 5MG	NC	
ROXYBOND TAB 15MG	NC	
ROXYBOND TAB 30MG	NC	
SUBSYS SPR 100MCG	NC	
SUBSYS SPR 200MCG	NC	
SUBSYS SPR 400MCG	NC	
SUBSYS SPR 600MCG	NC	
SUBSYS SPR 800MCG	NC	
SUBSYS SPR 1200MCG	NC	
SUBSYS SPR 1600MCG	NC	
sufentanil citrate inj 50 mcg/ml	1	
sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)	1	
sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)	1	

Drug Name	Drug Tier	Requirements/Limits
tramadol hcl cap er 24hr biphasic release 100 mg	NC	
tramadol hcl cap er 24hr biphasic release 150 mg	NC	
tramadol hcl cap er 24hr biphasic release 200 mg	NC	
tramadol hcl cap er 24hr biphasic release 300 mg	NC	
tramadol hcl oral soln 5 mg/ml	2	PA
tramadol hcl tab 25 mg	2	PA, QL
tramadol hcl tab 50 mg	1	PA, QL
tramadol hcl tab 100 mg	NC	
tramadol hcl tab er 24hr 100 mg	1	ST, PA, QL
tramadol hcl tab er 24hr 200 mg	1	ST, PA, QL
tramadol hcl tab er 24hr 300 mg	1	ST, PA, QL
tramadol hcl tab er 24hr biphasic release 100 mg	1	ST, PA, QL
tramadol hcl tab er 24hr biphasic release 200 mg	1	ST, PA, QL
tramadol hcl tab er 24hr biphasic release 300 mg	1	ST, PA, QL
ULTIVA INJ 1MG	3	
ULTIVA INJ 2MG	3	
ULTIVA INJ 5MG	3	
XTAMPZA ER CAP 9MG	NC	
XTAMPZA ER CAP 13.5MG	NC	
XTAMPZA ER CAP 18MG	NC	
XTAMPZA ER CAP 27MG	NC	
XTAMPZA ER CAP 36MG	NC	
ZOHYDRO ER CAP 10MG	NC	
ZOHYDRO ER CAP 15MG	NC	
ZOHYDRO ER CAP 20MG	NC	
ZOHYDRO ER CAP 30MG	NC	
ZOHYDRO ER CAP 40MG	NC	
ZOHYDRO ER CAP 50MG	NC	
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL
acetaminophen w/ codeine tab 300-15 mg	1	QL
acetaminophen w/ codeine tab 300-30 mg	1	QL
acetaminophen w/ codeine tab 300-60 mg	1	QL
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL
ascomp/cod cap 30mg	1	QL

Drug Name	Drug Tier	Requirements/Limits
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	2	QL
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL
endocet tab 2.5-325	1	PA, QL
endocet tab 5-325mg	1	PA, QL
endocet tab 7.5-325	1	PA, QL
endocet tab 10-325mg	1	PA, QL
FENT/ROPIVAC INJ 0.4/200	NC	
FENT/ROPIVAC INJ NACL	NC	
FENTANYL CIT INJ BUPIVACA	NC	
FIORICET CAP CODEINE	3	PA, QL
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL
hydrocodone-acetaminophen tab 2.5-325 mg	1	PA, QL
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL
hydrocodone-ibuprofen tab 10-200 mg	2	PA, QL
NALOCET TAB 2.5-300	NC	
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL
PERCOCET TAB 2.5-325	NC	
PERCOCET TAB 5-325MG	NC	
PERCOCET TAB 7.5-325	NC	
PERCOCET TAB 10-325MG	NC	
PRIMLEV TAB 5-300MG	NC	
PRIMLEV TAB 7.5-300	NC	
PRIMLEV TAB 10-300MG	NC	
SEGLENTIS TAB 56-44MG	NC	
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL
trezix cap	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	ST, PA, QL
BELBUCA MIS 150MCG	2	ST, PA, QL
BELBUCA MIS 300MCG	2	ST, PA, QL
BELBUCA MIS 450MCG	2	ST, PA, QL
BELBUCA MIS 600MCG	2	ST, PA, QL
BELBUCA MIS 750MCG	2	ST, PA, QL
BELBUCA MIS 900MCG	2	ST, PA, QL
BRIXADI SOL 8/0.16ML	3	PV
BRIXADI SOL 16/0.32	3	PV
BRIXADI SOL 24/0.48	3	PV
BRIXADI SOL 32/0.64	3	PV
BRIXADI SOL 64/0.18	3	PV
BRIXADI SOL 96/0.27	3	PV
BRIXADI SOL 128/0.36	3	PV
buprenorphine hcl inj 0.3 mg/ml (base equiv)	1	
buprenorphine hcl sl tab 2 mg (base equiv)	1	PA; PV
buprenorphine hcl sl tab 8 mg (base equiv)	1	PA; PV
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	PV
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	PV
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	PV
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	PV
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	PV
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	PV
buprenorphine td patch weekly 5 mcg/hr	1	ST, PA, QL
buprenorphine td patch weekly 7.5 mcg/hr	1	ST, PA, QL
buprenorphine td patch weekly 10 mcg/hr	1	ST, PA, QL
buprenorphine td patch weekly 15 mcg/hr	2	ST, PA, QL
buprenorphine td patch weekly 20 mcg/hr	2	ST, PA, QL
butorphanol tartrate inj 1 mg/ml	1	
butorphanol tartrate inj 2 mg/ml	1	
butorphanol tartrate nasal soln 10 mg/ml	1	PA, QL
BUTRANS DIS 5MCG/HR	NC	
BUTRANS DIS 7.5/HR	NC	
BUTRANS DIS 10MCG/HR	NC	
BUTRANS DIS 15MCG/HR	NC	
BUTRANS DIS 20MCG/HR	NC	

Drug Name	Drug Tier	Requirements/Limits
nalbuphine hcl inj 10 mg/ml	2	
nalbuphine hcl inj 20 mg/ml	2	
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA, QL
PROBUPHINE IMP KIT 74.2	NC	
SUBLOCADE INJ 100/0.5	3	PV
SUBLOCADE INJ 300/1.5	3	PV
SUBOXONE MIS 2-0.5MG	NC	
SUBOXONE MIS 4-1MG	NC	
SUBOXONE MIS 8-2MG	NC	
SUBOXONE MIS 12-3MG	NC	
ZUBSOLV SUB 0.7-0.18	2	PV
ZUBSOLV SUB 1.4-0.36	2	PV
ZUBSOLV SUB 2.9-0.71	2	PV
ZUBSOLV SUB 5.7-1.4	2	PV
ZUBSOLV SUB 8.6-2.1	2	PV
ZUBSOLV SUB 11.4-2.9	2	PV
ANDROGENS-ANABOLIC		
ANDROGENS		
ANDROGEL GEL 1%(25MG)	NC	
ANDROGEL GEL 1%(50MG)	NC	
ANDROGEL GEL 1.62%	NC	
AVEED INJ 750/3ML	6	SP, PA
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	2	
depo-testost inj 100mg/ml	1	PA
depo-testost inj 200mg/ml	1	PA
FORTESTA GEL 10MG/ACT	NC	
JATENZO CAP 158MG	NC	
JATENZO CAP 198MG	NC	
JATENZO CAP 237MG	NC	
KYZATREX CAP 100MG	NC	
KYZATREX CAP 150MG	NC	
KYZATREX CAP 200MG	NC	
methitest tab 10mg	1	PA
methyltestosterone cap 10 mg	1	PA
NATESTO GEL 5.5MG	2	PA
TESTIM GEL 1%(50MG)	NC	
TESTOPEL MIS PELLETS	3	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
TESTOSTERONE MIS 25MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE MIS 50MG	3	PA
TESTOSTERONE MIS 100MG	3	PA
TESTOSTERONE MIS 200MG	3	PA
testosterone td gel 10mg/act (2%)	2	PA
testosterone td gel 12.5 mg/act (1%)	2	PA; Authorized generics for Testim and Vogelxo are not covered
testosterone td gel 12.5 mg/act (1%)	NC	Authorized generics for Testim and Vogelxo are not covered
testosterone td gel 20.25 mg/1.25gm (1.62%)	2	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	2	PA
testosterone td gel 50 mg/5gm (1%)	1	PA; Authorized generics for Testim and Vogelxo are not covered
testosterone td soln 30 mg/act	2	PA
TLANDO CAP 112.5 MG	NC	
VOGELXO GEL 1%(50MG)	NC	
VOGELXO GEL PUMP 1%	NC	
XYOSTED INJ 50/0.5ML	NC	
XYOSTED INJ 75/0.5ML	NC	
XYOSTED INJ 100/0.5	NC	

ANORECTAL AND RELATED PRODUCTS

INTRARECTAL STEROIDS

budesonide rectal foam 2 mg/act	2	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	2	
UCERIS AER 2MG/ACT	3	

RECTAL COMBINATIONS

ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
PROCORT CRE	3	
PROCTOFOAM AER HC 1%	2	

RECTAL STEROIDS

anucort-hc sup 25mg	1	
ANUSOL-HC CRE 2.5%	3	
hydrocortisone perianal cream 1%	1	
hydrocortisone perianal cream 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
procto-med cre hc 2.5%	1	
proctocort cre 1%	1	
PROCTOCORT SUP 30MG	3	
proctosol hc cre 2.5%	1	
proctozone cre -hc 2.5%	1	
VASODILATING AGENTS		
nitroglycerin oint 0.4%	2	
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	2	PA, QL
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	PA, QL
EMVERM CHW 100MG	2	PA, QL
ivermectin tab 3 mg	1	
ivermectin tab 6 mg	1	
praziquantel tab 600 mg	2	QL
STROMECTOL TAB 3MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
FIRST-METRON SUS 100MG/ML	NC	
IMPAVIDO CAP 50MG	3	
LIKMEZ SUS 500/5ML	NC	
METRONIDAZOL INJ 500MG	3	
metronidazole cap 375 mg	2	
metronidazole iv soln 500 mg/100ml	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
NEBUPENT INH 300MG	3	
PENTAM 300 INJ 300MG	3	
pentamidine isethionate for inj soln 300 mg	1	
pentamidine isethionate for nebulization soln 300 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	2	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 200MG	3	
XIFAXAN TAB 550MG	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	

Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
sulfatrim pd sus 200-40/5	1	
XACDURO INJ 1-1GM	3	
ANTIPROTOZOAL AGENTS		
atovaquone susp 750 mg/5ml	2	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	3	
nitazoxanide tab 500 mg	2	
CARBAPENEMS		
ertapenem sodium for inj 1 gm (base equivalent)	2	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	2	
meropenem iv for soln 1 gm	2	
meropenem iv for soln 500 mg	1	
PRIMAXIN IV INJ 500MG	3	
RECARBRIO INJ 1.25GM	3	
VABOMERE INJ 2GM(1-1)	3	
CHLORAMPHENICOLS		
chloramphenicol sodium succinate for iv inj 1 gm	1	
CYCLIC LIPOPEPTIDES		
daptomycin for iv soln 350 mg	2	
daptomycin for iv soln 500 mg	2	
DAPTOMYCIN INJ 350MG	3	
DAPTOMYCIN INJ 500MG	3	
GLYCOPEPTIDES		
DALVANCE SOL 500MG	3	
FIRVANQ SOL 25MG/ML	NC	
FIRVANQ SOL 50MG/ML	NC	
KIMYRSA INJ 1200MG	NC	
ORBACTIV SOL 400MG	3	
VANCOCIN CAP 125MG	3	
VANCOCIN CAP 250MG	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMY/NACL INJ 1.5/250	3	
VANCOMY/NACL INJ 1.5/500	3	
VANCOMY/NACL INJ 1.5GM	3	
VANCOMY/NACL INJ 1.25/250	3	
VANCOMY/NACL INJ 1.75/250	3	
VANCOMY/NACL INJ 1.75/500	3	
VANCOMY/NACL INJ 1/250ML	3	
VANCOMY/NACL INJ 1G/250ML	3	
VANCOMY/NACL INJ 2/500ML	3	
VANCOMY/NACL INJ 750/150	3	
VANCOMYC/D5W INJ 1.5/250	3	
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
VANCOMYC/D5W INJ 1GM	3	
VANCOMYC/D5W INJ 500MG	3	
VANCOMYC/D5W INJ 750MG	3	
vancomycin hcl cap 125 mg (base equivalent)	2	
vancomycin hcl cap 250 mg (base equivalent)	1	
vancomycin hcl for iv soln 1 gm (base equivalent)	1	
vancomycin hcl for iv soln 1.5 gm (base equivalent)	1	
vancomycin hcl for iv soln 1.25 gm (base equivalent)	1	
vancomycin hcl for iv soln 5 gm (base equivalent)	2	
vancomycin hcl for iv soln 10 gm (base equivalent)	2	
vancomycin hcl for iv soln 100 gm (base equivalent)	1	
vancomycin hcl for iv soln 500 mg (base equivalent)	1	
vancomycin hcl for iv soln 750 mg (base equivalent)	1	
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	2	
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 1.5/300	3	
VANCOMYCIN INJ 1.5GM	3	
VANCOMYCIN INJ 1.25/250	3	
VANCOMYCIN INJ 1.25GM	3	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 1.75GM	3	
VANCOMYCIN INJ 1GM/200M	3	
VANCOMYCIN INJ 2GM	3	
VANCOMYCIN INJ 5GM	3	
VANCOMYCIN INJ 10GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750/250	3	
VANCOMYCIN INJ 750MG	3	
VANCOMYCIN SOL 1.75GM	3	
VANCOMYCIN SOL 2G/400ML	3	
VIBATIV INJ 750MG	3	
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
CLEOCIN PHOS INJ 9GM/60ML	3	
CLEOCIN PHOS INJ 300/2ML	3	
CLEOCIN PHOS INJ 600/4ML	3	
CLEOCIN PHOS INJ 900/6ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
clindamycin phosphate inj 300 mg/2ml	1	
clindamycin phosphate inj 600 mg/4ml	1	
clindamycin phosphate inj 900 mg/6ml	1	
LINCOCIN INJ 300MG/ML	3	
LINCOCIN INJ 600/2ML	3	
lincomycin hcl inj 300 mg/ml	1	
MONOBACTAMS		
AZACTAM INJ 1GM	3	
AZACTAM INJ 2GM	3	

Drug Name	Drug Tier	Requirements/Limits
aztreonam for inj 1 gm	1	
aztreonam for inj 2 gm	1	
CAYSTON INH 75MG	NC	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	2	
linezolid iv soln 600 mg/300ml (2 mg/ml)	1	
linezolid tab 600 mg	1	
SIVEXTRO INJ 200MG	3	PA
SIVEXTRO TAB 200MG	3	PA
ZYVOX SOL 2MG/ML	3	
ZYVOX SUS 100MG/5M	3	
ZYVOX TAB 600MG	3	
POLYMYXINS		
colistimethate sod for inj 150 mg (colistin base activity)	2	
COLY-MYCIN M INJ 150MG	3	
polymyxin b sulfate for inj 500000 unit	1	
URINARY ANTI-INFECTIVES		
fosfomycin tromethamine powd pack 3 gm (base equivalent)	2	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
MACRODANTIN CAP 25MG	NC	
MACRODANTIN CAP 50MG	NC	
MACRODANTIN CAP 100MG	NC	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	2	(NDC 16571074024 and 70954049610 are excluded)
nitrofurantoin susp 25 mg/5ml	NC	(applies to NDC 16571074024 and 70954049610 only)
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	

Drug Name	Drug Tier	Requirements/Limits
NITRATES		
GONITRO POW 400MCG	NC	
ISORDIL TAB 5MG	3	PV
ISORDIL TAB 40MG	3	PV
ISOSORB MONO TAB 10MG	3	PV
ISOSORB MONO TAB 20MG	3	PV
isosorbide dinitrate tab 5 mg	1	PV
isosorbide dinitrate tab 10 mg	1	PV
isosorbide dinitrate tab 20 mg	1	PV
isosorbide dinitrate tab 30 mg	1	PV
isosorbide dinitrate tab 40 mg	NC	
isosorbide mononitrate tab er 24hr 30 mg	1	PV
isosorbide mononitrate tab er 24hr 60 mg	1	PV
isosorbide mononitrate tab er 24hr 120 mg	1	PV
NITRO-BID OIN 2%	3	PV
NITRO-DUR DIS 0.1MG/HR	3	PV
NITRO-DUR DIS 0.2MG/HR	3	PV
NITRO-DUR DIS 0.3MG/HR	3	PV
NITRO-DUR DIS 0.4MG/HR	3	PV
NITRO-DUR DIS 0.6MG/HR	3	PV
NITRO-DUR DIS 0.8MG/HR	3	PV
NITROGLYCER INJ 5MG/ML	3	
nitroglycerin iv soln 100 mcg/ml in d5w	1	
nitroglycerin iv soln 200 mcg/ml in d5w	1	
nitroglycerin iv soln 400 mcg/ml in d5w	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	PV
nitroglycerin td patch 24hr 0.2 mg/hr	1	PV
nitroglycerin td patch 24hr 0.4 mg/hr	1	PV
nitroglycerin td patch 24hr 0.6 mg/hr	1	PV
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
droperidol inj 2.5 mg/ml	1	
hydroxyzine hcl im soln 25 mg/ml	2	
hydroxyzine hcl im soln 50 mg/ml	2	
hydroxyzine hcl im soln 50 mg/ml	3	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	2	
meprobamate tab 400 mg	2	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.5mg xr	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 1mg xr	1	
alprazolam tab 2 mg	1	
alprazolam tab 2mg xr	1	
alprazolam tab 3mg xr	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
ATIVAN INJ 2MG/ML	NC	
ATIVAN INJ 4MG/ML	NC	
ATIVAN TAB 0.5MG	NC	
ATIVAN TAB 1MG	NC	
ATIVAN TAB 2MG	NC	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam con 5mg/ml	2	
diazepam conc 5 mg/ml	2	
diazepam inj 5 mg/ml	2	
DIAZEPAM INJ 5MG/ML	3	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	
lorazepam inj 2 mg/ml	1	
lorazepam inj 4 mg/ml	1	
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
XANAX TAB 0.5MG	NC	
XANAX TAB 0.25MG	NC	
XANAX TAB 1MG	NC	
XANAX TAB 2MG	NC	
XANAX XR TAB 0.5MG	NC	
XANAX XR TAB 1MG	NC	
XANAX XR TAB 2MG	NC	
XANAX XR TAB 3MG	NC	

ANTIARRHYTHMICS

ANTIARRHYTHMICS - MISC.

adenosine iv soln 6 mg/2ml	1	
adenosine iv soln 12 mg/4ml	1	

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg	1	PV
disopyramide phosphate cap 150 mg	1	PV
NORPACE CAP 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
NORPACE CAP 100MG CR	3	PV
NORPACE CAP 150MG	NC	
NORPACE CAP 150MG CR	3	PV
procainamide hcl inj 100 mg/ml	1	
procainamide hcl inj 500 mg/ml	1	
quinidine gluconate tab er 324 mg	2	
ANTIARRHYTHMICS TYPE I-B		
lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)	1	
lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)	1	
lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)	1	
LIDOCAINE INJ 20MG/ML	3	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	PV
flecainide acetate tab 100 mg	1	PV
flecainide acetate tab 150 mg	1	PV
propafenone hcl cap er 12hr 225 mg	1	PV
propafenone hcl cap er 12hr 325 mg	1	PV
propafenone hcl cap er 12hr 425 mg	1	PV
propafenone hcl tab 150 mg	1	PV
propafenone hcl tab 225 mg	1	PV
propafenone hcl tab 300 mg	1	PV
ANTIARRHYTHMICS TYPE III		
amiodarone hcl inj 150 mg/3ml (50 mg/ml)	1	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	1	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	1	
amiodarone hcl tab 100 mg	1	PV
amiodarone hcl tab 200 mg	1	PV
amiodarone hcl tab 400 mg	1	PV
CORVERT INJ 1MG/10ML	3	
dofetilide cap 125 mcg (0.125 mg)	4	SP; PV
dofetilide cap 250 mcg (0.25 mg)	4	SP; PV
dofetilide cap 500 mcg (0.5 mg)	4	SP; PV
ibutilide fumarate inj 1 mg/10ml	1	

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TAB 400MG	2	
NEXTERONE INJ	NC	
pacerone tab 100mg	1	PV
pacerone tab 200mg	1	PV
TIKOSYN CAP 125MCG	6	SP; PV
TIKOSYN CAP 250MCG	6	SP; PV
TIKOSYN CAP 500MCG	6	SP; PV
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	2	PV
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR INJ	NC	
FASENRA INJ 10MG/0.5	5	SP, PA, QL; PV
FASENRA INJ 30MG/ML	5	SP, PA, QL; PV
FASENRA PEN INJ 30MG/ML	5	SP, PA, QL; PV
NUCALA INJ 40MG/0.4	5	SP, PA, QL; PV
NUCALA INJ 100MG	NC	
NUCALA INJ 100MG/ML	5	SP, PA, QL; PV
TEZSPIRE INJ 210MG	5	SP, PA, QL
TEZSPIRE SOL 210MG	5	SP, PA, QL
XOLAIR INJ 75/0.5	5	SP, PA, QL; PV
XOLAIR INJ 150MG/ML	5	SP, PA, QL; PV
XOLAIR INJ 300/2ML	5	SP, PA, QL; PV
XOLAIR SOL 150MG	5	SP, PA, QL; PV
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG	3	
INCRUSE ELPT INH 62.5MCG	NC	
ipratropium bromide inhal soln 0.02%	1	
LONHALA MAGN SOL 25MCG	NC	
SEEBRI NEOHA CAP 15.6MCG	NC	
SPIRIVA AER 1.25MCG	2	PV
SPIRIVA CAP HANDIHLR	1	
SPIRIVA SPR 2.5MCG	2	
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	NC	
TUDORZA PRES AER 400/ACT	NC	
YUPELRI SOL	2	
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	PV
ACCOLATE TAB 20MG	3	PV
montelukast sodium chew tab 4 mg (base equiv)	1	PV

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium chew tab 5 mg (base equiv)	1	PV
montelukast sodium oral granules packet 4 mg (base equiv)	1	PV
montelukast sodium tab 10 mg (base equiv)	1	PV
SINGULAIR CHW 4MG	NC	
SINGULAIR CHW 5MG	NC	
SINGULAIR GRA 4MG	NC	
SINGULAIR TAB 10MG	NC	
zafirlukast tab 10 mg	1	PV
zafirlukast tab 20 mg	1	PV
zileuton tab er 12hr 600 mg	NC	
ZYFLO TAB 600MG	NC	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG	NC	
DALIRESP TAB 500MCG	NC	
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ALVESCO AER 80MCG	NC	
ALVESCO AER 160MCG	NC	
ARNUITY ELPT INH 50MCG	NC	
ARNUITY ELPT INH 100MCG	NC	
ARNUITY ELPT INH 200MCG	NC	
ASMANEX 7 AER 110MCG	NC	
ASMANEX 14 AER 220MCG	NC	
ASMANEX 30 AER 110MCG	NC	
ASMANEX 30 AER 220MCG	NC	
ASMANEX 60 AER 220MCG	NC	
ASMANEX 120 AER 220MCG	NC	
ASMANEX HFA AER 50MCG	2	QL
ASMANEX HFA AER 100 MCG	2	QL
ASMANEX HFA AER 200 MCG	2	QL
budesonide inhalation susp 0.5 mg/2ml	1	PA, QL; PV
budesonide inhalation susp 0.25 mg/2ml	1	PA, QL; PV
budesonide inhalation susp 1 mg/2ml	2	PA, QL; PV
FLOVENT DISK AER 50MCG	NC	
FLOVENT DISK AER 100MCG	NC	
FLOVENT DISK AER 250MCG	NC	
FLOVENT HFA AER 44MCG	NC	
FLOVENT HFA AER 110MCG	NC	
FLOVENT HFA AER 220MCG	NC	
fluticasone propionate hfa inhal aer 110 mcg/act	NC	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate hfa inhal aer 220 mcg/act	NC	
fluticasone propionate hfa inhal aero 44 mcg/act	NC	
PULMICORT INH 90MCG	2	QL; PV
PULMICORT INH 180MCG	2	QL; PV
PULMICORT SUS 0.5MG/2	3	PA, QL; PV
PULMICORT SUS 0.25MG/2	3	PA, QL; PV
PULMICORT SUS 1MG/2ML	3	PA, QL; PV
QVAR REDIHA AER 80MCG	NC	
QVAR REDIHAL AER 40MCG	NC	
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	NC	
ADVAIR DISKU AER 250/50	NC	
ADVAIR DISKU AER 500/50	NC	
ADVAIR HFA AER 45/21	NC	
ADVAIR HFA AER 115/21	NC	
ADVAIR HFA AER 230/21	NC	
AIRDUO RESPI INH 55-14	NC	
AIRDUO RESPI INH 113-14	NC	
AIRDUO RESPI INH 232-14	NC	
AIRSUPRA AER 90-80MCG	2	QL
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25	2	QL
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	2	QL; PV
BEVESPI AER 9-4.8MCG	NC	
BREO ELLIPTA INH 50-25MCG	2	QL; PV
BREO ELLIPTA INH 100-25	2	QL; PV
BREO ELLIPTA INH 200-25	2	QL; PV
breyna aer 80/4.5	1	QL; PV
breyna aer 160/4.5	1	QL; PV

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE	2	QL
BROVANA NEB 15MCG	3	QL; PV
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL; PV
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL; PV
COMBIVENT AER 20-100	3	
DUAKLIR AER 400/12	NC	
DULERA AER 50-5MCG	NC	
DULERA AER 100-5MCG	NC	
DULERA AER 200-5MCG	NC	
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL; PV
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL; PV
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL; PV; (except NDC 66993058697 is NC)
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	1	QL; PV; (except NDCs 66993-xxxx-xx are NC)
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	2	QL; PV; (except NDCs 66993-xxxx-xx are is NC)
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	2	QL; PV; (except NDCs 66993-xxxx-xx are is NC)
formoterol fumarate soln nebu 20 mcg/2ml	2	QL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	
isoproterenol hcl inj 0.2 mg/ml	1	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL
PERFOROMIST NEB 20MCG	3	QL
PROAIR HFA AER	NC	
PROAIR RESPI AER	NC	
PROVENTIL AER HFA	NC	
SEREVENT DIS AER 50MCG	2	QL
STIOLTO AER 2.5-2.5	2	QL

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI AER 2.5MCG	2	QL
SYMBICORT AER 80-4.5	NC	
SYMBICORT AER 160-4.5	NC	
terbutaline sulfate inj 1 mg/ml	1	
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL; PV
TRELEGY AER 200MCG	2	QL; PV
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	1	QL
UTIBRON CAP NEOHALER	NC	
VENTOLIN HFA AER	NC	
wixela inhub aer 100/50	1	QL; PV
wixela inhub aer 250/50	1	QL; PV
wixela inhub aer 500/50	1	QL; PV
XOPENEX HFA AER	NC	
XANTHINES		
aminophylline inj 25 mg/ml	1	
elixophyllin elx 80/15ml	1	
THEO-24 CAP 100MG CR	NC	
THEO-24 CAP 200MG CR	NC	
THEO-24 CAP 300MG CR	NC	
THEO-24 CAP 400MG ER	NC	
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG	NC	
COUMADIN TAB 2.5MG	NC	
COUMADIN TAB 2MG	NC	
COUMADIN TAB 3MG	NC	
COUMADIN TAB 4MG	NC	
COUMADIN TAB 5MG	NC	
COUMADIN TAB 6MG	NC	
COUMADIN TAB 7.5MG	NC	
COUMADIN TAB 10MG	NC	
jantoven tab 1mg	1	PV
jantoven tab 2.5mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
jantoven tab 2mg	1	PV
jantoven tab 3mg	1	PV
jantoven tab 4mg	1	PV
jantoven tab 5mg	1	PV
jantoven tab 6mg	1	PV
jantoven tab 7.5mg	1	PV
jantoven tab 10mg	1	PV
warfarin sodium tab 1 mg	1	PV
warfarin sodium tab 2 mg	1	PV
warfarin sodium tab 2.5 mg	1	PV
warfarin sodium tab 3 mg	1	PV
warfarin sodium tab 4 mg	1	PV
warfarin sodium tab 5 mg	1	PV
warfarin sodium tab 6 mg	1	PV
warfarin sodium tab 7.5 mg	1	PV
warfarin sodium tab 10 mg	1	PV
DIRECT FACTOR XA INHIBITORS		
BEVYXXA CAP 40MG	NC	
BEVYXXA CAP 80MG	NC	
ELIQUIS ST P TAB 5MG	2	PV
ELIQUIS TAB 2.5MG	2	PV
ELIQUIS TAB 5MG	2	PV
rivaroxaban tab 2.5 mg	2	
SAVAYSA TAB 15MG	NC	
SAVAYSA TAB 30MG	NC	
SAVAYSA TAB 60MG	NC	
XARELTO STAR TAB 15/20MG	2	PV
XARELTO SUS 1MG/ML	2	PV
XARELTO TAB 2.5MG	2	PV
XARELTO TAB 10MG	2	PV
XARELTO TAB 15MG	2	PV
XARELTO TAB 20MG	2	PV
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	PV
ARIXTRA INJ 5/0.4ML	3	PV
ARIXTRA INJ 7.5/0.6	3	PV
ARIXTRA INJ 10/0.8ML	3	PV
enoxaparin sodium inj 300 mg/3ml	1	PV
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	PV
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	PV

Drug Name	Drug Tier	Requirements/Limits
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	2	PV
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	2	PV
enoxaparin sodium inj soln pref syr 100 mg/ml	2	PV
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	2	PV
enoxaparin sodium inj soln pref syr 150 mg/ml	2	PV
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	2	PV
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	2	PV
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	2	PV
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	2	PV
FRAGMIN INJ 2500/0.2	3	PV
FRAGMIN INJ 2500/ML	3	PV
FRAGMIN INJ 5000/0.2	3	PV
FRAGMIN INJ 7500/0.3	3	PV
FRAGMIN INJ 10000/ML	3	PV
FRAGMIN INJ 12500UNT	3	PV
FRAGMIN INJ 15000UNT	3	PV
FRAGMIN INJ 18000UNT	3	PV
FRAGMIN INJ 95000UNT	3	PV
HEP SOD/D5W INJ 100/ML	NC	
HEP SOD/D5W INJ 20000UNT	NC	
HEP SOD/D5W INJ 25000UNT	NC	
HEP SOD/DEXT INJ 25000UNT	NC	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	NC	
heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%	1	
heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%	1	
heparin sodium (porcine) 100 unit/ml in d5w	NC	
heparin sodium (porcine) inj 1000 unit/ml	1	
heparin sodium (porcine) inj 5000 unit/ml	1	
heparin sodium (porcine) inj 10000 unit/ml	2	
heparin sodium (porcine) inj 20000 unit/ml	1	
heparin sodium (porcine) pf inj 1000 unit/ml	1	
heparin sodium (porcine) pf inj 5000 unit/0.5ml	2	

Drug Name	Drug Tier	Requirements/Limits
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	NC	
LOVENOX INJ 30/0.3ML	3	PV
LOVENOX INJ 40/0.4ML	3	PV
LOVENOX INJ 60/0.6ML	3	PV
LOVENOX INJ 80/0.8ML	3	PV
LOVENOX INJ 100MG/ML	3	PV
LOVENOX INJ 120/0.8	3	PV
LOVENOX INJ 150MG/ML	3	PV
LOVENOX INJ 300/3ML	3	PV
IN VITRO/LOCK ANTICOAGULANTS		
ACD FORMULA SOL A	3	
ANTICOAGULNT SOL SOD CITR	3	
NOCLOT-50 SOL ACD-A	3	
TRICITRASOL CON	3	
THROMBIN INHIBITORS		
ANGIOMAX INJ 250MG	3	
ARGATROBAN INJ 50/50ML	3	
ARGATROBAN INJ 50MG/50M	3	
ARGATROBAN INJ 100MG/ML	3	
argatroban inj 250 mg/2.5ml (concentrate for iv infusion)	1	
argatroban iv soln 50 mg/50ml (1 mg/ml)	1	
BIVALIR/NACL INJ 250/50	NC	
BIVALIR/NACL INJ 500/100	NC	
bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)	1	
bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)	1	
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	PV
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	PV
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	PV
PRADAXA CAP 75MG	NC	
PRADAXA CAP 110MG	NC	
PRADAXA CAP 150MG	NC	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	PV
FYCOMPA TAB 2MG	2	PV
FYCOMPA TAB 4MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 6MG	2	PV
FYCOMPA TAB 8MG	2	PV
FYCOMPA TAB 10MG	2	PV
FYCOMPA TAB 12MG	2	PV
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	PA; PV
clobazam tab 10 mg	1	PA; PV
clobazam tab 20 mg	1	PA; PV
clonazepam orally disintegrating tab 0.5 mg	1	PV
clonazepam orally disintegrating tab 0.25 mg	1	PV
clonazepam orally disintegrating tab 0.125 mg	1	PV
clonazepam orally disintegrating tab 1 mg	1	PV
clonazepam orally disintegrating tab 2 mg	1	PV
clonazepam tab 0.5 mg	1	PV
clonazepam tab 1 mg	1	PV
clonazepam tab 2 mg	1	PV
diazepam rectal gel delivery system 2.5 mg	2	
diazepam rectal gel delivery system 10 mg	2	
diazepam rectal gel delivery system 20 mg	2	
KLONOPIN TAB 0.5MG	3	PV
KLONOPIN TAB 1MG	3	PV
KLONOPIN TAB 2MG	3	PV
LIBERVANT MIS 5MG	2	
LIBERVANT MIS 7.5MG	2	
LIBERVANT MIS 10MG	2	
LIBERVANT MIS 12.5MG	2	
LIBERVANT MIS 15MG	2	
NAYZILAM SPR 5MG	2	
ONFI SUS 2.5MG/ML	NC	
ONFI TAB 10MG	NC	
ONFI TAB 20MG	NC	
VALTOCO SPR 5MG	2	
VALTOCO SPR 10MG	2	
VALTOCO SPR 15MG	2	
VALTOCO SPR 20MG	2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	3	PV
APTIOM TAB 400MG	3	PV
APTIOM TAB 600MG	3	PV
APTIOM TAB 800MG	3	PV
BANZEL SUS 40MG/ML	NC	
BANZEL TAB 200MG	NC	

Drug Name	Drug Tier	Requirements/Limits
BANZEL TAB 400MG	NC	
BRIVIACT INJ 50MG/5ML	2	PV
BRIVIACT SOL 10MG/ML	2	PV
BRIVIACT TAB 10MG	2	PV
BRIVIACT TAB 25MG	2	PV
BRIVIACT TAB 50MG	2	PV
BRIVIACT TAB 75MG	2	PV
BRIVIACT TAB 100MG	2	PV
carbamazepine cap er 12hr 100 mg	1	PV
carbamazepine cap er 12hr 200 mg	1	PV
carbamazepine cap er 12hr 300 mg	1	PV
carbamazepine chew tab 100 mg	1	PV
carbamazepine susp 100 mg/5ml	1	PV
carbamazepine tab 200 mg	1	PV
carbamazepine tab er 12hr 100 mg	1	PV
carbamazepine tab er 12hr 200 mg	1	PV
carbamazepine tab er 12hr 400 mg	1	PV
CARBATROL CAP 100MG	3	PV
CARBATROL CAP 200MG	3	PV
CARBATROL CAP 300MG	3	PV
DIACOMIT CAP 250MG	NC	SP
DIACOMIT CAP 500MG	NC	SP
DIACOMIT PAK 250MG	NC	SP
DIACOMIT PAK 500MG	NC	SP
ELEPSIA XR TAB 1000MG	NC	
ELEPSIA XR TAB 1500MG	NC	
EPIDIOLEX SOL 100MG/ML	6	SP, PA, QL; PV
epitol tab 200mg	1	PV
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
FINTEPLA SOL 2.2MG/ML	NC	
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
GABARONE TAB 100MG	NC	
GABARONE TAB 400MG	NC	
KEPPRA INJ 500/5ML	NC	
KEPPRA SOL 100MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TAB 250MG	NC	
KEPPRA TAB 500MG	NC	
KEPPRA TAB 750MG	NC	
KEPPRA TAB 1000MG	NC	
KEPPRA XR TAB 500MG	NC	
KEPPRA XR TAB 750MG	NC	
lacosamide iv inj 200 mg/20ml (10 mg/ml)	1	PV
lacosamide oral solution 10 mg/ml	2	PV
lacosamide tab 50 mg	1	PV
lacosamide tab 100 mg	1	PV
lacosamide tab 150 mg	1	PV
lacosamide tab 200 mg	1	PV
LAMICTAL CHW 5MG	NC	
LAMICTAL CHW 25MG	NC	
LAMICTAL KIT START 35	NC	
LAMICTAL KIT START 49	NC	
LAMICTAL KIT START 98	NC	
LAMICTAL ODT KIT	NC	
LAMICTAL ODT TAB 25MG	NC	
LAMICTAL ODT TAB 50MG	NC	
LAMICTAL ODT TAB 100MG	NC	
LAMICTAL ODT TAB 200MG	NC	
LAMICTAL TAB 25MG	NC	
LAMICTAL TAB 100MG	NC	
LAMICTAL TAB 150MG	NC	
LAMICTAL TAB 200MG	NC	
LAMICTAL XR KIT	NC	
lamotrigine orally disintegrating tab 25 mg	2	PV
lamotrigine orally disintegrating tab 50 mg	1	PV
lamotrigine orally disintegrating tab 100 mg	1	PV
lamotrigine orally disintegrating tab 200 mg	1	PV
lamotrigine tab 25 mg	1	PV
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	2	PV
lamotrigine tab 35 x 25 mg starter kit	2	PV
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	2	PV
lamotrigine tab 100 mg	1	PV
lamotrigine tab 150 mg	1	PV
lamotrigine tab 200 mg	1	PV
lamotrigine tab chewable dispersible 5 mg	1	PV
lamotrigine tab chewable dispersible 25 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	2	PV
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	2	PV
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	2	PV
lamotrigine tab er 24hr 25 mg	1	PV
lamotrigine tab er 24hr 25 mg	NC	(applies to NDC 31722024030 only)
lamotrigine tab er 24hr 50 mg	1	PV
lamotrigine tab er 24hr 50 mg	NC	(applies to NDC 31722024130 only)
lamotrigine tab er 24hr 100 mg	1	PV
lamotrigine tab er 24hr 100 mg	NC	(applies to NDC 31722024230 only)
lamotrigine tab er 24hr 200 mg	1	PV
lamotrigine tab er 24hr 200 mg	NC	(applies to NDC 31722024330 only)
lamotrigine tab er 24hr 250 mg	2	PV
lamotrigine tab er 24hr 250 mg	NC	(applies to NDC 31722024430 only)
lamotrigine tab er 24hr 300 mg	1	PV
lamotrigine tab er 24hr 300 mg	NC	(applies to NDC 31722024530 only)
LEVETIRACETA INJ 5MG/ML	3	
LEVETIRACETA INJ 10MG/ML	3	
LEVETIRACETA INJ 15MG/ML	3	
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
levetiracetam inj 500 mg/5ml (100 mg/ml)	1	
levetiracetam oral soln 100 mg/ml	1	PV
levetiracetam tab 250 mg	1	PV
levetiracetam tab 500 mg	1	PV
levetiracetam tab 750 mg	1	PV
levetiracetam tab 1000 mg	1	PV
levetiracetam tab er 24hr 500 mg	1	PV
levetiracetam tab er 24hr 750 mg	1	PV
LYRICA CAP 25MG	NC	
LYRICA CAP 50MG	NC	

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 75MG	NC	
LYRICA CAP 100MG	NC	
LYRICA CAP 150MG	NC	
LYRICA CAP 200MG	NC	
LYRICA CAP 225MG	NC	
LYRICA CAP 300MG	NC	
LYRICA SOL 20MG/ML	NC	
MOTPOLY XR CAP 100MG	NC	
MOTPOLY XR CAP 150MG	NC	
MOTPOLY XR CAP 200MG	NC	
MYSOLINE TAB 50MG	3	PV
MYSOLINE TAB 250MG	3	PV
NEURONTIN CAP 100MG	3	
NEURONTIN CAP 300MG	3	
NEURONTIN CAP 400MG	3	
NEURONTIN SOL 250/5ML	3	
NEURONTIN TAB 600MG	3	
NEURONTIN TAB 800MG	3	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	2	PV
oxcarbazepine tab 150 mg	1	PV
oxcarbazepine tab 300 mg	1	PV
oxcarbazepine tab 600 mg	1	PV
oxcarbazepine tab er 24hr 150 mg	2	PV
oxcarbazepine tab er 24hr 300 mg	2	PV
oxcarbazepine tab er 24hr 600 mg	2	PV
OXTELLAR XR TAB 150MG	2	PV
OXTELLAR XR TAB 300MG	2	PV
OXTELLAR XR TAB 600MG	2	PV
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	
pregabalin cap 200 mg	1	
pregabalin cap 225 mg	1	
pregabalin cap 300 mg	1	
pregabalin soln 20 mg/ml	2	
primidone tab 50 mg	1	PV
primidone tab 250 mg	1	PV
roweepra tab 500mg	1	PV
rufinamide susp 40 mg/ml	2	PV
rufinamide tab 200 mg	2	PV
rufinamide tab 400 mg	2	PV

Drug Name	Drug Tier	Requirements/Limits
subvenite kit start 35	2	PV
subvenite kit start 49	2	PV
subvenite kit start 98	2	PV
subvenite tab 25mg	1	PV
subvenite tab 100mg	1	PV
subvenite tab 150mg	1	PV
subvenite tab 200mg	1	PV
TEGRETOL SUS 100/5ML	NC	
TEGRETOL TAB 200MG	NC	
TEGRETOL-XR TAB 100MG	NC	
TEGRETOL-XR TAB 200MG	NC	
TEGRETOL-XR TAB 400MG	NC	
TOPAMAX SPR CAP 15MG	3	PV
TOPAMAX SPR CAP 25MG	3	PV
TOPAMAX TAB 25MG	3	PV
TOPAMAX TAB 50MG	3	PV
TOPAMAX TAB 100MG	3	PV
TOPAMAX TAB 200MG	3	PV
topiramate cap er 24hr 25 mg	2	
topiramate cap er 24hr 50 mg	2	
topiramate cap er 24hr 100 mg	2	
topiramate cap er 24hr 200 mg	2	
topiramate cap er 24hr sprinkle 25 mg	NC	
topiramate cap er 24hr sprinkle 50 mg	NC	
topiramate cap er 24hr sprinkle 100 mg	NC	
topiramate cap er 24hr sprinkle 150 mg	NC	
topiramate cap er 24hr sprinkle 200 mg	NC	
topiramate sprinkle cap 15 mg	1	PV
topiramate sprinkle cap 25 mg	1	PV
topiramate sprinkle cap 50 mg	2	PV
topiramate tab 25 mg	1	PV
topiramate tab 50 mg	1	PV
topiramate tab 100 mg	1	PV
topiramate tab 200 mg	1	PV
TRILEPTAL SUS 300/5ML	NC	
TRILEPTAL TAB 150MG	NC	
TRILEPTAL TAB 300MG	NC	
TRILEPTAL TAB 600MG	NC	
TROKENDI XR CAP 25MG	3	PV
TROKENDI XR CAP 50MG	3	PV
TROKENDI XR CAP 100MG	3	PV
TROKENDI XR CAP 200MG	3	PV
VIMPAT INJ 200MG/20	NC	

Drug Name	Drug Tier	Requirements/Limits
VIMPAT SOL 10MG/ML	NC	
VIMPAT TAB 50MG	NC	
VIMPAT TAB 100MG	NC	
VIMPAT TAB 150MG	NC	
VIMPAT TAB 200MG	NC	
ZONEGRAN CAP 25MG	NC	
ZONEGRAN CAP 100MG	NC	
zonisamide cap 25 mg	1	PV
zonisamide cap 50 mg	1	PV
zonisamide cap 100 mg	1	PV
CARBAMATES		
felbamate susp 600 mg/5ml	1	PV
felbamate tab 400 mg	1	PV
felbamate tab 600 mg	2	PV
FELBATOL TAB 400MG	3	PV
FELBATOL TAB 600MG	3	PV
XCOPRI PAK 12.5-25	2	PV
XCOPRI PAK 50-100MG	2	PV
XCOPRI PAK 100-150	2	PV
XCOPRI PAK 150-200	2	PV
XCOPRI TAB 25MG	2	PV
XCOPRI TAB 50MG	2	PV
XCOPRI TAB 100MG	2	PV
XCOPRI TAB 150MG	2	PV
XCOPRI TAB 200MG	2	PV
GABA MODULATORS		
SABRIL POW 500MG	NC	SP
SABRIL TAB 500MG	NC	SP
tiagabine hcl tab 2 mg	2	PV
tiagabine hcl tab 4 mg	2	PV
tiagabine hcl tab 12 mg	2	PV
tiagabine hcl tab 16 mg	1	PV
vigabatrin powd pack 500 mg	4	SP, PA, QL; PV
vigabatrin tab 500 mg	4	SP, PA, QL; PV
vigadrone pow 500mg	4	SP, PA, QL; PV
VIGAFYDE SOL 100MG/ML	NC	SP
vigpoder pow 500mg	4	SP, PA, QL; PV
HYDANTOINS		
CEREBYX INJ 100/2ML	3	
CEREBYX INJ 500/10ML	3	
DILANTIN CAP 30MG	NC	
DILANTIN CAP 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
DILANTIN CHW 50MG	NC	
DILANTIN-125 SUS 125/5ML	NC	
fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)	1	
fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)	1	
phenytek cap 200mg	1	PV
phenytek cap 300mg	1	PV
phenytoin chew tab 50 mg	1	PV
phenytoin sodium extended cap 100 mg	1	PV
phenytoin sodium extended cap 200 mg	1	PV
phenytoin sodium extended cap 300 mg	1	PV
phenytoin sodium inj 50 mg/ml	1	
phenytoin susp 125 mg/5ml	1	PV
SUCCINIMIDES		
CELONTIN CAP 300MG	3	PV
ethosuximide cap 250 mg	1	PV
ethosuximide soln 250 mg/5ml	1	PV
methsuximide cap 300 mg	2	PV
ZARONTIN CAP 250MG	3	PV
ZARONTIN SOL 250/5ML	3	PV
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	NC	
DEPAKOTE ER TAB 500MG	NC	
DEPAKOTE SPR CAP 125MG	NC	
DEPAKOTE TAB 125MG DR	NC	
DEPAKOTE TAB 250MG DR	NC	
DEPAKOTE TAB 500MG DR	NC	
divalproex sodium cap delayed release sprinkle 125 mg	1	PV
divalproex sodium tab delayed release 125 mg	1	PV
divalproex sodium tab delayed release 250 mg	1	PV
divalproex sodium tab delayed release 500 mg	1	PV
divalproex sodium tab er 24 hr 250 mg	1	PV
divalproex sodium tab er 24 hr 500 mg	1	PV
valproate sodium inj 100 mg/ml	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	PV
valproic acid cap 250 mg	1	PV
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
mirtazapine orally disintegrating tab 30 mg	1	PV
mirtazapine orally disintegrating tab 45 mg	1	PV
mirtazapine tab 7.5 mg	1	PV
mirtazapine tab 15 mg	1	PV
mirtazapine tab 30 mg	1	PV
mirtazapine tab 45 mg	1	PV
REMERON SLTB TAB 15MG	3	PV
REMERON SLTB TAB 30MG	3	PV
REMERON SLTB TAB 45MG	3	PV
REMERON TAB 15MG	3	PV
REMERON TAB 30MG	3	PV
ANTIDEPRESSANT COMBINATIONS		
AUVELITY TAB 45-105MG	NC	
ANTIDEPRESSANTS - MISC.		
APLENZIN TAB 174MG	NC	
APLENZIN TAB 348MG	NC	
APLENZIN TAB 522MG	NC	
bupropion hcl tab 75 mg	1	PV
bupropion hcl tab 100 mg	1	PV
bupropion hcl tab er 12hr 100 mg	1	PV
bupropion hcl tab er 12hr 150 mg	1	PV
bupropion hcl tab er 12hr 200 mg	1	PV
bupropion hcl tab er 24hr 150 mg	1	PV
bupropion hcl tab er 24hr 300 mg	1	PV
bupropion hcl tab er 24hr 450 mg	NC	
FORFIVO XL TAB 450MG	3	PV
WELLBUTRIN TAB 100MG SR	3	PV
WELLBUTRIN TAB 150MG SR	3	PV
WELLBUTRIN TAB 200MG SR	3	PV
WELLBUTRIN TAB XL 150MG	NC	
WELLBUTRIN TAB XL 300MG	NC	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	6	SP, PA
ZURZUVAE CAP 25MG	6	SP, PA
ZURZUVAE CAP 30MG	6	SP, PA
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	PV
EMSAM DIS 9MG/24HR	3	PV
EMSAM DIS 12MG/24H	3	PV
MARPLAN TAB 10MG	3	PV
NARDIL TAB 15MG	3	PV
PARNATE TAB 10MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
phenelzine sulfate tab 15 mg	1	PV
tranylcypromine sulfate tab 10 mg	2	PV
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	PV
CELEXA TAB 20MG	3	PV
CELEXA TAB 40MG	3	PV
CITALOPRAM CAP 30MG	3	PV
citalopram hydrobromide oral soln 10 mg/5ml	1	PV
citalopram hydrobromide tab 10 mg (base equiv)	1	PV
citalopram hydrobromide tab 20 mg (base equiv)	1	PV
citalopram hydrobromide tab 40 mg (base equiv)	1	PV
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	PV
escitalopram oxalate tab 5 mg (base equiv)	1	PV
escitalopram oxalate tab 10 mg (base equiv)	1	PV
escitalopram oxalate tab 20 mg (base equiv)	1	PV
fluoxetine hcl cap 10 mg	1	PV
fluoxetine hcl cap 20 mg	1	PV
fluoxetine hcl cap 40 mg	1	PV
fluoxetine hcl cap delayed release 90 mg	1	PV
fluoxetine hcl solution 20 mg/5ml	1	PV
fluoxetine hcl tab 10 mg	1	PV
fluoxetine hcl tab 20 mg	1	PV
fluoxetine hcl tab 60 mg	NC	
FLUOXETINE TAB 60MG	NC	
fluvoxamine maleate cap er 24hr 100 mg	2	PV
fluvoxamine maleate cap er 24hr 150 mg	2	PV
fluvoxamine maleate tab 25 mg	1	PV
fluvoxamine maleate tab 50 mg	1	PV
fluvoxamine maleate tab 100 mg	1	PV
LEXAPRO TAB 5MG	NC	
LEXAPRO TAB 10MG	NC	
LEXAPRO TAB 20MG	NC	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	2	PV
paroxetine hcl tab 10 mg	1	PV
paroxetine hcl tab 20 mg	1	PV
paroxetine hcl tab 30 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl tab 40 mg	1	PV
paroxetine hcl tab er 24hr 12.5 mg	1	PV
paroxetine hcl tab er 24hr 25 mg	1	PV
paroxetine hcl tab er 24hr 37.5 mg	1	PV
paroxetine hcl tab er 24hr 37.5 mg	NC	(applies to NDC 60505367503 only)
PAXIL CR TAB 12.5MG	NC	
PAXIL CR TAB 25MG	NC	
PAXIL CR TAB 37.5MG	NC	
PAXIL SUS 10MG/5ML	NC	
PAXIL TAB 10MG	NC	
PAXIL TAB 20MG	NC	
PAXIL TAB 30MG	NC	
PAXIL TAB 40MG	NC	
PEXEVA TAB 10MG	NC	
PEXEVA TAB 20MG	NC	
PEXEVA TAB 30MG	NC	
PEXEVA TAB 40MG	NC	
PROZAC CAP 10MG	NC	
PROZAC CAP 20MG	NC	
PROZAC CAP 40MG	NC	
sertraline hcl oral concentrate for solution 20 mg/ml	1	PV
sertraline hcl tab 25 mg	1	PV
sertraline hcl tab 50 mg	1	PV
sertraline hcl tab 100 mg	1	PV
ZOLOFT CON 20MG/ML	NC	
ZOLOFT TAB 25MG	NC	
ZOLOFT TAB 50MG	NC	
ZOLOFT TAB 100MG	NC	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	PV
nefazodone hcl tab 100 mg	2	PV
nefazodone hcl tab 150 mg	1	PV
nefazodone hcl tab 200 mg	1	PV
nefazodone hcl tab 250 mg	1	PV
RALDESY SOL 10MG/ML	NC	
trazodone hcl tab 50 mg	1	PV
trazodone hcl tab 100 mg	1	PV
trazodone hcl tab 150 mg	1	PV
trazodone hcl tab 300 mg	1	PV
TRINTELLIX TAB 5MG	2	PV
TRINTELLIX TAB 10MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 20MG	2	PV
VIIBRYD KIT STARTER	NC	
VIIBRYD TAB 10MG	NC	
VIIBRYD TAB 20MG	NC	
VIIBRYD TAB 40MG	NC	
vilazodone hcl tab 10 mg	1	PV
vilazodone hcl tab 20 mg	1	PV
vilazodone hcl tab 40 mg	1	PV
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
CYMBALTA CAP 20MG	NC	
CYMBALTA CAP 30MG	NC	
CYMBALTA CAP 60MG	NC	
DESVENLAFAX TAB 50MG ER	3	PV
DESVENLAFAX TAB 100MG ER	3	PV
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	PV
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	PV
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	PV
DRIZALMA CAP 20MG DR	NC	
DRIZALMA CAP 30MG DR	NC	
DRIZALMA CAP 40MG DR	NC	
DRIZALMA CAP 60MG DR	NC	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	PV
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	PV
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	PV
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	PV
EFFEXOR XR CAP 37.5MG	NC	
EFFEXOR XR CAP 75MG	NC	
EFFEXOR XR CAP 150MG	NC	
FETZIMA CAP 20MG	3	PV
FETZIMA CAP 40MG	3	PV
FETZIMA CAP 80MG	3	PV
FETZIMA CAP 120MG	3	PV
FETZIMA CAP TITRATIO	3	PV
PRISTIQ TAB 25MG	NC	
PRISTIQ TAB 50MG	NC	
PRISTIQ TAB 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	PV
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	PV
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	PV
venlafaxine hcl tab 25 mg (base equivalent)	1	PV
venlafaxine hcl tab 37.5 mg (base equivalent)	1	PV
venlafaxine hcl tab 50 mg (base equivalent)	1	PV
venlafaxine hcl tab 75 mg (base equivalent)	1	PV
venlafaxine hcl tab 100 mg (base equivalent)	1	PV
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	PV
VENLAFAXINE TAB 112.5MG	NC	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	PV
amitriptyline hcl tab 25 mg	1	PV
amitriptyline hcl tab 50 mg	1	PV
amitriptyline hcl tab 75 mg	1	PV
amitriptyline hcl tab 100 mg	1	PV
amitriptyline hcl tab 150 mg	1	PV
amoxapine tab 25 mg	1	PV
amoxapine tab 50 mg	1	PV
amoxapine tab 100 mg	1	PV
amoxapine tab 150 mg	1	PV
ANAFRANIL CAP 25MG	3	PV
ANAFRANIL CAP 50MG	3	PV
ANAFRANIL CAP 75MG	3	PV
clomipramine hcl cap 25 mg	1	PV
clomipramine hcl cap 50 mg	1	PV
clomipramine hcl cap 75 mg	1	PV
desipramine hcl tab 10 mg	1	PV
desipramine hcl tab 25 mg	1	PV
desipramine hcl tab 50 mg	1	PV
desipramine hcl tab 75 mg	1	PV
desipramine hcl tab 100 mg	1	PV
desipramine hcl tab 150 mg	1	PV
doxepin hcl cap 10 mg	1	PV
doxepin hcl cap 25 mg	1	PV
doxepin hcl cap 50 mg	1	PV
doxepin hcl cap 75 mg	1	PV
doxepin hcl cap 100 mg	1	PV
doxepin hcl cap 150 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
doxepin hcl conc 10 mg/ml	1	PV
imipramine hcl tab 10 mg	1	PV
imipramine hcl tab 25 mg	1	PV
imipramine hcl tab 50 mg	1	PV
imipramine pamoate cap 75 mg	2	PV
imipramine pamoate cap 100 mg	2	PV
imipramine pamoate cap 125 mg	2	PV
imipramine pamoate cap 150 mg	2	PV
NORPRAMIN TAB 10MG	3	PV
NORPRAMIN TAB 25MG	3	PV
nortriptyline hcl cap 10 mg	1	PV
nortriptyline hcl cap 25 mg	1	PV
nortriptyline hcl cap 50 mg	1	PV
nortriptyline hcl cap 75 mg	1	PV
nortriptyline hcl soln 10 mg/5ml	1	PV
PAMELOR CAP 10MG	3	PV
PAMELOR CAP 25MG	3	PV
PAMELOR CAP 50MG	3	PV
PAMELOR CAP 75MG	3	PV
protriptyline hcl tab 5 mg	1	PV
protriptyline hcl tab 10 mg	2	PV
trimipramine maleate cap 25 mg	1	PV
trimipramine maleate cap 50 mg	1	PV
trimipramine maleate cap 100 mg	1	PV
ANTIDIABETICS		
ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tab 25 mg	1	PV
acarbose tab 50 mg	1	PV
acarbose tab 100 mg	1	PV
miglitol tab 25 mg	1	PV
miglitol tab 50 mg	1	PV
miglitol tab 100 mg	1	PV
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	PV
SYMLNPEN 120 INJ 1000MCG	2	PV
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	PV
alogliptin-metformin hcl tab 12.5-500 mg	NC	
alogliptin-metformin hcl tab 12.5-1000 mg	NC	
alogliptin-pioglitazone tab 12.5-15 mg	NC	
alogliptin-pioglitazone tab 12.5-30 mg	NC	
alogliptin-pioglitazone tab 12.5-45 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
alogliptin-pioglitazone tab 25-15 mg	NC	
alogliptin-pioglitazone tab 25-30 mg	NC	
alogliptin-pioglitazone tab 25-45 mg	NC	
dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg	NC	
dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg	NC	
DUETACT TAB 30-2MG	3	PV
DUETACT TAB 30-4MG	3	PV
glipizide-metformin hcl tab 2.5-250 mg	1	PV
glipizide-metformin hcl tab 2.5-500 mg	1	PV
glipizide-metformin hcl tab 5-500 mg	1	PV
glyburide-metformin tab 1.25-250 mg	1	PV
glyburide-metformin tab 2.5-500 mg	1	PV
glyburide-metformin tab 5-500 mg	1	PV
GLYXAMBI TAB 10-5 MG	2	PV
GLYXAMBI TAB 25-5 MG	2	PV
INVOKAMET TAB 50-500MG	NC	
INVOKAMET TAB 50-1000	NC	
INVOKAMET TAB 150-500	NC	
INVOKAMET TAB 150-1000	NC	
INVOKAMET XR TAB 50-500MG	NC	
INVOKAMET XR TAB 50-1000	NC	
INVOKAMET XR TAB 150-500	NC	
INVOKAMET XR TAB 150-1000	NC	
JANUMET TAB 50-500MG	2	PV
JANUMET TAB 50-1000	2	PV
JANUMET XR TAB 50-500MG	2	PV
JANUMET XR TAB 50-1000	2	PV
JANUMET XR TAB 100-1000	2	PV
JENTADUETO TAB 2.5-500	NC	
JENTADUETO TAB 2.5-850	NC	
JENTADUETO TAB 2.5-1000	NC	
JENTADUETO TAB XR	NC	
KAZANO 12.5- TAB 500MG	NC	
KAZANO 12.5- TAB 1000MG	NC	
KOMBIGLYZ XR TAB 2.5-1000	NC	
KOMBIGLYZ XR TAB 5-500MG	NC	
KOMBIGLYZ XR TAB 5-1000MG	NC	
OSENI TAB 12.5-15	NC	
OSENI TAB 12.5-30	NC	
OSENI TAB 12.5-45	NC	
OSENI TAB 25-15MG	NC	

Drug Name	Drug Tier	Requirements/Limits
OSENI TAB 25-30MG	NC	
OSENI TAB 25-45MG	NC	
pioglitazone hcl-glimepiride tab 30-2 mg	2	PV
pioglitazone hcl-glimepiride tab 30-4 mg	2	PV
pioglitazone hcl-metformin hcl tab 15-500 mg	1	PV
pioglitazone hcl-metformin hcl tab 15-850 mg	1	PV
QTERN TAB 5-5MG	NC	
QTERN TAB 10-5MG	NC	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2	
saxagliptin-metformin hcl tab er 24hr 5-500 mg	2	
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	2	
SEGLUROMET TAB 2.5-500	NC	
SEGLUROMET TAB 2.5-1000	NC	
SEGLUROMET TAB 7.5-500	NC	
SEGLUROMET TAB 7.5-1000	NC	
SITAG/METFOR TAB 50-500MG	NC	
SITAG/METFOR TAB 50-1000	NC	
SITAG/METFOR TAB 100-1000	NC	
SOLIQUA INJ 100/33	0	$0 Copay per 30-day supply
STEGLUJAN TAB 5-100MG	NC	
STEGLUJAN TAB 15-100MG	NC	
SYNJARDY TAB	2	PV
SYNJARDY TAB 5-500MG	2	PV
SYNJARDY TAB 5-1000MG	2	PV
SYNJARDY TAB 12.5-500	2	PV
SYNJARDY XR TAB	2	PV
SYNJARDY XR TAB 5-1000MG	2	PV
SYNJARDY XR TAB 10-1000	2	PV
SYNJARDY XR TAB 25-1000	2	PV
TRIJARDY XR TAB	2	PV
XIGDUO XR TAB 2.5-1000	2	PV
XIGDUO XR TAB 5-500MG	2	PV
XIGDUO XR TAB 5-1000MG	2	PV
XIGDUO XR TAB 10-500MG	2	PV
XIGDUO XR TAB 10-1000	2	PV
XULTOPHY INJ 100/3.6	0	$0 Copay per 30-day supply
ZITUVIMET TAB 50-500MG	2	PV
ZITUVIMET TAB 50-1000	2	PV
ZITUVIMET XR TAB 50-500MG	2	PV

Drug Name	Drug Tier	Requirements/Limits
ZITUVIMET XR TAB 50-1000	2	PV
ZITUVIMET XR TAB 100-1000	2	PV
BIGUANIDES		
FORTAMET TAB 500MG	NC	
FORTAMET TAB 1000MG	NC	
GLUMETZA TAB 500MG	NC	
GLUMETZA TAB 1000MG	NC	
metformin hcl oral soln 500 mg/5ml	2	PV
metformin hcl tab 500 mg	1	PV
metformin hcl tab 625 mg	NC	
metformin hcl tab 850 mg	0	ACA, PV
metformin hcl tab 1000 mg	1	PV
metformin hcl tab er 24hr 500 mg	1	PV
metformin hcl tab er 24hr 750 mg	1	PV
metformin hcl tab er 24hr modified release 500 mg	NC	(generic for GLUMTEZA)
metformin hcl tab er 24hr modified release 1000 mg	NC	(generic for GLUMTEZA)
metformin hcl tab er 24hr osmotic 500 mg	NC	(generic for FORTAMET)
metformin hcl tab er 24hr osmotic 1000 mg	NC	(generic for FORTAMET)
RIOMET SOL 500/5ML	NC	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	2	
GLUCAGEN INJ HYPOKIT	NC	
glucagon (rdna) for inj kit 1 mg	2	
GLUCAGON KIT 1MG	NC	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 1/0.2ML	2	
KORLYM TAB 300MG	NC	
mifepristone tab 300 mg	4	PA
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
alogliptin benzoate tab 6.25 mg (base equiv)	NC	
alogliptin benzoate tab 12.5 mg (base equiv)	NC	
alogliptin benzoate tab 25 mg (base equiv)	NC	

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 25MG	2	PV
JANUVIA TAB 50MG	2	PV
JANUVIA TAB 100MG	2	PV
NESINA TAB 6.25MG	NC	
NESINA TAB 12.5MG	NC	
NESINA TAB 25MG	NC	
ONGLYZA TAB 2.5MG	NC	
ONGLYZA TAB 5MG	NC	
saxagliptin hcl tab 2.5 mg (base equiv)	2	PV
saxagliptin hcl tab 5 mg (base equiv)	1	PV
SITAGLIPTIN TAB 25MG	NC	
SITAGLIPTIN TAB 50MG	NC	
SITAGLIPTIN TAB 100MG	NC	
TRADJENTA TAB 5MG	NC	
ZITUVIO TAB 25MG	2	PV
ZITUVIO TAB 50MG	2	PV
ZITUVIO TAB 100MG	2	PV
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG	3	
INCRETIN MIMETIC AGENTS		
ADLYXIN INJ 10/20MCG	NC	
ADLYXIN INJ 20MCG	NC	
BYDUREON PEN INJ 2MG	NC	
BYETTA INJ 5MCG	NC	
BYETTA INJ 10MCG	NC	
exenatide soln pen-injector 10 mcg/0.04ml	1	PA, QL; PV
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	PA, QL; PV
MOUNJARO INJ 2.5/0.5	2	PA, QL; PV
MOUNJARO INJ 5MG/0.5	2	PA, QL; PV
MOUNJARO INJ 7.5/0.5	2	PA, QL; PV
MOUNJARO INJ 10MG/0.5	2	PA, QL; PV
MOUNJARO INJ 12.5/0.5	2	PA, QL; PV
MOUNJARO INJ 15MG/0.5	2	PA, QL; PV
OZEMPIC INJ 2MG/3ML	2	PA, QL; PV
OZEMPIC INJ 4MG/3ML	2	PA, QL; PV
OZEMPIC INJ 8MG/3ML	2	PA, QL; PV
RYBELSUS TAB 1.5MG	2	PA, QL; PV
RYBELSUS TAB 3MG	2	PA, QL; PV
RYBELSUS TAB 4MG	2	PA, QL; PV
RYBELSUS TAB 7MG	2	PA, QL; PV
RYBELSUS TAB 9MG	2	PA, QL; PV
RYBELSUS TAB 14MG	2	PA, QL; PV

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 0.75/0.5	2	PA, QL; PV
TRULICITY INJ 1.5/0.5	2	PA, QL; PV
TRULICITY INJ 3/0.5	2	PA, QL; PV
TRULICITY INJ 4.5/0.5	2	PA, QL; PV
VICTOZA INJ 18MG/3ML	NC	
INSULIN		
AFREZZA POW 4-8 UNIT	NC	
AFREZZA POW 4-8-12	NC	
AFREZZA POW 4UNIT	NC	
APIDRA INJ SOLOSTAR	NC	
APIDRA INJ U-100	NC	
BASAGLAR INJ 100UNIT	NC	
FIASP FLEX INJ TOUCH	0	$0 Copay per 30-day supply
FIASP INJ 100/ML	0	$0 Copay per 30-day supply
FIASP PENFIL INJ U-100	0	$0 Copay per 30-day supply
GLARGIN YFGN INJ 100U/ML	0	$0 Copay per 30-day supply
GLARGIN YFGN SOL 100U/ML	0	$0 Copay per 30-day supply
HUMALOG INJ 100/ML	NC	
HUMALOG KWIK INJ 100/ML	NC	
HUMALOG KWIK INJ 200/ML	NC	
HUMALOG MIX INJ 50/50	NC	
HUMALOG MIX INJ 50/50KWP	NC	
HUMALOG MIX INJ 75/25KWP	NC	
HUMALOG MIX SUS 75/25	NC	
HUMULIN BR INJ U-100	NC	OTC
HUMULIN INJ 70/30	NC	OTC
HUMULIN INJ 70/30KWP	NC	OTC
HUMULIN N INJ U-100	NC	OTC
HUMULIN N INJ U-100KWP	NC	OTC
HUMULIN N PN INJ U-100	NC	OTC
HUMULIN PEN INJ 70/30	NC	OTC
HUMULIN R INJ U-100	NC	OTC
HUMULIN R INJ U-500	0	$0 Copay per 30-day supply
INS ASP PROT INJ FLEXPEN	NC	
INS DEGL FLX INJ 100UNIT	NC	
INS DEGL FLX INJ 200UNIT	NC	
INSULIN DEGL INJ 100UNIT	NC	

Drug Name	Drug Tier	Requirements/Limits
LANTUS INJ 100/ML	0	$0 Copay per 30-day supply
LANTUS SOLOS INJ 100/ML	0	$0 Copay per 30-day supply
LEVEMIR INJ	NC	
LEVEMIR INJ FLEXTOUC	NC	
LYUMJEV INJ 100UT/ML	NC	
LYUMJEV KWPN INJ 100UT/ML	NC	
LYUMJEV KWPN INJ 200UT/ML	NC	
LYUMJEV TMPO INJ 100UT/ML	NC	
NOVOLIN INJ 70/30	0	OTC; $0 Copay per 30-day supply
NOVOLIN INJ 70/30 FP	0	OTC; $0 Copay per 30-day supply
NOVOLIN N INJ 100 UNIT	0	OTC; $0 Copay per 30-day supply
NOVOLIN N INJ U-100	0	OTC; $0 Copay per 30-day supply
NOVOLIN R INJ 100 UNIT	0	OTC; $0 Copay per 30-day supply
NOVOLIN R INJ U-100	0	OTC; $0 Copay per 30-day supply
NOVOLOG INJ 100/ML	0	$0 Copay per 30-day supply
NOVOLOG INJ FLEXPEN	0	$0 Copay per 30-day supply
NOVOLOG INJ PENFILL	0	$0 Copay per 30-day supply
NOVOLOG MIX INJ 70/30	0	$0 Copay per 30-day supply
NOVOLOG MIX INJ FLEXPEN	0	$0 Copay per 30-day supply
REZVOGLAR INJ 100UT/ML	NC	
SEMGLEE INJ 100U/ML	NC	
TOUJEO MAX INJ 300/ML	0	$0 Copay per 30-day supply
TOUJEO SOLO INJ 300/ML	0	$0 Copay per 30-day supply
TRESIBA FLEX INJ 100UNIT	0	$0 Copay per 30-day supply
TRESIBA FLEX INJ 200UNIT	0	$0 Copay per 30-day supply
TRESIBA INJ 100UNIT	0	$0 Copay per 30-day supply

Drug Name	Drug Tier	Requirements/Limits
INSULIN SENSITIZING AGENTS		
ACTOS TAB 15MG	NC	
ACTOS TAB 30MG	NC	
ACTOS TAB 45MG	NC	
pioglitazone hcl tab 15 mg (base equiv)	1	PV
pioglitazone hcl tab 30 mg (base equiv)	1	PV
pioglitazone hcl tab 45 mg (base equiv)	1	PV
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	PV
nateglinide tab 120 mg	1	PV
repaglinide tab 0.5 mg	1	PV
repaglinide tab 1 mg	1	PV
repaglinide tab 2 mg	1	PV
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
BRENZAVVY TAB 20MG	NC	
dapagliflozin propanediol tab 5 mg (base equivalent)	NC	
dapagliflozin propanediol tab 10 mg (base equivalent)	NC	
FARXIGA TAB 5MG	2	PV
FARXIGA TAB 10MG	2	PV
INVOKANA TAB 100MG	NC	
INVOKANA TAB 300MG	NC	
JARDIANCE TAB 10MG	2	PV
JARDIANCE TAB 25MG	2	PV
STEGLATRO TAB 5MG	NC	
STEGLATRO TAB 15MG	NC	
SULFONYLUREAS		
glimepiride tab 1 mg	1	PV
glimepiride tab 2 mg	1	PV
glimepiride tab 3 mg	1	PV
glimepiride tab 4 mg	1	PV
glipizide tab 2.5 mg	1	PV
glipizide tab 5 mg	1	PV
glipizide tab 10 mg	1	PV
glipizide tab er 24hr 2.5 mg	1	PV
glipizide tab er 24hr 5 mg	1	PV
glipizide tab er 24hr 10 mg	1	PV
GLUCOTROL XL TAB 5MG	3	PV
GLUCOTROL XL TAB 10MG	3	PV
glyburide micronized tab 1.5 mg	1	PV
glyburide micronized tab 3 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
glyburide micronized tab 6 mg	1	PV
glyburide tab 1.25 mg	1	PV
glyburide tab 2.5 mg	1	PV
glyburide tab 5 mg	1	PV
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI TAB 125MG	NC	
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
lactojen cap	NC	
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS		
RESTORA RX CAP 60-1.25	3	
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	3	
loperamide hcl cap 2 mg	1	
MOTOFEN TAB 1-0.025	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	4	SP, PA
deferasirox granules packet 180 mg	4	SP, PA
deferasirox granules packet 360 mg	4	SP, PA
deferasirox tab 90 mg	4	SP, PA
deferasirox tab 180 mg	4	SP, PA
deferasirox tab 360 mg	4	SP, PA
deferasirox tab for oral susp 125 mg	4	SP, PA
deferasirox tab for oral susp 250 mg	4	SP, PA
deferasirox tab for oral susp 500 mg	4	SP, PA
deferiprone tab 500 mg	4	SP, PA
deferiprone tab 1000 mg	4	SP, PA
EXJADE TAB 125MG	NC	SP
EXJADE TAB 250MG	NC	SP
EXJADE TAB 500MG	NC	SP
FERPRX 2-DAY TAB 1000MG	NC	
FERRIPROX SOL 100MG/ML	NC	SP
FERRIPROX TAB 500MG	NC	SP
FERRIPROX TAB 1000MG	NC	SP
JADENU SPRKL GRA 90MG	NC	SP
JADENU SPRKL GRA 180MG	NC	SP
JADENU SPRKL GRA 360MG	NC	SP
JADENU TAB 90MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
JADENU TAB 180MG	NC	SP
JADENU TAB 360MG	NC	SP
PENTETATE CA SOL 200MG/ML	3	
PENTETATE ZI SOL 200MG/ML	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ACETADOTE INJ 200MG/ML	3	
acetylcysteine inj 200 mg/ml	1	
ANDEXXA SOL 200MG	3	
BRIDION INJ 200/2ML	NC	
BRIDION INJ 500/5ML	NC	
CYANOKIT INJ 5GM	3	
deferoxamine mesylate for inj 2 gm	4	SP, PA
deferoxamine mesylate for inj 500 mg	4	SP, PA
DESFERAL INJ 500MG	NC	
DIGIFAB INJ 40MG	3	
fomepizole inj 1 gm/ml (for iv infusion)	1	
PRAXBIND INJ 2.5/50	3	
PROTOPAM CHL INJ 1GM	3	
PROVAYBLUE INJ	NC	
RADIOGARDASE CAP 0.5GM	3	
SOD NITRITE INJ 30MG/ML	3	
sodium thiosulfate iv soln 250 mg/ml (25%)	1	
VISTOGARD PAK 10GM	2	SP, QL
BENZODIAZEPINE ANTAGONISTS		
flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)	1	
flumazenil iv soln 1 mg/10ml (0.1 mg/ml)	1	
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	
NALMEFENE INJ 1MG/ML	3	
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	PV
NARCAN SPR 4MG	3	
OPVEE SPR 2.7/0.1	NC	
REXTOVY SPR 4/0.25ML	NC	
VIVITROL INJ 380MG	3	PA, QL; PV
ZIMHI SOL	NC	

ANTIEMETICS

Drug Name	Drug Tier	Requirements/Limits
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG	3	PA, QL
granisetron hcl inj 1 mg/ml	1	PA, QL
granisetron hcl inj 4 mg/4ml (1 mg/ml)	1	PA, QL
granisetron hcl tab 1 mg	1	PA, QL
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	1	PA, QL
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	1	PA, QL
ondansetron hcl inj soln pref syr 4 mg/2ml	1	PA, QL
ondansetron hcl oral soln 4 mg/5ml	1	PA, QL
ondansetron hcl tab 4 mg	1	PA, QL
ondansetron hcl tab 8 mg	1	PA, QL
ondansetron hcl tab 24 mg	1	PA, QL
ondansetron orally disintegrating tab 4 mg	1	PA, QL
ondansetron orally disintegrating tab 8 mg	1	PA, QL
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	PA, QL
PALONOSETRON INJ 0.25/2ML	3	PA, QL
POSFREA INJ 0.25/5ML	3	
SANCUSO DIS 3.1MG	2	PA, QL
SUSTOL INJ 10/0.4ML	NC	
ANTIEMETICS - ANTICHOLINERGIC		
DIMENHYDRIN INJ 50MG/ML	3	
meclizine hcl tab 12.5 mg	1	
meclizine hcl tab 25 mg	1	
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
TIGAN INJ 100MG/ML	3	
TRANSDERM-SC DIS 1.5MG	NC	
TRANSDERM-SC DIS 1MG/3DAY	NC	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ 10MG/4ML	NC	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	3	PA, QL
AKYNZEO INJ	3	PA, QL
AKYNZEO INJ 235-0.25	3	PA, QL
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	PA, QL
dronabinol cap 5 mg	1	PA, QL

Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 10 mg	2	PA, QL
MARINOL CAP 2.5MG	3	PA, QL
SYNDROS SOL 5MG/ML	NC	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
APONVIE INJ 32/4.4ML	NC	
aprepitant capsule 40 mg	2	PA, QL
aprepitant capsule 80 mg	2	PA, QL
aprepitant capsule 125 mg	1	PA, QL
aprepitant capsule therapy pack 80 & 125 mg	2	PA, QL
EMEND BIPACK PAK 80MG	3	PA, QL
EMEND SOL 150MG	3	PA, QL
EMEND SUS 125MG	3	PA, QL
EMEND TRIPAC PAK 125 & 80	3	PA, QL
fosaprepitant dimeglumine for iv infusion 150 mg (base eq)	2	PA, QL
VARUBI TAB 90MG	3	PA, QL
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, PA, QL
CANCIDAS INJ 50MG	3	
CANCIDAS INJ 70MG	3	
caspofungin acetate for iv soln 50 mg	1	
caspofungin acetate for iv soln 70 mg	1	
CASPOFUNGIN INJ 50MG	3	
CASPOFUNGIN INJ 70MG	3	
ERAXIS INJ 50MG	3	
ERAXIS INJ 100MG	3	
MICAFUNGIN INJ 50MG	3	
MICAFUNGIN INJ 100MG	3	
micafungin sodium for iv soln 50 mg	1	
micafungin sodium for iv soln 100 mg	2	
MYCAMINE INJ 100MG	3	
REZZAYO INJ 200MG	3	
ANTIFUNGALS		
ABELCET INJ 5MG/ML	3	
AMBISOME INJ 50MG	3	
amphotericin b for iv soln 50 mg	2	
amphotericin b liposome iv for susp 50 mg	1	
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
flucytosine cap 250 mg	2	
flucytosine cap 500 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	2	
griseofulvin ultramicrosize tab 125 mg	2	
griseofulvin ultramicrosize tab 165 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186MG	NC	
CRESEMBA INJ 372MG	3	
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
FLUCONAZOLE SOL /NACL	3	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	2	
ketoconazole tab 200 mg	1	
NOXAFIL INJ 300/16.7	NC	
NOXAFIL SUS 40MG/ML	NC	
NOXAFIL TAB 100MG	NC	
posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	1	QL
posaconazole susp 40 mg/ml	2	QL
posaconazole tab delayed release 100 mg	NC	
SPORANOX CAP 100MG	3	
SPORANOX SOL 10MG/ML	3	
VFEND IV INJ 200MG	3	PA
VFEND SUS 40MG/ML	3	PA
VFEND TAB 50MG	3	PA
VIVJOA CAP 150MG	3	PA, QL
voriconazole for inj 200 mg	2	PA
voriconazole for susp 40 mg/ml	2	PA
VORICONAZOLE INJ 200MG	3	PA
voriconazole tab 50 mg	2	PA
voriconazole tab 200 mg	2	PA

ANTIHISTAMINES

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - ALKYLAMINES		
dexchlorpheniramine maleate oral soln 2 mg/5ml	NC	
ryclora sol 2mg/5ml	NC	
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMIN TAB 6MG	NC	
carbinoxamine maleate extended release susp 4 mg/5ml	2	
carbinoxamine maleate soln 4 mg/5ml	2	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
clemasz tab 2.68mg	1	
diphen elx 12.5/5ml	NC	
diphenhydramine hcl elixir 12.5 mg/5ml	1	
diphenhydramine hcl inj 50 mg/ml	1	
KARBINAL ER SUS 4MG/5ML	3	
RYVENT TAB 6MG	NC	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
PHENERGAN INJ 25MG/ML	3	
PHENERGAN INJ 50MG/ML	3	
promethazine hcl inj 25 mg/ml	1	
promethazine hcl inj 50 mg/ml	1	
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	2	
promethazine hcl suppos 25 mg	2	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
promethegan sup 12.5mg	2	
promethegan sup 25mg	2	
promethegan sup 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST, PA
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA INJ 345/2.3	6	SP, PA, QL
EVKEEZA INJ 1200/8	6	SP, PA, QL
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	PV
ezetimibe-simvastatin tab 10-20 mg	1	PV
ezetimibe-simvastatin tab 10-40 mg	1	PV
ezetimibe-simvastatin tab 10-80 mg	1	PV
NEXLIZET TAB 180/10MG	2	ST, PA
OMEGA-3/D-3 KIT WELLNESS	NC	
ROSZET TAB 5-10MG	NC	
ROSZET TAB 10-10MG	NC	
ROSZET TAB 20-10MG	NC	
ROSZET TAB 40-10MG	NC	
SURE RESULT KIT O3D3 SYS	NC	
VYTORIN TAB 10-10MG	3	PV
VYTORIN TAB 10-20MG	3	PV
VYTORIN TAB 10-40MG	3	PV
VYTORIN TAB 10-80MG	3	PV
ANTIHYPERLIPIDEMICS - MISC.		
icosapent ethyl cap 0.5 gm	NC	
icosapent ethyl cap 1 gm	NC	
LOVAZA CAP 1GM	NC	
omega-3-acid ethyl esters cap 1 gm	1	PA; PV
VASCEPA CAP 0.5GM	1	PA; PV
VASCEPA CAP 1GM	1	PA; PV
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	PV
cholestyramine light powder packets 4 gm	1	PV
cholestyramine powder 4 gm/dose	1	PV
cholestyramine powder packets 4 gm	1	PV
colesevelam hcl packet for susp 3.75 gm	2	PV
colesevelam hcl tab 625 mg	1	PV
COLESTID GRA 5GM	3	PV
COLESTID TAB 1GM	3	PV
colestipol hcl granule packets 5 gm	1	PV

Drug Name	Drug Tier	Requirements/Limits
colestipol hcl granules 5 gm	1	PV
colestipol hcl tab 1 gm	1	PV
prevalite pow 4gm	1	PV
prevalite pow 4gm pk	1	PV
QUESTRAN POW 4GM	3	PV
QUESTRAN POW 4GM LITE	3	PV
WELCHOL PAK 3.75GM	3	PV
WELCHOL TAB 625MG	3	PV
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	PV
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	PV
fenofibrate cap 50 mg	NC	
fenofibrate cap 150 mg	1	PV
fenofibrate micronized cap 30 mg	NC	
fenofibrate micronized cap 43 mg	1	PV
fenofibrate micronized cap 67 mg	1	PV
fenofibrate micronized cap 90 mg	NC	
fenofibrate micronized cap 130 mg	NC	
fenofibrate micronized cap 134 mg	1	PV
fenofibrate micronized cap 200 mg	1	PV
fenofibrate tab 40 mg	NC	
fenofibrate tab 48 mg	1	PV
fenofibrate tab 54 mg	1	PV
fenofibrate tab 120 mg	NC	
fenofibrate tab 145 mg	1	PV
fenofibrate tab 160 mg	1	PV
fenofibric acid tab 35 mg	1	PV
FENOGLIDE TAB 120MG	NC	
gemfibrozil tab 600 mg	1	PV
LIPOFEN CAP 50MG	3	PV
LIPOFEN CAP 150MG	3	PV
LOPID TAB 600MG	3	PV
TRICOR TAB 48MG	NC	
TRICOR TAB 145MG	NC	
HMG COA REDUCTASE INHIBITORS		
ADVICOR TAB 500-20MG	NC	
ADVICOR TAB 750-20MG	NC	
ADVICOR TAB 1000-20	NC	
ADVICOR TAB 1000-40	NC	
ALTOPREV TAB 20MG ER	NC	
ALTOPREV TAB 40MG ER	NC	

Drug Name	Drug Tier	Requirements/Limits
ALTOPREV TAB 60MG ER	NC	
atorvastatin calcium tab 10 mg (base equivalent)	0	ACA, PV
atorvastatin calcium tab 20 mg (base equivalent)	0	ACA, PV
atorvastatin calcium tab 40 mg (base equivalent)	1	PV
atorvastatin calcium tab 80 mg (base equivalent)	1	PV
CRESTOR TAB 5MG	NC	
CRESTOR TAB 10MG	NC	
CRESTOR TAB 20MG	NC	
CRESTOR TAB 40MG	NC	
EZALLOR SPR CAP 5MG	NC	
EZALLOR SPR CAP 10MG	NC	
EZALLOR SPR CAP 20MG	NC	
EZALLOR SPR CAP 40MG	NC	
FLOLIPID SUS 20MG/5ML	NC	
FLOLIPID SUS 40MG/5ML	NC	
fluvastatin sodium cap 20 mg (base equivalent)	0	ACA, PV
fluvastatin sodium cap 40 mg (base equivalent)	0	ACA, PV
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	ACA, PV
LESCOL XL TAB 80MG	NC	
LIPITOR TAB 10MG	NC	
LIPITOR TAB 20MG	NC	
LIPITOR TAB 40MG	NC	
LIPITOR TAB 80MG	NC	
LIVALO TAB 1MG	NC	
LIVALO TAB 2MG	NC	
LIVALO TAB 4MG	NC	
lovastatin tab 10 mg	0	ACA, PV
lovastatin tab 20 mg	0	ACA, PV
lovastatin tab 40 mg	0	ACA, PV
pitavastatin calcium tab 1 mg	0	ACA, PV
pitavastatin calcium tab 2 mg	0	ACA, PV
pitavastatin calcium tab 4 mg	0	ACA, PV
pravastatin sodium tab 10 mg	0	ACA, PV
pravastatin sodium tab 20 mg	0	ACA, PV
pravastatin sodium tab 40 mg	0	ACA, PV
pravastatin sodium tab 80 mg	0	ACA, PV
rosuvastatin calcium tab 5 mg	0	ACA, PV
rosuvastatin calcium tab 10 mg	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
rosuvastatin calcium tab 20 mg	1	PV
rosuvastatin calcium tab 40 mg	1	PV
SIMVASTATIN SUS 20MG/5ML	NC	
simvastatin tab 5 mg	0	ACA, PV
simvastatin tab 10 mg	0	ACA, PV
simvastatin tab 20 mg	0	ACA, PV
simvastatin tab 40 mg	0	ACA, PV
simvastatin tab 80 mg	1	PV
ZOCOR TAB 10MG	3	PV
ZOCOR TAB 20MG	3	PV
ZOCOR TAB 40MG	3	PV
ZYPITAMAG TAB 1MG	NC	
ZYPITAMAG TAB 2MG	NC	
ZYPITAMAG TAB 4MG	NC	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	PV
ZETIA TAB 10MG	NC	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID CAP 5MG	NC	
JUXTAPID CAP 10MG	NC	
JUXTAPID CAP 20MG	NC	
JUXTAPID CAP 30MG	NC	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	PV
niacin tab er 500 mg (antihyperlipidemic)	NC	
niacin tab er 750 mg (antihyperlipidemic)	1	PV
niacin tab er 1000 mg (antihyperlipidemic)	1	PV
niacor tab 500mg	NC	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO SOL	NC	
PRALUENT INJ 75MG/ML	NC	
PRALUENT INJ 150MG/ML	NC	
REPATHA INJ 140MG/ML	2	PA, QL; PV
REPATHA PUSH INJ 420/3.5	2	PA, QL; PV
REPATHA SURE INJ 140MG/ML	2	PA, QL; PV
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	PV
ACCUPRIL TAB 10MG	3	PV
ACCUPRIL TAB 20MG	3	PV
ACCUPRIL TAB 40MG	3	PV
ALTACE CAP 2.5MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
ALTACE CAP 10MG	3	PV
benazepril hcl tab 5 mg	1	PV
benazepril hcl tab 10 mg	1	PV
benazepril hcl tab 20 mg	1	PV
benazepril hcl tab 40 mg	1	PV
captopril tab 12.5 mg	1	PV
captopril tab 25 mg	1	PV
captopril tab 50 mg	1	PV
captopril tab 100 mg	1	PV
enalapril maleate oral soln 1 mg/ml	2	PV
enalapril maleate tab 2.5 mg	1	PV
enalapril maleate tab 5 mg	1	PV
enalapril maleate tab 10 mg	1	PV
enalapril maleate tab 20 mg	1	PV
enalaprilat iv soln 1.25 mg/ml	1	
EPANED SOL 1MG/ML	NC	
fosinopril sodium tab 10 mg	1	PV
fosinopril sodium tab 20 mg	1	PV
fosinopril sodium tab 40 mg	1	PV
lisinopril tab 2.5 mg	1	PV
lisinopril tab 5 mg	1	PV
lisinopril tab 10 mg	1	PV
lisinopril tab 20 mg	1	PV
lisinopril tab 30 mg	1	PV
lisinopril tab 40 mg	1	PV
LOTENSIN TAB 10MG	3	PV
LOTENSIN TAB 20MG	3	PV
LOTENSIN TAB 40MG	3	PV
moexipril hcl tab 7.5 mg	1	PV
moexipril hcl tab 15 mg	1	PV
perindopril erbumine tab 2 mg	1	PV
perindopril erbumine tab 4 mg	1	PV
perindopril erbumine tab 8 mg	1	PV
QBRELIS SOL 1MG/ML	3	PV
quinapril hcl tab 5 mg	1	PV
quinapril hcl tab 10 mg	1	PV
quinapril hcl tab 20 mg	1	PV
quinapril hcl tab 40 mg	1	PV
ramipril cap 1.25 mg	1	PV
ramipril cap 2.5 mg	1	PV
ramipril cap 5 mg	1	PV
ramipril cap 10 mg	1	PV
trandolapril tab 1 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
trandolapril tab 2 mg	1	PV
trandolapril tab 4 mg	1	PV
VASOTEC TAB 2.5MG	3	PV
VASOTEC TAB 5MG	3	PV
VASOTEC TAB 10MG	3	PV
VASOTEC TAB 20MG	3	PV
ZESTRIL TAB 2.5MG	3	PV
ZESTRIL TAB 5MG	3	PV
ZESTRIL TAB 10MG	3	PV
ZESTRIL TAB 20MG	3	PV
ZESTRIL TAB 30MG	3	PV
ZESTRIL TAB 40MG	3	PV
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	3	PA
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	PA
phenoxybenzamine hcl cap 10 mg	2	
phentolamine mesylate for inj 5 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TAB 4MG	NC	
ATACAND TAB 8MG	NC	
ATACAND TAB 16MG	NC	
ATACAND TAB 32MG	NC	
AVAPRO TAB 75MG	3	PV
AVAPRO TAB 150MG	3	PV
AVAPRO TAB 300MG	3	PV
BENICAR TAB 5MG	NC	
BENICAR TAB 20MG	NC	
BENICAR TAB 40MG	NC	
candesartan cilexetil tab 4 mg	1	PV
candesartan cilexetil tab 8 mg	1	PV
candesartan cilexetil tab 16 mg	1	PV
candesartan cilexetil tab 32 mg	1	PV
COZAAR TAB 25MG	NC	
COZAAR TAB 50MG	NC	
COZAAR TAB 100MG	NC	
DIOVAN TAB 40MG	NC	
DIOVAN TAB 80MG	NC	
DIOVAN TAB 160MG	NC	
DIOVAN TAB 320MG	NC	
EDARBI TAB 40MG	NC	
EDARBI TAB 80MG	NC	

Drug Name	Drug Tier	Requirements/Limits
irbesartan tab 75 mg	1	PV
irbesartan tab 150 mg	1	PV
irbesartan tab 300 mg	1	PV
losartan potassium tab 25 mg	1	PV
losartan potassium tab 50 mg	1	PV
losartan potassium tab 100 mg	1	PV
MICARDIS TAB 20MG	NC	
MICARDIS TAB 40MG	NC	
MICARDIS TAB 80MG	NC	
olmesartan medoxomil tab 5 mg	1	PV
olmesartan medoxomil tab 20 mg	1	PV
olmesartan medoxomil tab 40 mg	1	PV
telmisartan tab 20 mg	1	PV
telmisartan tab 40 mg	1	PV
telmisartan tab 80 mg	1	PV
valsartan oral soln 4 mg/ml	NC	
valsartan tab 40 mg	1	PV
valsartan tab 80 mg	1	PV
valsartan tab 160 mg	1	PV
valsartan tab 320 mg	1	PV
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	PV
CATAPRES-TTS DIS 0.2/24HR	3	PV
CATAPRES-TTS DIS 0.3/24HR	3	PV
clonidine hcl tab 0.1 mg	1	PV
clonidine hcl tab 0.2 mg	1	PV
clonidine hcl tab 0.3 mg	1	PV
clonidine tab er 24hr 0.17 mg	2	
clonidine td patch weekly 0.1 mg/24hr	1	PV
clonidine td patch weekly 0.2 mg/24hr	1	PV
clonidine td patch weekly 0.3 mg/24hr	1	PV
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	PV
guanfacine hcl tab 2 mg	1	PV
NEXICLON XR TAB 0.17MG	NC	
prazosin hcl cap 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	PV
ACCURETIC TAB 20-12.5	3	PV
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	PV
amlodipine besylate-benazepril hcl cap 5-10 mg	1	PV
amlodipine besylate-benazepril hcl cap 5-20 mg	1	PV
amlodipine besylate-benazepril hcl cap 5-40 mg	1	PV
amlodipine besylate-benazepril hcl cap 10-20 mg	1	PV
amlodipine besylate-benazepril hcl cap 10-40 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	PV
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	PV
amlodipine besylate-valsartan tab 5-160 mg	1	PV
amlodipine besylate-valsartan tab 5-320 mg	1	PV
amlodipine besylate-valsartan tab 10-160 mg	1	PV
amlodipine besylate-valsartan tab 10-320 mg	1	PV
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	2	PV
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	2	PV
ATACAND HCT TAB 16-12.5	NC	

Drug Name	Drug Tier	Requirements/Limits
ATACAND HCT TAB 32-12.5	NC	
ATACAND HCT TAB 32-25MG	NC	
atenolol & chlorthalidone tab 50-25 mg	1	PV
atenolol & chlorthalidone tab 100-25 mg	1	PV
AVALIDE TAB 150-12.5	3	PV
AVALIDE TAB 300-12.5	3	PV
AZOR TAB 5-20MG	NC	
AZOR TAB 5-40MG	NC	
AZOR TAB 10-20MG	NC	
AZOR TAB 10-40MG	NC	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	PV
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	PV
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	PV
benazepril & hydrochlorothiazide tab 20-25 mg	1	PV
BENICAR HCT TAB 20-12.5	NC	
BENICAR HCT TAB 40-12.5	NC	
BENICAR HCT TAB 40-25MG	NC	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	PV
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	PV
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	PV
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	PV
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	PV
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	PV
captopril & hydrochlorothiazide tab 25-15 mg	1	PV
captopril & hydrochlorothiazide tab 25-25 mg	1	PV
captopril & hydrochlorothiazide tab 50-15 mg	1	PV
captopril & hydrochlorothiazide tab 50-25 mg	1	PV
DIOVAN HCT TAB 80-12.5	NC	
DIOVAN HCT TAB 160-12.5	NC	
DIOVAN HCT TAB 160-25MG	NC	
DIOVAN HCT TAB 320-12.5	NC	
DIOVAN HCT TAB 320-25MG	NC	
DUTOPROL TAB 25-12.5	NC	
DUTOPROL TAB 50-12.5	NC	
DUTOPROL TAB 100-12.5	NC	
EDARBYCLOR TAB 40-12.5	NC	

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR TAB 40-25MG	NC	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	PV
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	PV
EXFORGE TAB 5-160MG	NC	
EXFORGE TAB 5-320MG	NC	
EXFORGE TAB 10-160MG	NC	
EXFORGE TAB 10-320MG	NC	
EXFORGEH/5- TAB 160-12.5	NC	
EXFORGEH/5- TAB 160-25	NC	
EXFORGEH/10- TAB 160-12.5	NC	
EXFORGEH/10- TAB 160-25	NC	
EXFORGEH/10- TAB 320-25	NC	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	PV
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	PV
HYZAAR TAB 50-12.5	NC	
HYZAAR TAB 100-12.5	NC	
HYZAAR TAB 100-25	NC	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	PV
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	PV
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	PV
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	PV
lisinopril & hydrochlorothiazide tab 20-25 mg	1	PV
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	PV
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	PV
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	PV
LOTENSIN HCT TAB 10-12.5	3	PV
LOTENSIN HCT TAB 20-12.5	3	PV
LOTENSIN HCT TAB 20-25MG	3	PV
LOTREL CAP 5-10MG	3	PV
LOTREL CAP 5-20MG	3	PV
LOTREL CAP 10-20MG	3	PV
LOTREL CAP 10-40MG	3	PV
metoprolol & hydrochlorothiazide tab 50-25 mg	1	PV
metoprolol & hydrochlorothiazide tab 100-25 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 100-50 mg	1	PV
MICARDIS HCT TAB 40/12.5	NC	
MICARDIS HCT TAB 80-25MG	NC	
MICARDIS HCT TAB 80/12.5	NC	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	PV
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	PV
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	PV
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	PV
PRESTALIA TAB 3.5-2.5	NC	
PRESTALIA TAB 7-5MG	NC	
PRESTALIA TAB 14-10MG	NC	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	PV
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	PV
quinapril-hydrochlorothiazide tab 20-25 mg	1	PV
telmisartan-amlodipine tab 40-5 mg	1	PV
telmisartan-amlodipine tab 40-10 mg	1	PV
telmisartan-amlodipine tab 80-5 mg	1	PV
telmisartan-amlodipine tab 80-10 mg	1	PV
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	PV
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	PV
telmisartan-hydrochlorothiazide tab 80-25 mg	1	PV
TENORETIC TAB 50	3	PV
TENORETIC TAB 100	3	PV
trandolapril-verapamil hcl tab er 1-240 mg	1	PV
trandolapril-verapamil hcl tab er 2-180 mg	1	PV
trandolapril-verapamil hcl tab er 2-240 mg	1	PV
trandolapril-verapamil hcl tab er 4-240 mg	1	PV
TRIBENZOR20- TAB 5-12.5MG	3	PV
TRIBENZOR40- TAB 5-12.5MG	3	PV
TRIBENZOR40- TAB 5-25MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR40- TAB 10-12.5	3	PV
TRIBENZOR40- TAB 10-25MG	3	PV
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	PV
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	PV
valsartan-hydrochlorothiazide tab 160-25 mg	1	PV
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	PV
valsartan-hydrochlorothiazide tab 320-25 mg	1	PV
VASERETIC TAB 10-25MG	3	PV
ZESTORETIC TAB 10-12.5	NC	
ZESTORETIC TAB 20-12.5	NC	
ZESTORETIC TAB 20-25MG	NC	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	PV
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	PV
aliskiren fumarate tab 300 mg (base equivalent)	1	PV
TEKTURNA TAB 150MG	3	PV
TEKTURNA TAB 300MG	3	PV
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl inj 20 mg/ml	1	
hydralazine hcl tab 10 mg	1	PV
hydralazine hcl tab 25 mg	1	PV
hydralazine hcl tab 50 mg	1	PV
hydralazine hcl tab 100 mg	1	PV
minoxidil tab 2.5 mg	1	PV
minoxidil tab 10 mg	1	PV
NIPRIDE RTU INJ 20/100ML	NC	
NIPRIDE RTU INJ 50/100ML	NC	
nitroprusside sodium iv soln 25 mg/ml	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	PV
atovaquone-proguanil hcl tab 250-100 mg	1	PV
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	PV
MALARONE TAB 250-100	3	PV

Drug Name	Drug Tier	Requirements/Limits
ANTIMALARIALS		
ARAKODA TAB 100MG	NC	
ARTESUNATE SOL 110MG	3	
chloroquine phosphate tab 250 mg	1	PV
chloroquine phosphate tab 500 mg	1	PV
DARAPRIM TAB 25MG	NC	
hydroxychloroquine sulfate tab 200 mg	1	
KRINTAFEL TAB 150MG	NC	
mefloquine hcl tab 250 mg	1	PV
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	PV
PRIMAQUINE TAB 26.3MG	3	PV
pyrimethamine tab 25 mg	2	
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	
SOVUNA TAB 200MG	NC	
SOVUNA TAB 300MG	NC	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
BLOXIVERZ INJ 5MG/10ML	3	
BLOXIVERZ INJ 10/10ML	3	
FIRDAPSE TAB 10MG	6	SP, PA, QL
MESTINON SOL 60MG/5ML	3	
MESTINON TAB 60MG	3	
MESTINON TAB TIMESPAN	3	
NEOSTIG METH INJ 5MG/10ML	3	
NEOSTIG METH INJ 10/10ML	3	
neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)	1	
neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)	1	
pyridostigmine bromide oral soln 60 mg/5ml	2	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	2	
REGONOL INJ 5MG/ML	3	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid inj 100 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	2	
rifabutin cap 150 mg	2	
RIFADIN INJ 600 MG	3	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
rifampin for inj 600 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

BELRAPZO SOL 100/4ML	NC	SP
bendamustine hcl for iv soln 25 mg	4	SP, PA
bendamustine hcl for iv soln 100 mg	4	SP, PA
BENDEKA INJ 100/4ML	6	SP, PA
busulfan inj 6 mg/ml	1	
BUSULFEX INJ 6MG/ML	3	
carboplatin iv soln 50 mg/5ml	1	
carboplatin iv soln 150 mg/15ml	1	
carboplatin iv soln 450 mg/45ml	1	
carboplatin iv soln 600 mg/60ml	1	
carmustine for inj 100 mg	1	
cisplatin inj 50 mg/50ml (1 mg/ml)	1	
CISPLATIN INJ 50MG	3	
cisplatin inj 100 mg/100ml (1 mg/ml)	1	
cisplatin inj 200 mg/200ml (1 mg/ml)	1	
CYCLOPHOSPH INJ 1GM/2ML	3	
CYCLOPHOSPH INJ 2GM/4ML	3	
CYCLOPHOSPH INJ 500/5ML	3	
CYCLOPHOSPH INJ 500MG/ML	3	
CYCLOPHOSPH INJ 1000MG	3	
CYCLOPHOSPH INJ 2000MG	3	
CYCLOPHOSPH TAB 25MG	3	
CYCLOPHOSPH TAB 50MG	3	
CYCLOPHOSPHA INJ 2GM/10ML	3	
cyclophosphamide cap 25 mg	2	
cyclophosphamide cap 50 mg	2	
cyclophosphamide for inj 1 gm	1	

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide for inj 2 gm	1	
cyclophosphamide for inj 500 mg	1	
EVOMELA INJ 50MG	NC	SP
FRINDOVYX INJ 1GM/2ML	3	
FRINDOVYX INJ 2GM/4ML	3	
FRINDOVYX INJ 500MG/ML	3	
GLEOSTINE CAP 10MG	5	SP
GLEOSTINE CAP 40MG	5	SP
GLEOSTINE CAP 100MG	5	SP
GLIADEL WAF 7.7MG	3	
GRAFAPEX INJ 1GM	NC	SP
GRAFAPEX INJ 5GM	NC	SP
IFEX INJ 1GM	3	
IFEX INJ 3GM	3	
ifosfamide for inj 1 gm	1	
IFOSFAMIDE INJ 3GM	3	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	1	
IVRA INJ 90MG/ML	NC	
LEUKERAN TAB 2MG	3	
melphalan hcl for inj 50 mg (base equiv)	1	
MYLERAN TAB 2MG	3	
oxaliplatin for iv inj 50 mg	1	
oxaliplatin for iv inj 100 mg	1	
oxaliplatin iv soln 50 mg/10ml	1	
oxaliplatin iv soln 100 mg/20ml	1	
oxaliplatin iv soln 200 mg/40ml	1	
paraplatin inj 1000mg	1	
PEPAXTO INJ 20MG	NC	
TEMODAR INJ 100MG	6	SP, ST, PA
temozolomide cap 5 mg	4	SP, PA
temozolomide cap 20 mg	4	SP, PA
temozolomide cap 100 mg	4	SP, PA
temozolomide cap 140 mg	4	SP, PA
temozolomide cap 180 mg	4	SP, PA
temozolomide cap 250 mg	4	SP, PA
TEPADINA INJ 15MG	5	SP, PA
TEPADINA INJ 100MG	5	SP, PA
TEPYLUTE INJ 15/1.5ML	NC	SP
TEPYLUTE INJ 100/10ML	NC	SP
thiotepa for inj 15 mg	4	SP, PA
thiotepa for inj 100 mg	4	SP, PA
TREANDA INJ 25MG	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TREANDA INJ 100MG	6	SP, PA
VIVIMUSTA INJ 100/4ML	NC	SP
YONDELIS INJ 1MG	6	SP
ANTIMETABOLITES		
ALIMTA INJ 100MG	NC	SP
ALIMTA INJ 500MG	NC	SP
ARRANON INJ 5MG/ML	3	
azacitidine for inj 100 mg	4	SP, PA
capecitabine tab 150 mg	4	SP, PA, QL
capecitabine tab 500 mg	4	SP, PA, QL
cladribine iv soln 10 mg/10ml (1 mg/ml)	1	
clofarabine iv soln 1 mg/ml	1	
cytarabine inj 20 mg/ml	1	
cytarabine inj pf 20 mg/ml	1	
cytarabine inj pf 100 mg/ml	1	
decitabine for inj 50 mg	4	SP, PA, QL
floxuridine for inj 0.5 gm	1	
fludarabine phosphate for inj 50 mg	1	
fludarabine phosphate inj 25 mg/ml	1	
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	1	
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	1	
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	1	
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	1	
FOLOTYN INJ 20MG/ML	6	SP, PA
FOLOTYN INJ 40MG/2ML	6	SP, PA
gemcitabine hcl for inj 1 gm	1	
gemcitabine hcl for inj 2 gm	1	
gemcitabine hcl for inj 200 mg	1	
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	1	
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	1	
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	1	
GEMCITABINE INJ 1.5GM/15	3	
GEMCITABINE INJ 1GM	3	
GEMCITABINE INJ 1GM/10ML	3	
GEMCITABINE INJ 2GM	3	
GEMCITABINE INJ 2GM/20ML	3	
GEMCITABINE INJ 200MG	3	
INFUGEM SOL 1200MG	NC	SP
INFUGEM SOL 1300MG	NC	SP
INFUGEM SOL 1400MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
INFUGEM SOL 1500MG	NC	SP
INFUGEM SOL 1600MG	NC	SP
INFUGEM SOL 1700MG	NC	SP
INFUGEM SOL 1800MG	NC	SP
INFUGEM SOL 2000MG	NC	SP
INFUGEM SOL 2200MG	NC	SP
JYLAMVO SOL 2MG/ML	3	
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	4	SP, PA
mercaptopurine tab 50 mg	1	
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	
nelarabine iv soln 5 mg/ml	1	
ONUREG TAB 200MG	6	SP, PA, QL
ONUREG TAB 300MG	6	SP, PA, QL
pemetrexed disodium for iv soln 100 mg (base equiv)	1	
pemetrexed disodium for iv soln 500 mg (base equiv)	1	
pemetrexed disodium for iv soln 750 mg (base equiv)	1	
pemetrexed disodium for iv soln 1000 mg (base equiv)	1	
PEMETREXED INJ 850/34ML	NC	
PEMETREXED SOL 1GM/40ML	NC	
PEMETREXED SOL 100/4ML	NC	
PEMETREXED SOL 500/20ML	NC	
PEMFEXY SOL 500/20ML	NC	
PURIXAN SUS 20MG/ML	6	SP, PA
TABLOID TAB 40MG	3	
TREXALL TAB 5MG	2	
TREXALL TAB 7.5MG	2	
TREXALL TAB 10MG	2	
TREXALL TAB 15MG	2	

Drug Name	Drug Tier	Requirements/Limits
VIDAZA INJ 100MG	6	SP, PA
XATMEP SOL 2.5MG/ML	3	
XELODA TAB 150MG	6	SP, ST, PA, QL
XELODA TAB 500MG	6	SP, ST, PA, QL
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
ALYMSYS SOL 100/4ML	NC	SP
ALYMSYS SOL 400/16ML	NC	SP
AVASTIN INJ	NC	SP
AVASTIN INJ 400/16ML	NC	SP
CYRAMZA INJ 100/10ML	6	SP, PA
CYRAMZA INJ 500/50ML	6	SP, PA
FRUZAQLA CAP 1MG	NC	SP
FRUZAQLA CAP 5MG	NC	SP
INLYTA TAB 1MG	5	SP, PA, QL
INLYTA TAB 5MG	5	SP, PA, QL
LENVIMA CAP 4MG	5	SP, PA, QL
LENVIMA CAP 8 MG	5	SP, PA, QL
LENVIMA CAP 10 MG	5	SP, PA, QL
LENVIMA CAP 12MG	5	SP, PA, QL
LENVIMA CAP 14 MG	5	SP, PA, QL
LENVIMA CAP 18 MG	5	SP, PA, QL
LENVIMA CAP 20 MG	5	SP, PA, QL
LENVIMA CAP 24 MG	5	SP, PA, QL
MVASI INJ 100MG	NC	SP
MVASI INJ 400MG	NC	SP
VEGZELMA SOL 100/4ML	NC	SP
VEGZELMA SOL 400/16ML	NC	SP
ZALTRAP INJ 100/4ML	6	SP, PA
ZALTRAP INJ 200/8ML	6	SP, PA
ZIRABEV INJ 100/4ML	4	SP, PA
ZIRABEV INJ 400/16ML	4	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN INJ 150MG	NC	SP
HERZUMA INJ 150MG	NC	SP
HERZUMA INJ 420MG	NC	SP
KANJINTI INJ 420MG	5	SP, PA
KANJINTI SOL 150MG	5	SP, PA
OGIVRI INJ 150MG	5	SP, PA
OGIVRI INJ 420MG	5	SP, PA
ONTRUZANT INJ 150MG	NC	SP
ONTRUZANT INJ 420MG	NC	SP
PERJETA INJ 420/14ML	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
TRAZIMERA INJ 150MG	5	SP, PA
TRAZIMERA INJ 420MG	5	SP, PA
TUKYSA TAB 50MG	6	SP, PA, QL
TUKYSA TAB 150MG	6	SP, PA, QL
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS INJ 50MG	6	SP, PA
ARZERRA CON 100/5ML	6	SP, PA
BAVENCIO INJ 20MG/ML	6	SP, PA
BESPONSA INJ 0.9MG	6	SP, PA
BIZENGRI INJ 750 DOSE	NC	SP
BLINCYTO INJ 35MCG	6	SP, PA
COLUMVI INJ 2.5MG	NC	SP
COLUMVI INJ 10/10ML	NC	SP
DARZALEX SOL 100/5ML	6	SP, PA
DARZALEX SOL 400/20ML	6	SP, PA
ELAHERE INJ 5MG/ML	6	SP, PA
ELREXFIO INJ 44/1.1ML	NC	SP
ELREXFIO INJ 76/1.9ML	NC	SP
EMPLICITI INJ 300MG	6	SP, PA
EMPLICITI INJ 400MG	6	SP, PA
EMRELIS INJ 20MG	NC	SP
EMRELIS INJ 100MG	NC	SP
ENHERTU INJ 100MG	6	SP, PA
GAZYVA INJ 25MG/ML	6	SP, PA
IMDELLTRA INJ 1MG	6	SP, PA
IMDELLTRA INJ 10MG	6	SP, PA
IMFINZI INJ 120/2.4	6	SP, PA
IMFINZI INJ 500/10	6	SP, PA
IMJUDO INJ 25/1.25	6	SP, PA
IMJUDO INJ 300/15ML	6	SP, PA
JEMPERLI SOL 500/10ML	NC	SP
KADCYLA INJ 100MG	6	SP, PA
KADCYLA INJ 160MG	6	SP, PA
KEYTRUDA INJ 100MG/4M	6	SP, PA
KIMMTRAK SOL 100MCG	6	SP, PA, QL
LIBTAYO INJ 350/7ML	6	SP, PA, QL
LUNSUMIO INJ 1MG/ML	NC	SP
LUNSUMIO INJ 30MG/30	NC	SP
MONJUVI INJ 200MG	NC	SP
MYLOTARG INJ 4.5MG	6	SP, PA
OPDIVO INJ 40MG/4ML	6	SP, PA
OPDIVO INJ 100/10ML	6	SP, PA
OPDIVO INJ 120/12ML	6	SP, PA

Drug Name	Drug Tier	Requirements/Limits
OPDIVO INJ 240/24ML	6	SP, PA
PADCEV INJ 20MG	6	SP, PA, QL
PADCEV INJ 30MG	6	SP, PA, QL
POLIVY INJ 30MG	6	SP, PA
POLIVY INJ 140MG	6	SP, PA
POTELIGEO INJ 20MG/5ML	6	SP, PA
RITUXAN INJ 100MG	NC	SP
RITUXAN INJ 500MG	NC	SP
RUXIENCE INJ 100/10ML	4	SP, PA
RUXIENCE INJ 500/50ML	4	SP, PA
SARCLISA SOL 100/5ML	6	SP, PA
SARCLISA SOL 500/25ML	6	SP, PA
TALVEY INJ 3/1.5ML	NC	SP
TALVEY INJ 40MG/ML	NC	SP
TECENTRIQ INJ 840/14	6	SP, PA
TECENTRIQ INJ 1200/20	6	SP, PA
TEVIMBRA INJ 100/10ML	NC	SP
TIVDAK INJ 40MG	6	SP, PA, QL
TRUXIMA INJ 100/10ML	NC	SP
TRUXIMA INJ 500/50ML	NC	SP
UNITUXIN INJ	6	SP
YERVOY INJ 50/10ML	6	SP, PA
YERVOY INJ 200/40ML	6	SP, PA
ZEVALIN KIT Y-90	6	SP, PA
ZYNLONTA SOL 10MG	NC	SP
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	6	SP, PA, QL
VENCLEXTA TAB 50MG	6	SP, PA, QL
VENCLEXTA TAB 100MG	6	SP, PA, QL
VENCLEXTA TAB START PK	6	SP, PA, QL
ANTINEOPLASTIC - CELLULAR IMMUNOTHERAPY		
AMTAGVI INJ	NC	
KYMRIAH SUS	NC	
PROVENGE INJ	NC	
YESCARTA INJ	NC	
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX INJ 100MG	6	SP, PA
ERBITUX INJ 200MG	6	SP, PA
erlotinib hcl tab 25 mg (base equivalent)	4	SP, PA, QL
erlotinib hcl tab 100 mg (base equivalent)	4	SP, PA, QL
erlotinib hcl tab 150 mg (base equivalent)	4	SP, PA, QL
gefitinib tab 250 mg	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
GILOTRIF TAB 20MG	6	SP, PA, QL
GILOTRIF TAB 30MG	6	SP, PA, QL
GILOTRIF TAB 40MG	6	SP, PA, QL
IRESSA TAB 250MG	NC	SP
PORTRAZZA INJ 800/50ML	6	SP, PA
TAGRISSO TAB 40MG	5	SP, PA, QL
TAGRISSO TAB 80MG	5	SP, PA, QL
TARCEVA TAB 100MG	6	SP, ST, PA, QL
VECTIBIX INJ 100MG	6	SP, PA
VECTIBIX INJ 400MG	6	SP, PA
VIZIMPRO TAB 15MG	NC	SP
VIZIMPRO TAB 30MG	NC	SP
VIZIMPRO TAB 45MG	NC	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO TAB 25MG	NC	SP
DAURISMO TAB 100MG	NC	SP
ERIVEDGE CAP 150MG	5	SP, PA, QL
ODOMZO CAP 200MG	5	SP, PA, QL
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	4	SP, PA, QL
abiraterone acetate tab 500 mg	4	SP, PA, QL
abirtega tab 250mg	4	SP, PA, QL
anastrozole tab 1 mg	0	ACA, PV
ARIMIDEX TAB 1MG	3	PV
AROMASIN TAB 25MG	3	PV
bicalutamide tab 50 mg	1	
CAMCEVI INJ 42MG	NC	SP
CASODEX TAB 50MG	3	
ELIGARD INJ 7.5MG	5	SP, PA
ELIGARD INJ 22.5MG	5	SP, PA
ELIGARD INJ 30MG	5	SP, PA
ELIGARD INJ 45MG	5	SP, PA
ERLEADA TAB 60MG	5	SP, PA, QL
ERLEADA TAB 240MG	5	SP, PA, QL
exemestane tab 25 mg	0	ACA, PV
FARESTON TAB 60MG	3	
FASLODEX INJ 250/5ML	6	SP, PA
FEMARA TAB 2.5MG	3	PV
FIRMAGON INJ 80MG	NC	SP
FIRMAGON INJ 120MG	NC	SP
fulvestrant inj soln pref syr 250 mg/5ml	4	SP, PA
letrozole tab 2.5 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	4	SP, PA
LUPRON DEPOT INJ 3.75MG	6	SP, PA, QL
LUPRON DEPOT INJ 7.5MG	NC	SP
LUPRON DEPOT INJ 11.25MG	6	SP, PA, QL
LUPRON DEPOT INJ 22.5MG	NC	SP
LUPRON DEPOT INJ 30MG	NC	SP
LUPRON DEPOT INJ 45MG	NC	SP
LYSODREN TAB 500MG	5	SP
megestrol acetate susp 40 mg/ml	1	
megestrol acetate tab 20 mg	1	
megestrol acetate tab 40 mg	1	
NILANDRON TAB 150MG	NC	SP
nilutamide tab 150 mg	1	
NUBEQA TAB 300MG	5	SP, PA, QL
ORGOVYX TAB 120MG	6	SP, PA, QL
ORSERDU TAB 86MG	NC	SP
ORSERDU TAB 345MG	NC	SP
SOLTAMOX SOL 10MG/5ML	3	PV
tamoxifen citrate tab 10 mg (base equivalent)	0	ACA, PV
tamoxifen citrate tab 20 mg (base equivalent)	0	ACA, PV
toremifene citrate tab 60 mg (base equivalent)	2	
TRELSTAR MIX INJ 3.75MG	NC	SP
TRELSTAR MIX INJ 11.25MG	NC	SP
TRELSTAR MIX INJ 22.5MG	NC	SP
XTANDI CAP 40MG	5	SP, PA, QL
XTANDI TAB 40MG	5	SP, PA, QL
XTANDI TAB 80MG	5	SP, PA, QL
YONSA TAB 125MG	5	SP, PA, QL
ZOLADEX IMP 3.6MG	NC	SP
ZOLADEX IMP 10.8MG	NC	SP
ZYTIGA TAB 250MG	NC	SP
ZYTIGA TAB 500MG	NC	SP
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	6	SP, PA, QL
POMALYST CAP 2MG	6	SP, PA, QL
POMALYST CAP 3MG	6	SP, PA, QL
POMALYST CAP 4MG	6	SP, PA, QL
ANTINEOPLASTIC - MENIN INHIBITORS		
REVUFORJ TAB 25MG	NC	SP
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	6	SP, PA, QL
XPOVIO PAK 50MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 60MG	6	SP, PA, QL
XPOVIO PAK 80MG	6	SP, PA, QL
ANTINEOPLASTIC ANTIBIOTICS		
adriamycin inj 50mg	1	
bleomycin sulfate for inj 15 unit	1	
bleomycin sulfate for inj 30 unit	1	
dactinomycin for inj 0.5 mg	1	
daunorubicin hcl iv soln 20 mg/4ml (base equiv)	1	
daunorubicin hcl iv soln 50 mg/10ml (base equiv)	1	
DAUNORUBICIN INJ 20MG/4ML	3	
DAUNORUBICIN INJ 50/10ML	3	
DOXIL INJ 20/10ML	3	
DOXIL INJ 50/25ML	3	
doxorubicin hcl for inj 10 mg	1	
doxorubicin hcl for inj 50 mg	1	
doxorubicin hcl inj 2 mg/ml	1	
doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml	1	
ELLENCE INJ 2MG/ML	3	
IDAMYCIN PFS INJ 5MG/5ML	3	
IDAMYCIN PFS INJ 10/10ML	3	
IDAMYCIN PFS INJ 20/20ML	3	
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	1	
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	1	
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	1	
mitomycin for iv soln 5 mg	1	
mitomycin for iv soln 20 mg	1	
mitomycin for iv soln 40 mg	1	
MITOMYCIN SOL 20MG	NC	
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	4	SP, PA
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	4	SP, PA
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	4	SP, PA
mutamycin inj 5mg	1	
mutamycin inj 40mg	1	
valrubicin soln for intravesical instillation 40 mg/ml	4	SP
VALSTAR SOL 40MG/ML	6	SP
ANTINEOPLASTIC COMBINATIONS		
HERCEP HYLEC SOL 60-10000	NC	SP

Drug Name	Drug Tier	Requirements/Limits
INQOVI TAB 35-100MG	6	SP, PA, QL
LONSURF TAB 15-6.14	5	SP, PA, QL
LONSURF TAB 20-8.19	5	SP, PA, QL
OPDIVO INJ QVANTIG	NC	SP
OPDUALAG SOL	NC	SP
PHESGO SOL	5	SP, PA
RITUXAN INJ HYCELA	6	SP, PA
VYXEOS INJ 44-100MG	6	SP, PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG	NC	SP
AFINITOR DIS TAB 3MG	NC	SP
AFINITOR DIS TAB 5MG	NC	SP
AFINITOR TAB 2.5MG	NC	SP
AFINITOR TAB 5MG	NC	SP
AFINITOR TAB 7.5MG	NC	SP
AFINITOR TAB 10MG	NC	SP
ALECENSA CAP 150MG	5	SP, PA, QL
ALIQOPA INJ 60MG	NC	SP
ALUNBRIG PAK	5	SP, PA, QL
ALUNBRIG TAB 30MG	5	SP, PA, QL
ALUNBRIG TAB 90MG	5	SP, PA, QL
ALUNBRIG TAB 180MG	5	SP, PA, QL
AUGTYRO CAP 40MG	5	SP, PA, QL
AUGTYRO CAP 160MG	5	SP, PA, QL
BALVERSA TAB 3MG	6	SP, PA, QL
BALVERSA TAB 4MG	6	SP, PA, QL
BALVERSA TAB 5MG	6	SP, PA, QL
BELEODAQ INJ 500MG	6	SP, PA
bortezomib for inj 3.5 mg	4	SP, PA
BORTEZOMIB INJ 3.5/1.4	NC	SP
BORTEZOMIB INJ 3.5MG	NC	SP
BOSULIF CAP 50MG	5	SP, PA, QL
BOSULIF CAP 100MG	5	SP, PA, QL
BOSULIF TAB 100MG	5	SP, PA, QL
BOSULIF TAB 400MG	5	SP, PA, QL
BOSULIF TAB 500MG	5	SP, PA, QL
BRAFTOVI CAP 75MG	5	SP, PA, QL
BRUKINSA CAP 80MG	5	SP, PA, QL
CABOMETYX TAB 20MG	5	SP, PA, QL
CABOMETYX TAB 40MG	5	SP, PA, QL
CABOMETYX TAB 60MG	5	SP, PA, QL
CALQUENCE TAB 100MG	6	SP, PA, QL
CAPRELSA TAB 100MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 300MG	6	SP, PA, QL
COMETRIQ KIT 60MG	6	SP, PA, QL
COMETRIQ KIT 100MG	6	SP, PA, QL
COMETRIQ KIT 140MG	6	SP, PA, QL
COPIKTRA CAP 15MG	5	SP, PA, QL
COPIKTRA CAP 25MG	5	SP, PA, QL
COTELLIC TAB 20MG	NC	SP
dasatinib tab 20 mg	4	SP, PA, QL
dasatinib tab 50 mg	4	SP, PA, QL
dasatinib tab 70 mg	4	SP, PA, QL
dasatinib tab 80 mg	4	SP, PA, QL
dasatinib tab 100 mg	4	SP, PA, QL
dasatinib tab 140 mg	4	SP, PA, QL
everolimus tab 2.5 mg	4	SP, PA, QL
everolimus tab 5 mg	4	SP, PA, QL
everolimus tab 7.5 mg	4	SP, PA, QL
everolimus tab 10 mg	4	SP, PA, QL
everolimus tab for oral susp 2 mg	4	SP, PA, QL
everolimus tab for oral susp 3 mg	4	SP, PA, QL
everolimus tab for oral susp 5 mg	4	SP, PA, QL
FARYDAK CAP 10MG	NC	SP
FARYDAK CAP 15MG	NC	SP
FARYDAK CAP 20MG	NC	SP
FOTIVDA CAP 0.89MG	NC	SP
FOTIVDA CAP 1.34MG	NC	SP
FYARRO SUS 100MG	6	SP, PA
GAVRETO CAP 100MG	5	SP, PA, QL
GLEEVEC TAB 100MG	NC	SP
GLEEVEC TAB 400MG	NC	SP
GOMEKLI CAP 1MG	6	SP, PA, QL
GOMEKLI CAP 2MG	6	SP, PA, QL
GOMEKLI TAB 1MG	6	SP, PA, QL
IBRANCE CAP 75MG	5	SP, PA, QL
IBRANCE CAP 100MG	5	SP, PA, QL
IBRANCE CAP 125MG	5	SP, PA, QL
IBRANCE TAB 75MG	5	SP, PA, QL
IBRANCE TAB 100MG	5	SP, PA, QL
IBRANCE TAB 125MG	5	SP, PA, QL
ICLUSIG TAB 10MG	NC	SP
ICLUSIG TAB 15MG	NC	SP
ICLUSIG TAB 30MG	NC	SP
ICLUSIG TAB 45MG	NC	SP
IDHIFA TAB 50MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TAB 100MG	6	SP, PA, QL
imatinib mesylate tab 100 mg (base equivalent)	4	SP, PA, QL
imatinib mesylate tab 400 mg (base equivalent)	4	SP, PA, QL
IMBRUVICA CAP 70MG	NC	SP
IMBRUVICA CAP 140MG	NC	SP
IMBRUVICA SUS 70MG/ML	NC	SP
IMBRUVICA TAB 140MG	NC	SP
IMBRUVICA TAB 280MG	NC	SP
IMBRUVICA TAB 420MG	NC	SP
IMBRUVICA TAB 560MG	NC	SP
INREBIC CAP 100MG	NC	SP
ISTODAX INJ 10MG	6	SP, PA
ITOVEBI TAB 3MG	6	SP, PA, QL
ITOVEBI TAB 9MG	6	SP, PA, QL
JAKAFI TAB 5MG	NC	SP
JAKAFI TAB 10MG	NC	SP
JAKAFI TAB 15MG	NC	SP
JAKAFI TAB 20MG	NC	SP
JAKAFI TAB 25MG	NC	SP
JAYPIRCA TAB 50MG	NC	SP
JAYPIRCA TAB 100MG	NC	SP
KISQALI TAB 200DOSE	5	SP, PA, QL
KISQALI TAB 400DOSE	5	SP, PA, QL
KISQALI TAB 600DOSE	5	SP, PA, QL
KOSELUGO CAP 10MG	6	SP, PA, QL
KOSELUGO CAP 25MG	6	SP, PA, QL
KRAZATI TAB 200MG	5	SP, PA, QL
KYPROLIS SOL 10MG	NC	SP
KYPROLIS SOL 30MG	NC	SP
KYPROLIS SOL 60MG	NC	SP
lapatinib ditosylate tab 250 mg (base equiv)	4	SP, PA, QL
LORBRENA TAB 25MG	6	SP, PA, QL
LORBRENA TAB 100MG	6	SP, PA, QL
LUMAKRAS TAB 120MG	5	SP, PA, QL
LUMAKRAS TAB 240MG	5	SP, PA, QL
LUMAKRAS TAB 320MG	5	SP, PA, QL
LYNPARZA TAB 100MG	5	SP, PA, QL
LYNPARZA TAB 150MG	5	SP, PA, QL
LYTGOBI TAB 4MG	NC	SP
MEKINIST SOL 0.05/ML	5	SP, PA, QL
MEKINIST TAB 0.5MG	5	SP, PA, QL
MEKINIST TAB 2MG	5	SP, PA, QL
MEKTOVI TAB 15MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
NERLYNX TAB 40MG	6	SP, PA, QL
NEXAVAR TAB 200MG	NC	SP
NINLARO CAP 2.3MG	5	SP, PA, QL
NINLARO CAP 3MG	5	SP, PA, QL
NINLARO CAP 4MG	5	SP, PA, QL
OGSIVEO TAB 100MG	NC	SP
pazopanib hcl tab 200 mg (base equiv)	4	SP, PA, QL
PEMAZYRE TAB 4.5MG	NC	SP
PEMAZYRE TAB 9MG	NC	SP
PEMAZYRE TAB 13.5MG	NC	SP
PIQRAY 200MG TAB DOSE	5	SP, PA, QL
PIQRAY 250MG TAB DOSE	5	SP, PA, QL
PIQRAY 300MG TAB DOSE	5	SP, PA, QL
QINLOCK TAB 50MG	NC	SP
RETEVMO TAB 40MG	5	SP, PA, QL
RETEVMO TAB 80MG	5	SP, PA, QL
RETEVMO TAB 120MG	5	SP, PA, QL
RETEVMO TAB 160MG	5	SP, PA, QL
romidepsin for iv inj 10 mg	4	SP, PA
ROMVIMZA CAP 14MG	NC	SP
ROMVIMZA CAP 20MG	NC	SP
ROMVIMZA CAP 30MG	NC	SP
ROZLYTREK CAP 100MG	5	SP, PA, QL
ROZLYTREK CAP 200MG	5	SP, PA, QL
ROZLYTREK PAK 50MG	5	SP, PA, QL
RUBRACA TAB 200MG	NC	SP
RUBRACA TAB 250MG	NC	SP
RUBRACA TAB 300MG	NC	SP
RYDAPT CAP 25MG	5	SP, PA, QL
SCEMBLIX TAB 20MG	5	SP, PA, QL
SCEMBLIX TAB 40MG	5	SP, PA, QL
SCEMBLIX TAB 100MG	5	SP, PA, QL
sorafenib tosylate tab 200 mg (base equivalent)	4	SP, PA, QL
SPRYCEL TAB 20MG	NC	SP
SPRYCEL TAB 50MG	NC	SP
SPRYCEL TAB 70MG	NC	SP
SPRYCEL TAB 80MG	NC	SP
SPRYCEL TAB 100MG	NC	SP
SPRYCEL TAB 140MG	NC	SP
STIVARGA TAB 40MG	5	SP, PA, QL
sunitinib malate cap 12.5 mg (base equivalent)	4	SP, PA, QL
sunitinib malate cap 25 mg (base equivalent)	4	SP, PA, QL
sunitinib malate cap 37.5 mg (base equivalent)	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate cap 50 mg (base equivalent)	4	SP, PA, QL
SUTENT CAP 12.5MG	NC	SP
SUTENT CAP 25MG	NC	SP
SUTENT CAP 37.5MG	NC	SP
SUTENT CAP 50MG	NC	SP
TABRECTA TAB 150MG	NC	SP
TABRECTA TAB 200MG	NC	SP
TAFINLAR CAP 50MG	5	SP, PA, QL
TAFINLAR CAP 75MG	5	SP, PA, QL
TAFINLAR TAB 10MG	5	SP, PA, QL
TALZENNA CAP 0.1MG	NC	SP
TALZENNA CAP 0.5MG	NC	SP
TALZENNA CAP 0.25MG	NC	SP
TALZENNA CAP 0.35MG	NC	SP
TALZENNA CAP 0.75MG	NC	SP
TALZENNA CAP 1MG	NC	SP
TASIGNA CAP 50MG	NC	SP
TASIGNA CAP 150MG	NC	SP
TASIGNA CAP 200MG	NC	SP
TAZVERIK TAB 200MG	NC	SP
temsirolimus soln for iv infusion 25 mg/ml	4	SP, PA, QL
TEPMETKO TAB 225MG	NC	SP
TIBSOVO TAB 250MG	6	SP, PA, QL
TORISEL INJ 25MG/ML	6	SP, ST, PA, QL
torpenz tab 2.5mg	4	SP, PA, QL
torpenz tab 5mg	4	SP, PA, QL
torpenz tab 7.5mg	4	SP, PA, QL
torpenz tab 10mg	4	SP, PA, QL
TRUQAP PAK 160MG	5	SP, PA, QL
TRUQAP PAK 200MG	5	SP, PA, QL
TRUQAP TAB 200MG	5	SP, PA, QL
TURALIO CAP 200MG	NC	SP
TYKERB TAB 250MG	6	SP, PA, QL
UKONIQ TAB 200MG	NC	SP
VANFLYTA TAB 17.7MG	6	SP, PA, QL
VANFLYTA TAB 26.5MG	6	SP, PA, QL
VELCADE INJ 3.5MG	6	SP, PA
VERZENIO TAB 50MG	6	SP, PA, QL
VERZENIO TAB 100MG	6	SP, PA, QL
VERZENIO TAB 150MG	6	SP, PA, QL
VERZENIO TAB 200MG	6	SP, PA, QL
VITRAKVI CAP 25MG	5	SP, PA, QL
VITRAKVI CAP 100MG	5	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOL 20MG/ML	5	SP, PA, QL
VONJO CAP 100MG	6	SP, PA, QL
VORANIGO TAB 10MG	6	SP, PA, QL
VORANIGO TAB 40MG	6	SP, PA, QL
VOTRIENT TAB 200MG	NC	SP
XALKORI CAP 20MG	6	SP, PA, QL
XALKORI CAP 50MG	6	SP, PA, QL
XALKORI CAP 150MG	6	SP, PA, QL
XALKORI CAP 200MG	NC	SP
XALKORI CAP 250MG	NC	SP
XOSPATA TAB 40MG	5	SP, PA, QL
ZEJULA TAB 100MG	5	SP, PA, QL
ZEJULA TAB 200MG	5	SP, PA, QL
ZEJULA TAB 300MG	5	SP, PA, QL
ZELBORAF TAB 240MG	NC	SP
ZOLINZA CAP 100MG	6	SP, PA, QL
ZYDELIG TAB 100MG	5	SP, PA, QL
ZYDELIG TAB 150MG	5	SP, PA, QL
ZYKADIA TAB 150MG	5	SP, PA, QL
ANTINEOPLASTIC ENZYMES		
ASPARLAS INJ 3750/5ML	6	SP, PA
ONCASPAR INJ 750/ML	6	SP, PA
RYLAZE INJ 10/0.5ML	6	SP, PA, QL
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
LUTATHERA INJ 370MBQ	NC	SP
XOFIGO INJ 1100KBQ	NC	SP
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	6	SP, PA
arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)	1	
arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	4	
BESREMI SOL 500MCG	5	SP, PA, QL
bexarotene cap 75 mg	4	SP, PA
dacarbazine for inj 100 mg	1	
dacarbazine for inj 200 mg	1	
ELZONRIS SOL 1000MCG	NC	SP
HYDREA CAP 500MG	3	
hydroxyurea cap 500 mg	1	
MATULANE CAP 50MG	3	
NIPENT INJ 10MG	3	
PHOTOFRIN INJ 75MG	3	
PROLEUKIN INJ 22MU	6	SP, PA
TARGRETIN CAP 75MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
TICE BCG INJ	3	
tretinoin cap 10 mg	2	
TRISENOX INJ 12MG/6ML	6	
UVADEX SOL 20MCG/ML	3	
CHEMOTHERAPY ADJUNCTS		
ELITEK INJ 1.5MG	3	
ELITEK INJ 7.5MG	3	
KEPIVANCE INJ 5.16MG	NC	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA INJ 300MG	NC	SP
dexrazoxane hcl for inj 250 mg (base equivalent)	1	
dexrazoxane hcl for inj 500 mg (base equivalent)	1	
IWILFIN TAB 192MG	6	SP, PA, QL
KHAPZORY SOL 175MG	NC	SP
KHAPZORY SOL 300MG	NC	SP
leucovorin calcium for inj 50 mg	1	
leucovorin calcium for inj 100 mg	1	
leucovorin calcium for inj 200 mg	1	
leucovorin calcium for inj 350 mg	1	
leucovorin calcium for inj 500 mg	1	
leucovorin calcium inj 100 mg/10ml (10 mg/ml)	1	
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	1	
leucovorin calcium tab 5 mg	1	
leucovorin calcium tab 10 mg	1	
leucovorin calcium tab 15 mg	1	
leucovorin calcium tab 25 mg	2	
levoleucovorin calcium for iv inj 50 mg (base equiv)	4	SP, PA
levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)	4	SP, PA
levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	4	SP, PA
mesna inj 100 mg/ml	1	
mesna tab 400 mg	1	
MESNEX INJ 1GM	3	
MESNEX TAB 400MG	3	
PEDMARK INJ 12.5GM	6	SP, PA
TOTECT INJ 500MG	NC	SP
VORAXAZE INJ 1000UNIT	6	SP
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	6	SP

Drug Name	Drug Tier	Requirements/Limits
docetaxel for inj conc 20 mg/ml	1	
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	1	
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	1	
DOCETAXEL INJ 20MG/2ML	3	
DOCETAXEL INJ 20MG/ML	3	
DOCETAXEL INJ 80MG/4ML	3	
DOCETAXEL INJ 80MG/8ML	3	
DOCETAXEL INJ 160/8ML	3	
DOCETAXEL INJ 160/16ML	3	
docetaxel soln for iv infusion 20 mg/2ml	1	
docetaxel soln for iv infusion 80 mg/8ml	1	
docetaxel soln for iv infusion 160 mg/16ml	1	
eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	4	SP, PA
ETOPOPHOS INJ 100MG	3	
etoposide cap 50 mg	2	
etoposide inj 1 gm/50ml (20 mg/ml)	1	
etoposide inj 100 mg/5ml (20 mg/ml)	1	
etoposide inj 500 mg/25ml (20 mg/ml)	1	
HALAVEN INJ 1MG/2ML	6	SP, PA
IXEMPRA KIT INJ 15MG	6	SP, PA
IXEMPRA KIT INJ 45MG	6	SP, PA
JEVTANA INJ 60/1.5ML	6	SP, PA
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	1	
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	1	
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	1	
paclitaxel protein-bound particles for iv susp 100 mg	1	
vinblastine sulfate inj 1 mg/ml	1	
vincristine sulfate iv soln 1 mg/ml	1	
vinorelbine tartrate inj 10 mg/ml (base equiv)	1	
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	1	
ONCOLYTIC VIRAL AGENTS		
IMLYGIC INJ	6	SP, PA
TOPOISOMERASE I INHIBITORS		
CAMPTOSAR INJ 40MG/2ML	3	
CAMPTOSAR INJ 100/5ML	3	
CAMPTOSAR INJ 300/15ML	3	
DATROWAY INJ 100MG	NC	SP
HYCAMTIN CAP 0.25MG	6	SP, PA
HYCAMTIN CAP 1MG	6	SP, PA
HYCAMTIN INJ 4MG	3	

Drug Name	Drug Tier	Requirements/Limits
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	1	
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	1	
irinotecan hcl inj 300 mg/15ml (20 mg/ml)	1	
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	1	
ONIVYDE INJ 4.3MG/ML	6	SP
topotecan hcl for inj 4 mg (base equiv)	1	
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	1	
TOPOTECAN INJ 4MG/4ML	3	
TRODELVY SOL 180MG	6	SP, PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	2	
LODOSYN TAB 25MG	3	
NOURIANZ TAB 20MG	NC	SP
NOURIANZ TAB 40MG	NC	SP
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate inj 1 mg/ml	1	
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
entacapone tab 200 mg	1	
ONGENTYS CAP 25MG	NC	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
APOKYN INJ 10MG/ML	NC	SP
apomorphine hcl soln cartridge 30 mg/3ml	4	PA, QL
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	6	SP, PA
GOCOVRI CAP 68.5MG	NC	
GOCOVRI CAP 137MG	NC	
INBRIJA CAP 42MG	5	SP, PA, QL
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
ONAPGO INJ 98/20ML	NC	SP
OSMOLEX ER TAB 129MG	NC	
OSMOLEX ER TAB 193MG	NC	
OSMOLEX ER TAB 258MG	NC	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	
pramipexole dihydrochloride tab er 24hr 4.5 mg	2	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
XADAGO TAB 50MG	NC	
XADAGO TAB 100MG	NC	
ZELAPAR TAB 1.25MG	3	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA CAP 10.5MG	3	PA; PV
CAPLYTA CAP 21MG	3	PA; PV
CAPLYTA CAP 42MG	3	PA; PV
EQUETRO CAP 100MG	3	PV
EQUETRO CAP 200MG	3	PV
EQUETRO CAP 300MG	3	PV
GEODON CAP 20MG	3	PV
GEODON CAP 40MG	3	PV
GEODON CAP 60MG	3	PV
GEODON CAP 80MG	3	PV
GEODON INJ 20MG	3	
LATUDA TAB 20MG	NC	
LATUDA TAB 40MG	NC	
LATUDA TAB 60MG	NC	
LATUDA TAB 80MG	NC	
LATUDA TAB 120MG	NC	
lurasidone hcl tab 20 mg	1	PA; PV
lurasidone hcl tab 40 mg	1	PA; PV
lurasidone hcl tab 60 mg	2	PA; PV
lurasidone hcl tab 80 mg	2	PA; PV
lurasidone hcl tab 120 mg	2	PA; PV
NUPLAZID CAP 34MG	6	SP, PA, QL
NUPLAZID TAB 10MG	6	SP, PA, QL
VRAYLAR CAP 1.5MG	2	PA; PV
VRAYLAR CAP 3MG	2	PA; PV

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 4.5MG	2	PA; PV
VRAYLAR CAP 6MG	2	PA; PV
ziprasidone hcl cap 20 mg	1	PV
ziprasidone hcl cap 40 mg	1	PV
ziprasidone hcl cap 60 mg	1	PV
ziprasidone hcl cap 80 mg	1	PV
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
FANAPT PAK	NC	
FANAPT TAB 1MG	NC	
FANAPT TAB 2MG	NC	
FANAPT TAB 4MG	NC	
FANAPT TAB 6MG	NC	
FANAPT TAB 8MG	NC	
FANAPT TAB 10MG	NC	
FANAPT TAB 12MG	NC	
INVEGA HAFYE INJ 1092MG	3	
INVEGA HAFYE INJ 1560MG	3	
INVEGA SUST INJ 39/0.25	3	PV
INVEGA SUST INJ 78/0.5ML	3	PV
INVEGA SUST INJ 117/0.75	3	PV
INVEGA SUST INJ 156MG/ML	3	PV
INVEGA SUST INJ 234/1.5	3	PV
INVEGA TAB 3MG	3	PV
INVEGA TAB 6MG	3	PV
INVEGA TAB 9MG	3	PV
INVEGA TRINZ INJ 273MG	NC	
INVEGA TRINZ INJ 410MG	NC	
INVEGA TRINZ INJ 546MG	NC	
INVEGA TRINZ INJ 819MG	NC	
paliperidone tab er 24hr 1.5 mg	1	PV
paliperidone tab er 24hr 3 mg	1	PV
paliperidone tab er 24hr 6 mg	1	PV
paliperidone tab er 24hr 9 mg	1	PV
PERSERIS INJ 90MG	2	PV
PERSERIS INJ 120MG	2	PV
RISPERDAL INJ 12.5MG	3	PV
RISPERDAL INJ 25MG	3	PV
RISPERDAL INJ 37.5MG	3	PV
RISPERDAL INJ 50MG	3	PV
RISPERDAL SOL 1MG/ML	3	PV
RISPERDAL TAB 0.5MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL TAB 1MG	3	PV
RISPERDAL TAB 2MG	3	PV
RISPERDAL TAB 3MG	3	PV
RISPERDAL TAB 4MG	3	PV
risperidone microspheres for im extended rel susp 12.5 mg	1	PV
risperidone microspheres for im extended rel susp 25 mg	1	PV
risperidone microspheres for im extended rel susp 37.5 mg	1	PV
risperidone microspheres for im extended rel susp 50 mg	2	PV
risperidone orally disintegrating tab 0.5 mg	1	PV
risperidone orally disintegrating tab 0.25 mg	1	PV
risperidone orally disintegrating tab 1 mg	1	PV
risperidone orally disintegrating tab 2 mg	1	PV
risperidone orally disintegrating tab 3 mg	1	PV
risperidone orally disintegrating tab 4 mg	2	PV
risperidone soln 1 mg/ml	1	PV
risperidone tab 0.5 mg	1	PV
risperidone tab 0.25 mg	1	PV
risperidone tab 1 mg	1	PV
risperidone tab 2 mg	1	PV
risperidone tab 3 mg	1	PV
risperidone tab 4 mg	1	PV
RYKINDO INJ 25MG	NC	
RYKINDO INJ 37.5MG	NC	
RYKINDO INJ 50MG	NC	
UZEDY INJ 50MG	NC	
UZEDY INJ 75MG	NC	
UZEDY INJ 100MG	NC	
UZEDY INJ 125MG	NC	
UZEDY INJ 150MG	NC	
UZEDY INJ 200MG	NC	
UZEDY INJ 250MG	NC	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	PV
HALDOL DECAN INJ 100MG/ML	3	PV
haloperidol decanoate im soln 50 mg/ml	1	PV
haloperidol decanoate im soln 100 mg/ml	1	PV
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	PV
haloperidol tab 0.5 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
haloperidol tab 1 mg	1	PV
haloperidol tab 2 mg	1	PV
haloperidol tab 5 mg	1	PV
haloperidol tab 10 mg	1	PV
haloperidol tab 20 mg	2	PV
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	2	PA; PV
asenapine maleate sl tab 5 mg (base equiv)	1	PA; PV
asenapine maleate sl tab 10 mg (base equiv)	1	PA; PV
clozapine orally disintegrating tab 12.5 mg	1	PV
clozapine orally disintegrating tab 25 mg	1	PV
clozapine orally disintegrating tab 100 mg	2	PV
clozapine orally disintegrating tab 150 mg	2	PV
clozapine orally disintegrating tab 200 mg	1	PV
clozapine tab 25 mg	1	PV
clozapine tab 50 mg	1	PV
clozapine tab 100 mg	1	PV
clozapine tab 200 mg	1	PV
CLOZARIL TAB 25MG	3	PV
CLOZARIL TAB 100MG	3	PV
loxapine succinate cap 5 mg	1	PV
loxapine succinate cap 10 mg	1	PV
loxapine succinate cap 25 mg	1	PV
loxapine succinate cap 50 mg	1	PV
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	PV
olanzapine orally disintegrating tab 10 mg	1	PV
olanzapine orally disintegrating tab 15 mg	1	PV
olanzapine orally disintegrating tab 20 mg	1	PV
olanzapine tab 2.5 mg	1	PV
olanzapine tab 5 mg	1	PV
olanzapine tab 7.5 mg	1	PV
olanzapine tab 10 mg	1	PV
olanzapine tab 15 mg	1	PV
olanzapine tab 20 mg	1	PV
quetiapine fumarate tab 25 mg	1	PV
quetiapine fumarate tab 50 mg	1	PV
quetiapine fumarate tab 100 mg	1	PV
quetiapine fumarate tab 150 mg	1	PV
quetiapine fumarate tab 200 mg	1	PV
quetiapine fumarate tab 300 mg	1	PV
quetiapine fumarate tab 400 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 50 mg	1	PV
quetiapine fumarate tab er 24hr 150 mg	1	PV
quetiapine fumarate tab er 24hr 200 mg	1	PV
quetiapine fumarate tab er 24hr 300 mg	1	PV
quetiapine fumarate tab er 24hr 400 mg	1	PV
SAPHRIS SUB 2.5MG	3	PA; PV
SAPHRIS SUB 5MG	3	PA; PV
SAPHRIS SUB 10MG	3	PA; PV
SECUADO DIS 3.8MG	NC	
SECUADO DIS 5.7MG	NC	
SECUADO DIS 7.6MG	NC	
SEROQUEL TAB 25MG	3	PV
SEROQUEL TAB 50MG	3	PV
SEROQUEL TAB 100MG	3	PV
SEROQUEL TAB 200MG	3	PV
SEROQUEL TAB 300MG	3	PV
SEROQUEL TAB 400MG	3	PV
SEROQUEL XR TAB 50MG	NC	
SEROQUEL XR TAB 150MG	NC	
SEROQUEL XR TAB 200MG	NC	
SEROQUEL XR TAB 300MG	NC	
SEROQUEL XR TAB 400MG	NC	
VERSACLOZ SUS 50MG/ML	3	PV
ZYPREXA INJ 10MG	3	
ZYPREXA TAB 2.5MG	3	PV
ZYPREXA TAB 5MG	3	PV
ZYPREXA TAB 20MG	3	PV
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	PV
molindone hcl tab 10 mg	1	PV
molindone hcl tab 25 mg	1	PV
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	2	
chlorpromazine hcl inj 50 mg/2ml	2	
chlorpromazine hcl tab 10 mg	1	PV
chlorpromazine hcl tab 25 mg	1	PV
chlorpromazine hcl tab 50 mg	1	PV
chlorpromazine hcl tab 100 mg	1	PV
chlorpromazine hcl tab 200 mg	2	PV
compro sup 25mg	2	
fluphenazine decanoate inj 25 mg/ml	1	PV
fluphenazine hcl elixir 2.5 mg/5ml	1	PV

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	PV
fluphenazine hcl tab 1 mg	1	PV
fluphenazine hcl tab 2.5 mg	1	PV
fluphenazine hcl tab 5 mg	1	PV
fluphenazine hcl tab 10 mg	1	PV
perphenazine tab 2 mg	1	PV
perphenazine tab 4 mg	1	PV
perphenazine tab 8 mg	1	PV
perphenazine tab 16 mg	1	PV
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	2	
thioridazine hcl tab 10 mg	1	PV
thioridazine hcl tab 25 mg	1	PV
thioridazine hcl tab 50 mg	1	PV
thioridazine hcl tab 100 mg	1	PV
trifluoperazine hcl tab 1 mg (base equivalent)	1	PV
trifluoperazine hcl tab 2 mg (base equivalent)	1	PV
trifluoperazine hcl tab 5 mg (base equivalent)	1	PV
trifluoperazine hcl tab 10 mg (base equivalent)	1	PV
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG	2	PV
ABILIFY ASIM INJ 960MG	2	PV
ABILIFY MAIN INJ 300MG	2	PV
ABILIFY MAIN INJ 400MG	2	PV
ABILIFY MYCI TAB 2MG MANT	NC	
ABILIFY MYCI TAB 2MG STRT	NC	
ABILIFY MYCI TAB 5MG MANT	NC	
ABILIFY MYCI TAB 5MG STRT	NC	
ABILIFY MYCI TAB 10MG MNT	NC	
ABILIFY MYCI TAB 10MG STR	NC	
ABILIFY MYCI TAB 15MG MNT	NC	
ABILIFY MYCI TAB 15MG STR	NC	
ABILIFY MYCI TAB 20MG MNT	NC	
ABILIFY MYCI TAB 20MG STR	NC	
ABILIFY MYCI TAB 30MG MNT	NC	
ABILIFY MYCI TAB 30MG STR	NC	
ABILIFY TAB 2MG	NC	
ABILIFY TAB 5MG	NC	

Drug Name	Drug Tier	Requirements/Limits
ABILIFY TAB 10MG	NC	
ABILIFY TAB 15MG	NC	
ABILIFY TAB 20MG	NC	
ABILIFY TAB 30MG	NC	
aripiprazole oral solution 1 mg/ml	1	PV
aripiprazole orally disintegrating tab 10 mg	2	PV
aripiprazole orally disintegrating tab 15 mg	2	PV
aripiprazole tab 2 mg	1	PV
aripiprazole tab 5 mg	1	PV
aripiprazole tab 10 mg	1	PV
aripiprazole tab 15 mg	1	PV
aripiprazole tab 20 mg	1	PV
aripiprazole tab 30 mg	1	PV
ARISTADA INJ 441MG/1.	3	PV
ARISTADA INJ 662MG/2	3	PV
ARISTADA INJ 882MG/3	3	PV
ARISTADA INJ 1064MG	3	PV
ARISTADA INJ INITIO	3	PV
OPIPZA MIS 2MG	NC	
OPIPZA MIS 5MG	NC	
OPIPZA MIS 10MG	NC	
REXULTI TAB 0.5MG	3	PA; PV
REXULTI TAB 0.25MG	3	PA; PV
REXULTI TAB 1MG	3	PA; PV
REXULTI TAB 2MG	3	PA; PV
REXULTI TAB 3MG	3	PA; PV
REXULTI TAB 4MG	3	PA; PV
THIOXANTHENES		
thiothixene cap 1 mg	1	PV
thiothixene cap 2 mg	1	PV
thiothixene cap 5 mg	1	PV
thiothixene cap 10 mg	1	PV
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
FORMALDEHYDE SOL 37%	3	
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
CHLORINE ANTISEPTICS		
ANASEPT SPR	NC	OTC
BENZALKONIUM SOL 50%	3	
BENZALKONIUM SOL NF	3	

Drug Name	Drug Tier	Requirements/Limits
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
IODINE TIN 2%	3	
LUGOLS SOL IODINE	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	SP, QL
abacavir sulfate tab 300 mg (base equiv)	1	SP, QL
abacavir sulfate-lamivudine tab 600-300 mg	1	SP, QL
APRETUDE SUS 600MG ER	0	SP, QL; ACA, PV
APTIVUS CAP 250MG	NC	SP
APTIVUS SOL	NC	SP
atazanavir sulfate cap 150 mg (base equiv)	1	SP, QL
atazanavir sulfate cap 200 mg (base equiv)	1	SP, QL
atazanavir sulfate cap 300 mg (base equiv)	1	SP, QL
ATRIPLA TAB	NC	SP
BIKTARVY TAB	2	SP, QL
CABENUVA SUS 400-600	6	SP, PA, QL
CABENUVA SUS 600-900	6	SP, PA, QL
CIMDUO TAB 300-300	2	SP, PA, QL
COMPLERA TAB	NC	SP
darunavir tab 600 mg	1	SP
darunavir tab 800 mg	1	SP
DELSTRIGO TAB	NC	SP
DESCOVY TAB 120-15MG	2	SP, QL; PV
DESCOVY TAB 200/25MG	0	SP, QL; ACA, PV
DOVATO TAB 50-300MG	2	SP, QL
EDURANT PED TAB 2.5MG	NC	SP
EDURANT TAB 25MG	NC	SP
efavirenz tab 600 mg	1	SP, QL
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	SP, QL
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	SP, QL
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	SP, QL
emtricitabine caps 200 mg	1	SP, QL
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	SP, QL

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	SP, QL
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	0	SP, QL; ACA, PV
EMTRIVA CAP 200MG	2	SP, QL
EMTRIVA SOL 10MG/ML	2	SP, QL
EPIVIR SOL 10MG/ML	2	SP, QL
EPIVIR TAB 150MG	2	SP, QL
EPIVIR TAB 300MG	2	SP, QL
etravirine tab 100 mg	1	SP, QL
etravirine tab 200 mg	1	SP, QL
EVOTAZ TAB 300-150	3	SP, QL
fosamprenavir calcium tab 700 mg (base equiv)	1	SP, QL
FUZEON INJ 90MG	6	SP, PA, QL
GENVOYA TAB	2	SP, QL
INTELENCE TAB 25MG	NC	SP
INTELENCE TAB 100MG	NC	SP
INTELENCE TAB 200MG	NC	SP
INVIRASE TAB 500MG	NC	SP
ISENTRESS CHW 25MG	2	SP, QL
ISENTRESS CHW 100MG	2	SP, QL
ISENTRESS HD TAB 600MG	2	SP, QL
ISENTRESS POW 100MG	2	SP, QL
ISENTRESS TAB 400MG	2	SP, QL
JULUCA TAB 50-25MG	3	SP, QL
KALETRA SOL	NC	SP
KALETRA TAB 100-25MG	NC	SP
KALETRA TAB 200-50MG	NC	SP
lamivudine oral soln 10 mg/ml	1	SP, QL
lamivudine tab 150 mg	1	SP, QL
lamivudine tab 300 mg	1	SP, QL
lamivudine-zidovudine tab 150-300 mg	1	SP, QL
LEXIVA SUS 50MG/ML	NC	SP
LEXIVA TAB 700MG	NC	SP
lopinavir-ritonavir tab 100-25 mg	1	SP, QL
lopinavir-ritonavir tab 200-50 mg	1	SP, QL
maraviroc tab 150 mg	1	SP, QL
maraviroc tab 300 mg	1	SP, QL
nevirapine susp 50 mg/5ml	1	SP, QL
nevirapine tab 200 mg	1	SP, QL
nevirapine tab er 24hr 400 mg	1	SP, QL
NORVIR POW 100MG	NC	SP
NORVIR SOL 80MG/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
NORVIR TAB 100MG	NC	SP
ODEFSEY TAB	2	SP, QL
PIFELTRO TAB 100MG	NC	SP
PREZCOBIX TAB 800-150	3	SP, QL
PREZISTA SUS 100MG/ML	NC	SP
PREZISTA TAB 75MG	NC	SP
PREZISTA TAB 150MG	NC	SP
PREZISTA TAB 600MG	NC	SP
PREZISTA TAB 800MG	NC	SP
RETROVIR CAP 100MG	2	SP, QL
RETROVIR INJ 10MG/ML	2	SP, QL
RETROVIR SYP 50MG/5ML	2	SP, QL
REYATAZ CAP 200MG	NC	SP
REYATAZ CAP 300MG	NC	SP
REYATAZ POW 50MG	NC	SP
ritonavir tab 100 mg	1	SP
RUKOBIA TAB 600MG ER	6	SP, QL
SELZENTRY SOL 20MG/ML	NC	SP
SELZENTRY TAB 25MG	NC	SP
SELZENTRY TAB 75MG	NC	SP
SELZENTRY TAB 150MG	NC	SP
SELZENTRY TAB 300MG	NC	SP
STRIBILD TAB	NC	SP
SUNLENCA INJ	NC	SP
SUNLENCA TAB 300MG	NC	SP
SYMFI TAB	3	SP, QL
SYMTUZA TAB	2	SP, QL
tenofovir disoproxil fumarate tab 300 mg	1	SP, QL
TIVICAY PD TAB 5MG	2	SP, QL
TIVICAY TAB 50MG	2	SP, QL
TRIUMEQ PD TAB	2	SP, QL
TRIUMEQ TAB	2	SP, QL
TROGARZO INJ 150MG/ML	6	SP
TRUVADA TAB 100-150	NC	SP
TRUVADA TAB 133-200	NC	SP
TRUVADA TAB 167-250	NC	SP
TRUVADA TAB 200-300	NC	SP
TYBOST TAB 150MG	2	SP, QL
VIRACEPT TAB 250MG	NC	SP
VIRACEPT TAB 625MG	NC	SP
VIREAD POW 40MG/GM	3	SP, QL
VIREAD TAB 150MG	3	SP, QL
VIREAD TAB 200MG	3	SP, QL

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 250MG	3	SP, QL
VIREAD TAB 300MG	3	SP, QL
ZIAGEN SOL 20MG/ML	2	SP, QL
zidovudine cap 100 mg	1	SP, QL
zidovudine syrup 10 mg/ml	1	SP, QL
zidovudine tab 300 mg	1	SP, QL
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	5	QL
PAXLOVID TAB 300-100	5	QL
CMV AGENTS		
cidofovir iv inj 75 mg/ml	2	
foscarnet sodium inj 6000 mg/250ml (24 mg/ml)	1	
FOSCAVIR INJ 24MG/ML	3	
ganciclovir sodium for inj 500 mg	1	
LIVTENCITY TAB 200MG	6	SP, QL
PREVYMIS INJ 240/12	3	
PREVYMIS INJ 480/24	3	
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	
PREVYMIS TAB 480MG	3	
VALCYTE SOL 50MG/ML	NC	
VALCYTE TAB 450MG	NC	
valganciclovir hcl for soln 50 mg/ml (base equiv)	2	QL
valganciclovir hcl tab 450 mg (base equivalent)	2	QL
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	4	SP
BARACLUDE SOL	6	SP, QL
BARACLUDE TAB 0.5MG	NC	SP
BARACLUDE TAB 1MG	NC	SP
entecavir tab 0.5 mg	4	SP, QL
entecavir tab 1 mg	4	SP, QL
EPCLUSA PAK 150-37.5	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA PAK 200-50MG	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 200-50MG	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPCLUSA TAB 400-100	5	SP, PA, QL; for genotypes 1, 2, 3, 4, 5 and 6
EPIVIR HBV SOL 5MG/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV TAB 100MG	NC	SP
HARVONI PAK	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	5	SP, PA, QL; only for genotypes 1, 4, 5 and 6
HEPSERA TAB 10MG	NC	SP
lamivudine tab 100 mg (hbv)	4	SP
LEDIP-SOFOSB TAB 90-400MG	NC	SP
MAVYRET TAB 100-40MG	NC	SP
PEGASYS INJ	NC	SP
PEGASYS INJ 180MCG/M	NC	SP
PEGASYS INJ PROCLICK	NC	SP
PEGASYS KIT 180MCG/M	NC	SP
ribavirin cap 200 mg	4	SP, PA, QL
ribavirin tab 200 mg	4	SP, PA, QL
SOFOS/VELPAT TAB 400-100	NC	SP
SOVALDI PAK 150MG	6	SP, PA, QL
SOVALDI PAK 200MG	6	SP, PA, QL
SOVALDI TAB 200MG	6	SP, PA, QL
SOVALDI TAB 400MG	6	SP, PA, QL
VEMLIDY TAB 25MG	5	SP
VIEKIRA PAK TAB	NC	SP
VOSEVI TAB	5	SP, PA, QL; for use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
ZEPATIER TAB 50-100MG	NC	SP
HERPES AGENTS		
acyclovir cap 200 mg	1	
acyclovir sodium iv soln 50 mg/ml	1	
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	NC	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
VALTREX TAB 1GM	NC	
VALTREX TAB 500MG	NC	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	2	PA, QL
oseltamivir phosphate cap 45 mg (base equiv)	1	PA, QL
oseltamivir phosphate cap 75 mg (base equiv)	2	PA, QL
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	PA, QL
RAPIVAB INJ 200MG/20	3	
RELENZA MIS DISKHALE	2	PA, QL
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	PA, QL
TAMIFLU CAP 45MG	3	PA, QL
TAMIFLU CAP 75MG	3	PA, QL
TAMIFLU SUS 6MG/ML	3	PA, QL
XOFLUZA TAB 20MG	NC	
XOFLUZA TAB 40MG	NC	
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
TPOXX INJ	3	
VEKLURY INJ 100MG	3	PA, QL
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	PV
carvedilol phosphate cap er 24hr 20 mg	1	PV
carvedilol phosphate cap er 24hr 40 mg	1	PV
carvedilol phosphate cap er 24hr 80 mg	1	PV
carvedilol tab 3.125 mg	1	PV
carvedilol tab 6.25 mg	1	PV
carvedilol tab 12.5 mg	1	PV
carvedilol tab 25 mg	1	PV
COREG CR CAP 10MG	NC	
COREG CR CAP 20MG	NC	
COREG CR CAP 40MG	NC	
COREG CR CAP 80MG	NC	

Drug Name	Drug Tier	Requirements/Limits
COREG TAB 3.125MG	3	PV
COREG TAB 6.25MG	3	PV
COREG TAB 12.5MG	3	PV
COREG TAB 25MG	3	PV
labetalol hcl iv soln 5 mg/ml	1	
labetalol hcl tab 100 mg	1	PV
labetalol hcl tab 200 mg	1	PV
labetalol hcl tab 300 mg	1	PV
LABETALOL INJ 20/4ML	3	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	PV
acebutolol hcl cap 400 mg	1	PV
atenolol tab 25 mg	1	PV
atenolol tab 50 mg	1	PV
atenolol tab 100 mg	1	PV
betaxolol hcl tab 10 mg	1	PV
betaxolol hcl tab 20 mg	1	PV
bisoprolol fumarate tab 5 mg	1	PV
bisoprolol fumarate tab 10 mg	1	PV
BREVIBLOC DS SOL 2000MG	3	
BREVIBLOC INJ 10MG/ML	3	
BREVIBLOC PM SOL 2500MG	3	
BREVIBLOC SOL	3	
BREVIBLOC SOL 10MG/ML	3	
BREVIBLOC SOL 2000MG	3	
BREVIBLOC SOL 2500MG	3	
BYSTOLIC TAB 2.5MG	NC	
BYSTOLIC TAB 5MG	NC	
BYSTOLIC TAB 10MG	NC	
BYSTOLIC TAB 20MG	NC	
esmolol hcl inj 100 mg/10ml	1	
ESMOLOL HCL SOL 2000/100	3	
ESMOLOL HCL SOL 2500/250	3	
esmolol hcl-sodium chloride iv soln 2000 mg/100ml	1	
esmolol hcl-sodium chloride iv soln 2500 mg/250ml	1	
KAPSPARGO CAP 25MG	NC	
KAPSPARGO CAP 50MG	NC	
KAPSPARGO CAP 100MG	NC	
KAPSPARGO CAP 200MG	NC	
LOPRESSOR TAB 50MG	3	PV
LOPRESSOR TAB 100MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	PV
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	PV
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	PV
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	PV
metoprolol tartrate iv soln 5 mg/5ml	1	
metoprolol tartrate tab 25 mg	1	PV
metoprolol tartrate tab 37.5 mg	1	PV
metoprolol tartrate tab 50 mg	1	PV
metoprolol tartrate tab 75 mg	1	PV
metoprolol tartrate tab 100 mg	1	PV
nebivolol hcl tab 2.5 mg (base equivalent)	1	PV
nebivolol hcl tab 5 mg (base equivalent)	1	PV
nebivolol hcl tab 10 mg (base equivalent)	1	PV
nebivolol hcl tab 20 mg (base equivalent)	1	PV
RAPIBLYK INJ 280MG	NC	
TENORMIN TAB 25MG	3	PV
TENORMIN TAB 50MG	3	PV
TENORMIN TAB 100MG	3	PV
TOPROL XL TAB 25MG	NC	
TOPROL XL TAB 50MG	NC	
TOPROL XL TAB 100MG	NC	
TOPROL XL TAB 200MG	NC	
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	NC	
BETAPACE AF TAB 120MG	NC	
BETAPACE AF TAB 160MG	NC	
BETAPACE TAB 80MG	NC	
BETAPACE TAB 120MG	NC	
BETAPACE TAB 160MG	NC	
HEMANGEOL SOL 4.28/ML	3	
INDERAL LA CAP 60MG	NC	
INDERAL LA CAP 80MG	NC	
INDERAL LA CAP 120MG	NC	
INDERAL LA CAP 160MG	NC	
INDERAL XL CAP 80MG	NC	
INDERAL XL CAP 120MG	NC	
INNOPRAN XL CAP 80MG	NC	
INNOPRAN XL CAP 120MG	NC	
nadolol tab 20 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
nadolol tab 40 mg	1	PV
nadolol tab 80 mg	1	PV
pindolol tab 5 mg	1	PV
pindolol tab 10 mg	1	PV
propranolol hcl cap er 24hr 60 mg	1	PV
propranolol hcl cap er 24hr 80 mg	1	PV
propranolol hcl cap er 24hr 120 mg	1	PV
propranolol hcl cap er 24hr 160 mg	1	PV
propranolol hcl inj 1 mg/ml	1	
propranolol hcl oral soln 20 mg/5ml	1	PV
propranolol hcl oral soln 40 mg/5ml	1	PV
propranolol hcl tab 10 mg	1	PV
propranolol hcl tab 20 mg	1	PV
propranolol hcl tab 40 mg	1	PV
propranolol hcl tab 60 mg	1	PV
propranolol hcl tab 80 mg	1	PV
sotalol hcl (afib/afl) tab 80 mg	1	PV
sotalol hcl (afib/afl) tab 120 mg	1	PV
sotalol hcl (afib/afl) tab 160 mg	1	PV
SOTALOL HCL INJ 150/10ML	3	
sotalol hcl tab 80 mg	1	PV
sotalol hcl tab 120 mg	1	PV
sotalol hcl tab 160 mg	1	PV
sotalol hcl tab 240 mg	1	PV
SOTYLIZE SOL 5MG/ML	3	PV
timolol maleate tab 5 mg	1	PV
timolol maleate tab 10 mg	1	PV
timolol maleate tab 20 mg	1	PV

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKER COMBINATIONS

CONSENSI TAB 2.5-200	NC	
CONSENSI TAB 5-200MG	NC	
CONSENSI TAB 10-200MG	NC	

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	1	PV
amlodipine besylate tab 5 mg (base equivalent)	1	PV
amlodipine besylate tab 10 mg (base equivalent)	1	PV
CARDENE IV INJ 40/200ML	3	
CARDENE IV SOL 20/200ML	3	
CARDIZEM CD CAP 120MG/24	NC	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CAP 180MG/24	NC	
CARDIZEM CD CAP 240MG/24	NC	
CARDIZEM CD CAP 360MG/24	NC	
CARDIZEM LA TAB 120MG	NC	
CARDIZEM LA TAB 180MG	NC	
CARDIZEM LA TAB 240MG	NC	
CARDIZEM LA TAB 300MG/24	NC	
CARDIZEM LA TAB 360MG	NC	
CARDIZEM LA TAB 420MG/24	NC	
CARDIZEM TAB 30MG	NC	
CARDIZEM TAB 60MG	NC	
CARDIZEM TAB 120MG	NC	
cartia xt cap 120/24hr	1	PV
cartia xt cap 180/24hr	1	PV
cartia xt cap 240/24hr	1	PV
cartia xt cap 300/24hr	1	PV
CLEVIPREX EMU 0.5MG/ML	3	
CONJUPRI TAB 2.5MG	NC	
dilt-xr cap 120mg	1	PV
dilt-xr cap 180mg	1	PV
dilt-xr cap 240mg	1	PV
diltiazem hcl cap er 12hr 60 mg	1	PV
diltiazem hcl cap er 12hr 90 mg	1	PV
diltiazem hcl cap er 12hr 120 mg	2	PV
diltiazem hcl cap er 24hr 120 mg	1	PV
diltiazem hcl cap er 24hr 180 mg	1	PV
diltiazem hcl cap er 24hr 240 mg	1	PV
diltiazem hcl coated beads cap er 24hr 120 mg	1	PV
diltiazem hcl coated beads cap er 24hr 180 mg	1	PV
diltiazem hcl coated beads cap er 24hr 240 mg	1	PV
diltiazem hcl coated beads cap er 24hr 300 mg	1	PV
diltiazem hcl coated beads cap er 24hr 360 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 120 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 180 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 240 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 300 mg	1	PV
diltiazem hcl extended release beads cap er 24hr 360 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl extended release beads cap er 24hr 420 mg	1	PV
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	1	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	1	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	1	
diltiazem hcl tab 30 mg	1	PV
diltiazem hcl tab 60 mg	1	PV
diltiazem hcl tab 90 mg	1	PV
diltiazem hcl tab 120 mg	1	PV
diltiazem hcl tab er 24hr 180 mg	NC	
diltiazem hcl tab er 24hr 240 mg	NC	
diltiazem hcl tab er 24hr 300 mg	NC	
diltiazem hcl tab er 24hr 360 mg	NC	
diltiazem hcl tab er 24hr 420 mg	NC	
DILTIAZEM INJ 100MG	3	
felodipine tab er 24hr 2.5 mg	1	PV
felodipine tab er 24hr 5 mg	1	PV
felodipine tab er 24hr 10 mg	1	PV
isradipine cap 2.5 mg	1	PV
isradipine cap 5 mg	1	PV
KATERZIA SUS 1MG/ML	NC	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
matzim la tab 180mg/24	NC	
matzim la tab 240mg/24	NC	
matzim la tab 300mg/24	NC	
matzim la tab 360mg/24	NC	
matzim la tab 420mg/24	NC	
nicardipine hcl cap 20 mg	2	PV; (except NDCs 35573045785, 62559020590 and 68462012090 are not covered)
nicardipine hcl cap 30 mg	2	PV
nicardipine hcl iv soln 2.5 mg/ml	1	
NICARDIPINE INJ 25/10ML	3	
nifedipine cap 10 mg	1	PV
nifedipine cap 20 mg	1	PV
nifedipine tab er 24hr 30 mg	1	PV
nifedipine tab er 24hr 60 mg	1	PV
nifedipine tab er 24hr 90 mg	1	PV
nifedipine tab er 24hr osmotic release 30 mg	1	PV
nifedipine tab er 24hr osmotic release 60 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
nifedipine tab er 24hr osmotic release 90 mg	1	PV
nimodipine cap 30 mg	2	
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	
nisoldipine tab er 24hr 8.5 mg	1	PV
nisoldipine tab er 24hr 17 mg	2	PV
nisoldipine tab er 24hr 20 mg	2	PV
nisoldipine tab er 24hr 25.5 mg	1	PV
nisoldipine tab er 24hr 30 mg	2	PV
nisoldipine tab er 24hr 34 mg	2	PV
nisoldipine tab er 24hr 40 mg	2	PV
NORLIQVA SOL 1MG/ML	NC	
NORVASC TAB 2.5MG	NC	
NORVASC TAB 5MG	NC	
NORVASC TAB 10MG	NC	
NYMALIZE SOL	3	
PROCARDIA XL TAB 30MG CR	3	PV
PROCARDIA XL TAB 60MG CR	3	PV
PROCARDIA XL TAB 90MG CR	3	PV
SULAR TAB 8.5MG ER	3	PV
SULAR TAB 17MG ER	3	PV
SULAR TAB 34MG ER	3	PV
tiadylt cap 120mg/24	1	PV
tiadylt cap 180mg/24	1	PV
tiadylt cap 240mg/24	1	PV
tiadylt cap 300mg/24	1	PV
tiadylt cap 360mg/24	1	PV
tiadylt cap 420mg/24	1	PV
TIAZAC CAP 120MG/24	3	PV
TIAZAC CAP 180MG/24	3	PV
TIAZAC CAP 240MG/24	3	PV
TIAZAC CAP 300MG/24	3	PV
TIAZAC CAP 360MG/24	3	PV
TIAZAC CAP 420MG/24	3	PV
verapamil hcl cap er 24hr 100 mg	1	PV
verapamil hcl cap er 24hr 120 mg	1	PV
verapamil hcl cap er 24hr 180 mg	1	PV
verapamil hcl cap er 24hr 200 mg	1	PV
verapamil hcl cap er 24hr 240 mg	1	PV
verapamil hcl cap er 24hr 300 mg	2	PV
verapamil hcl cap er 24hr 360 mg	1	PV
verapamil hcl iv soln 2.5 mg/ml	1	
verapamil hcl tab 40 mg	1	PV
verapamil hcl tab 80 mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab 120 mg	1	PV
verapamil hcl tab er 120 mg	1	PV
verapamil hcl tab er 180 mg	1	PV
verapamil hcl tab er 240 mg	1	PV
VERELAN CAP 120MG SR	3	PV
VERELAN CAP 180MG SR	3	PV
VERELAN CAP 240MG SR	3	PV
VERELAN CAP 360MG SR	3	PV
CARDIOTONICS		
CARDIAC GLYCOSIDES		
digoxin inj 0.25 mg/ml	1	
digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	2	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN INJ 0.5/2ML	3	
LANOXIN INJ 0.25MG/1	3	
LANOXIN PED INJ 0.1MG/ML	3	
LANOXIN TAB 0.25MG	NC	
LANOXIN TAB 0.125MG	NC	
LANOXIN TAB 0.0625MG	3	
INOTROPES		
dobutamine hcl inj 12.5 mg/ml	1	
dopamine hcl inj 40 mg/ml	1	
milrinone lactate in dextrose 5% iv soln 20 mg/100ml	1	
milrinone lactate in dextrose 5% iv soln 40 mg/200ml	1	
milrinone lactate iv soln 10 mg/10ml (base equivalent)	1	
milrinone lactate iv soln 20 mg/20ml (base equivalent)	1	
milrinone lactate iv soln 50 mg/50ml (base equivalent)	1	
CARDIOVASCULAR AGENTS - MISC.		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS CAP 2.5MG	6	SP, PA, QL
CAMZYOS CAP 5MG	6	SP, PA, QL
CAMZYOS CAP 10MG	6	SP, PA, QL
CAMZYOS CAP 15MG	6	SP, PA, QL
CARDIOPLEGIC SOLUTIONS		
ADENOCAINE INJ 40ML	3	

Drug Name	Drug Tier	Requirements/Limits
CARDIOPL IND SOL 4:1	3	
CARDIOPL IND SOL 8:1	3	
CARDIOPL IND SOL LOW DEX8	3	
CARDIOPL IND SOL NON-EN 8	3	
CARDIOPL IND SOL PLASMA 4	3	
CARDIOPL IND SOL PLS/TROM	3	
CARDIOPL MN SOL 8:1	3	
CARDIOPL MN SOL PLS/TROM	3	
CARDIOPL REP SOL 4:1	3	
CARDIOPLE MN SOL LOW TROM	3	
CARDIOPLEGI INJ DEL NIDO	3	
CARDIOPLEGI SOL DEL NIDO	3	
CARDIOPLEGIA SOL MAIN 4:1	3	
CARDIOPLEGIC SOL	3	
cardioplegic soln	1	
MICROPLEGIA INJ MSA/MSG	3	
PLEGISOL SOL	3	
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	PV
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	PV
BIDIL TAB	3	
CADUET TAB 5-10MG	3	PV
CADUET TAB 5-20MG	3	PV

Drug Name	Drug Tier	Requirements/Limits
CADUET TAB 5-40MG	3	PV
CADUET TAB 5-80MG	3	PV
CADUET TAB 10-10MG	3	PV
CADUET TAB 10-20MG	3	PV
CADUET TAB 10-40MG	3	PV
CADUET TAB 10-80MG	3	PV
ENTRESTO CAP 6-6MG	2	PA; PV
ENTRESTO CAP 15-16MG	2	PA; PV
ENTRESTO TAB 24-26MG	2	PA; PV
ENTRESTO TAB 49-51MG	2	PA; PV
ENTRESTO TAB 97-103MG	2	PA; PV
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG	NC	
OPSYNVI TAB 10-40MG	NC	
CARDIOVASCULAR SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS		
INPEFA TAB 400MG	NC	
IMPOTENCE AGENTS		
CIALIS TAB 2.5MG	NC	
CIALIS TAB 5MG	NC	
CIALIS TAB 10MG	NC	
CIALIS TAB 20MG	NC	
tadalafil tab 2.5 mg	1	ST, QL
tadalafil tab 5 mg	1	ST, QL
PROSTAGLANDIN VASODILATORS		
alprostadil inj 500 mcg/ml	1	
epoprostenol sodium for inj 0.5 mg	4	SP, PA
epoprostenol sodium for inj 1.5 mg	4	SP, PA
FLOLAN INJ 0.5MG	6	SP, PA
FLOLAN INJ 1.5MG	6	SP, PA
ORENITRAM TAB 0.25MG	5	SP, PA
ORENITRAM TAB 0.125MG	5	SP, PA
ORENITRAM TAB 1MG	5	SP, PA
ORENITRAM TAB 2.5MG	5	SP, PA
ORENITRAM TAB 5MG	5	SP, PA
ORENITRAM TAB MONTH 1	5	SP, PA
ORENITRAM TAB MONTH 2	5	SP, PA
ORENITRAM TAB MONTH 3	5	SP, PA
PROSTIN VR INJ 500MCG	3	
REMODULIN INJ 1MG/ML	NC	
REMODULIN INJ 2.5MG/ML	NC	
REMODULIN INJ 5MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 10MG/ML	NC	
treprostinil inj soln 20 mg/20ml (1 mg/ml)	4	SP, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	4	SP, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	4	SP, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	4	SP, PA
TYVASO DPI POW 16-32-48	6	SP, PA, QL
TYVASO DPI POW 16MCG	6	SP, PA, QL
TYVASO DPI POW 32MCG	6	SP, PA, QL
TYVASO DPI POW 48MCG	6	SP, PA, QL
TYVASO DPI POW 64MCG	6	SP, PA, QL
TYVASO RF KT SOL 0.6MG/ML	6	SP, PA, QL
TYVASO SOL 0.6MG/ML	6	SP, PA, QL
TYVASO ST KT SOL 0.6MG/ML	6	SP, PA, QL
VELETRI INJ 0.5MG	6	SP, PA
VELETRI INJ 1.5MG	6	SP, PA
VENTAVIS SOL 10MCG/ML	6	SP, PA, QL
VENTAVIS SOL 20MCG/ML	6	SP, PA, QL
YUTREPIA CAP 26.5MCG	NC	SP
YUTREPIA CAP 53MCG	NC	SP
YUTREPIA CAP 79.5MCG	NC	SP
YUTREPIA CAP 106MCG	NC	SP
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR		
WINREVAIR INJ 45MG	6	SP, PA, QL
WINREVAIR INJ 60MG	6	SP, PA, QL
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	4	SP, PA, QL
ambrisentan tab 10 mg	4	SP, PA, QL
bosentan tab 62.5 mg	4	SP, PA, QL
bosentan tab 125 mg	4	SP, PA, QL
LETAIRIS TAB 5MG	NC	SP
LETAIRIS TAB 10MG	NC	SP
OPSUMIT TAB 10MG	5	SP, PA, QL
TRACLEER TAB 32MG	NC	SP
TRACLEER TAB 62.5MG	NC	SP
TRACLEER TAB 125MG	NC	SP
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
ADCIRCA TAB 20MG	NC	SP
alyq tab 20mg	4	SP, PA, QL
LIQREV SUS 10MG/ML	NC	SP
REVATIO INJ	NC	SP
REVATIO SUS 10MG/ML	NC	SP
REVATIO TAB 20MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate for suspension 10 mg/ml	4	SP, PA, QL
sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)	4	SP, PA
sildenafil citrate tab 20 mg	4	SP, PA, QL
tadalafil tab 20 mg (pah)	4	SP, PA, QL
TADLIQ SUS 20MG/5ML	5	SP, PA, QL
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG	5	SP, PA, QL
UPTRAVI PACK TAB 200/800	5	SP, PA, QL
UPTRAVI TAB 200MCG	5	SP, PA, QL
UPTRAVI TAB 400MCG	5	SP, PA, QL
UPTRAVI TAB 600MCG	5	SP, PA, QL
UPTRAVI TAB 800MCG	5	SP, PA, QL
UPTRAVI TAB 1000MCG	5	SP, PA, QL
UPTRAVI TAB 1200MCG	5	SP, PA, QL
UPTRAVI TAB 1400MCG	5	SP, PA, QL
UPTRAVI TAB 1600MCG	5	SP, PA, QL
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	5	SP, PA, QL
ADEMPAS TAB 1.5MG	5	SP, PA, QL
ADEMPAS TAB 1MG	5	SP, PA, QL
ADEMPAS TAB 2.5MG	5	SP, PA, QL
ADEMPAS TAB 2MG	5	SP, PA, QL
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA
ivabradine hcl tab 5 mg (base equiv)	2	PA
ivabradine hcl tab 7.5 mg (base equiv)	2	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	6	SP, PA, QL
VYNDAQEL CAP 20MG	NC	
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ INJ 2-0.5GM	3	
ZERBAXA INJ 1.5GM	3	
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	2	
CEFAZOL/DEX SOL 1GM	3	
CEFAZOL/DEX SOL 2GM	3	
CEFAZOLIN INJ 1GM/50ML	3	
CEFAZOLIN INJ 2GM	3	
CEFAZOLIN INJ 3GM	3	
CEFAZOLIN INJ 100GM	3	
CEFAZOLIN INJ 300GM	3	
cefazolin sodium for inj 1 gm	1	
cefazolin sodium for inj 2 gm	1	
cefazolin sodium for inj 3 gm	1	
cefazolin sodium for inj 10 gm	2	
cefazolin sodium for inj 500 mg	1	
cefazolin sodium for iv soln 1 gm	1	
CEFAZOLIN SOL	NC	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	2	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	2	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	2	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 250 mg/5ml	1	
cefotetan disodium for inj 1 gm	1	
cefotetan disodium for inj 2 gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium for iv soln 1 gm	1	
cefoxitin sodium for iv soln 2 gm	1	
cefoxitin sodium for iv soln 10 gm	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	
cefuroxime sodium for inj 750 mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefuroxime sodium for iv soln 1.5 gm	1	
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	2	
cefixime for susp 100 mg/5ml	2	
cefixime for susp 200 mg/5ml	2	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	2	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
ceftazidime for inj 1 gm	1	
ceftazidime for inj 6 gm	2	
ceftazidime for iv soln 2 gm	2	
CEFTRIAX/DEX INJ 1GM	3	
CEFTRIAX/DEX INJ 2GM	3	
CEFTRIAXONE INJ 100GM	3	
ceftriaxone sodium for inj 1 gm	1	
ceftriaxone sodium for inj 2 gm	2	
ceftriaxone sodium for inj 10 gm	2	
ceftriaxone sodium for inj 250 mg	1	
ceftriaxone sodium for inj 500 mg	1	
ceftriaxone sodium for iv soln 1 gm	1	
ceftriaxone sodium for iv soln 2 gm	1	
ceftriaxone sodium in dextrose inj 20 mg/ml	1	
ceftriaxone sodium in dextrose inj 40 mg/ml	1	
tazicef inj 1gm	1	
TAZICEF INJ 1GM/50ML	3	
tazicef inj 2gm	2	
tazicef inj 6gm	2	
CEPHALOSPORINS - 4TH GENERATION		
cefepime hcl for inj 1 gm	1	
cefepime hcl for iv soln 2 gm	2	
CEFEPIME INJ 1GM	3	
CEFEPIME INJ 2G/100ML	3	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
CEPHALOSPORINS - 5TH GENERATION		
TEFLARO INJ 400MG	3	
TEFLARO INJ 600MG	3	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - SIDEROPHORES		
FETROJA INJ 1GM	3	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
afirmelle tab 0.1-0.02	0	ACA, PV
altavera tab	0	ACA, PV
alyacen tab 1/35	0	ACA, PV
alyacen tab 7/7/7	0	ACA, PV
amethyst tab 90-20mcg	0	ACA, PV
apri tab	0	ACA, PV
aranelle tab	0	ACA, PV
ashlyna tab	0	ACA, PV
aubra eq tab 0.1-0.02	0	ACA, PV
aurovela 24 tab fe 1/20	0	ACA, PV
aurovela fe tab 1.5/30	0	ACA, PV
aurovela fe tab 1/20	0	ACA, PV
aurovela tab 1.5/30	0	ACA, PV
aurovela tab 1/20	0	ACA, PV
aviane tab	0	ACA, PV
ayuna tab	0	ACA, PV
azurette tab	0	ACA, PV
BALCOLTRA TAB 0.1-20	NC	
balziva tab	0	ACA, PV
BEYAZ TAB	NC	
blisovi 24 tab fe 1/20	0	ACA, PV
blisovi fe tab 1.5/30	0	ACA, PV
blisovi fe tab 1/20	0	ACA, PV
briellyn tab	0	ACA, PV
camrese lo tab	0	ACA, PV
camrese tab	0	ACA, PV
charlotte 24 chw fe 1/20	0	ACA, PV
chateal eq tab 0.15/30	0	ACA, PV
cryselle-28 tab 28 tabs	0	ACA, PV
cyred eq tab	0	ACA, PV
dasetta tab 1/35	0	ACA, PV
dasetta tab 7/7/7	0	ACA, PV
daysee tab	0	ACA, PV
delyla tab 0.1-0.02	0	ACA, PV
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	ACA, PV
dolishale tab 90-20mcg	0	ACA, PV
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	ACA, PV
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	ACA, PV
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	ACA, PV
elinest tab	0	ACA, PV
enpresse-28 tab	0	ACA, PV
enskyce tab	0	ACA, PV
estarylla tab 0.25-35	0	ACA, PV
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	ACA, PV
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	ACA, PV
falmina tab	0	ACA, PV
feirza tab 1.5/30	0	ACA, PV
feirza tab 1/20	0	ACA, PV
FEMLYV TAB 1/0.02MG	0	ACA, PV
finzala chw fe 1/20	0	ACA, PV
gemmily cap 1/20	0	ACA, PV
hailey 24 tab fe	0	ACA, PV
hailey fe tab 1.5/30	0	ACA, PV
hailey fe tab 1/20	0	ACA, PV
hailey tab 1.5/30	0	ACA, PV
iclevia tab	0	ACA, PV
introvale tab	0	ACA, PV
isibloom tab	0	ACA, PV
jaimiess tab	0	ACA, PV
jasmiel tab 3-0.02mg	0	ACA, PV
jolessa tab	0	ACA, PV
joyeaux tab 0.1-20	0	ACA, PV
juleber tab	0	ACA, PV
junel 1.5/30 tab	0	ACA, PV
junel 1/20 tab	0	ACA, PV
junel fe 24 tab 1/20	0	ACA, PV
junel fe tab 1.5/30	0	ACA, PV
junel fe tab 1/20	0	ACA, PV
kaitlib fe chw	0	ACA, PV
kalliga tab	0	ACA, PV
kariva tab 28 day	0	ACA, PV
kelnor 1/50 tab	0	ACA, PV
kelnor tab 1/35	0	ACA, PV
kurvelo tab 0.15/30	0	ACA, PV
larin 24 tab fe 1/20	0	ACA, PV
larin fe tab 1.5/30	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
larin fe tab 1/20	0	ACA, PV
larin tab 1.5/30	0	ACA, PV
larin tab 1/20	0	ACA, PV
layolis fe chw	0	ACA, PV
leena tab	0	ACA, PV
lessina tab	0	ACA, PV
levonest tab	0	ACA, PV
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	ACA, PV
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	ACA, PV
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	ACA, PV
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	ACA, PV
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	ACA, PV
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	ACA, PV
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	ACA, PV
levora-28 tab 0.15/30	0	ACA, PV
LO LOESTRIN TAB 1-10-10	0	ACA, PV
lo-zumandimi tab 3-0.02mg	0	ACA, PV
loestrin 21 tab 1.5/30	0	ACA, PV
loestrin fe tab 1.5/30	0	ACA, PV
loestrin fe tab 1/20	0	ACA, PV
loestrin tab 1/20-21	0	ACA, PV
lojaimiess tab	0	ACA, PV
loryna tab 3-0.02mg	0	ACA, PV
low-ogestrel tab	0	ACA, PV
lutera tab	0	ACA, PV
marlissa tab 0.15/30	0	ACA, PV
merzee cap 1/20	0	ACA, PV
mibelas 24 chw fe	0	ACA, PV
microgestin tab 1.5/30	0	ACA, PV
microgestin tab 1/20	0	ACA, PV
microgestin tab fe1.5/30	0	ACA, PV
microgestin tab fe 1/20	0	ACA, PV
mili tab 0.25/35	0	ACA, PV
MINASTRIN 24 CHW FE	NC	
minzoya tab 0.1-20	0	ACA, PV
mono-linyah tab 0.25-35	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
NATAZIA TAB	0	ACA, PV
necon tab 0.5/35	0	ACA, PV
NEXTSTELLIS TAB 3-14.2MG	0	ACA, PV
nikki tab 3-0.02mg	0	ACA, PV
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	ACA, PV
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	ACA, PV
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	ACA, PV
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	ACA, PV
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	ACA, PV
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	ACA, PV
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	ACA, PV
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	ACA, PV
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	ACA, PV
nortrel tab 0.5/35	0	ACA, PV
nortrel tab 1/35	0	ACA, PV
nortrel tab 7/7/7	0	ACA, PV
nylia tab 1/35	0	ACA, PV
nylia tab 7/7/7	0	ACA, PV
ocella tab 3-0.03mg	0	ACA, PV
ORTHO TRI- TAB CYCLN LO	NC	
philith tab 0.4-35	0	ACA, PV
pimtrea tab	0	ACA, PV
portia-28 tab	0	ACA, PV
reclipsen tab	0	ACA, PV
rivelsa tab	0	ACA, PV
rosyrah tab	0	ACA, PV
SAFYRAL TAB	3	ACA, PV
SEASONIQUE TAB	NC	
setlakin tab	0	ACA, PV
simliya tab 28 day	0	ACA, PV
simpesse tab	0	ACA, PV
sprintec 28 tab 28 day	0	ACA, PV
sronyx tab	0	ACA, PV
syeda tab 3-0.03mg	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
tarina 24 fe tab	0	ACA, PV
tarina fe tab 1/20 eq	0	ACA, PV
taysofy cap 1/20	0	ACA, PV
TAYTULLA CAP 1MG/20MC	NC	
tilia fe tab	0	ACA, PV
tri-estaryll tab	0	ACA, PV
tri-legest tab fe	0	ACA, PV
tri-linyah tab	0	ACA, PV
tri-lo tab estaryll	0	ACA, PV
tri-lo- tab marzia	0	ACA, PV
tri-lo- tab sprintec	0	ACA, PV
tri-lo-mili tab	0	ACA, PV
tri-mili tab	0	ACA, PV
tri-sprintec tab	0	ACA, PV
tri-vylibra tab	0	ACA, PV
tri-vylibra tab lo	0	ACA, PV
trivora-28 tab	0	ACA, PV
turqoz tab	0	ACA, PV
TYBLUME CHW 0.1-0.02	NC	
valtya 1/50 tab	0	ACA, PV
velivet pak	0	ACA, PV
vestura tab 3-0.02mg	0	ACA, PV
vienva tab 0.1-20	0	ACA, PV
viorele tab	0	ACA, PV
volnea tab	0	ACA, PV
vyfemla tab 0.4-35	0	ACA, PV
vylibra tab 0.25-35	0	ACA, PV
wera tab 0.5/35	0	ACA, PV
wymzya fe chw 0.4mg-35	0	ACA, PV
xarah fe tab	0	ACA, PV
xelria fe chw 0.4mg-35	0	ACA, PV
YASMIN 28 TAB 3-0.03MG	NC	
YAZ TAB 3-0.02MG	NC	
zovia 1/35 tab	0	ACA, PV
zumandimine tab 3-0.03mg	0	ACA, PV
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	ACA, PV
TWIRLA DIS 120-30	NC	
xulane dis 150-35	0	ACA, PV
zafemy dis 150/35	0	ACA, PV
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL; ACA

Drug Name	Drug Tier	Requirements/Limits
eluryng mis	NC	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	NC	
NUVARING MIS	0	ACA, PV
COPPER CONTRACEPTIVES - IUD		
MIUDELLA IUD COPPER	0	ACA, PV
PARAGARD IUD T380A	0	ACA, PV
EMERGENCY CONTRACEPTIVES		
aftera tab 1.5mg	0	OTC; ACA, PV
afterpill tab 1.5mg	0	OTC; ACA, PV
econtra os tab 1.5mg	0	OTC; ACA, PV
ELLA TAB 30MG	0	ACA, PV
her style tab 1.5mg	0	OTC; ACA, PV
levonorgestrel tab 1.5 mg	0	OTC; ACA, PV
my choice tab 1.5mg	0	OTC; ACA, PV
my way tab 1.5mg	0	OTC; ACA, PV
new day tab 1.5mg	0	OTC; ACA, PV
opcicon tab 1.5mg	0	OTC; ACA, PV
option 2 tab 1.5mg	0	OTC; ACA, PV
react tab 1.5mg	0	OTC; ACA, PV
take action tab 1.5mg	0	OTC; ACA, PV
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	0	ACA, PV
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	3	ACA, PV
DEPO-SQ PROV INJ 104	0	QL; ACA, PV
medroxyprogesterone acetate im susp 150 mg/ml	0	QL; ACA, PV
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL; ACA, PV
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	0	ACA, PV
LILETTA IUD 52MG	0	ACA, PV
MIRENA IUD SYSTEM	0	ACA, PV
SKYLA IUD 13.5MG	0	ACA, PV
PROGESTIN CONTRACEPTIVES - ORAL		
camila tab 0.35mg	0	ACA, PV
deblitane tab 0.35mg	0	ACA, PV
emzahh tab 0.35mg	0	ACA, PV
errin tab 0.35mg	0	ACA, PV
heather tab 0.35mg	0	ACA, PV
incassia tab 0.35mg	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
jencycla tab 0.35mg	0	ACA, PV
lyleq tab 0.35mg	0	ACA, PV
lyza tab 0.35mg	0	ACA, PV
nora-be tab 0.35mg	0	ACA, PV
norethindrone tab 0.35 mg	0	ACA, PV
norlyroc tab 0.35mg	0	ACA, PV
OPILL TAB 0.075MG	0	OTC; ACA, PV
sharobel tab 0.35mg	0	ACA, PV
SLYND TAB 4MG	NC	
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
AGAMREE SUS 40MG/ML	NC	
BETA-PHOS/AC INJ 3-3MG/ML	NC	
BETAMETH COM INJ 7MG/ML	NC	
BETAMETH SOD INJ 6MG/ML	3	
BETAMETH SOD INJ 12MG/2ML	3	
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	2	(applies to NDC 71283062002 only)
budesonide delayed release particles cap 3 mg	1	
budesonide tab er 24hr 9 mg	NC	
CELESTONE INJ SOLUSPAN	NC	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort susp 22.75 mg/ml	4	SP, PA
deflazacort tab 6 mg	4	SP, PA
deflazacort tab 18 mg	4	SP, PA
deflazacort tab 30 mg	4	SP, PA
deflazacort tab 36 mg	4	SP, PA
DEPO-MEDROL INJ 20MG/ML	3	
DEPO-MEDROL INJ 40MG/ML	3	
DEPO-MEDROL INJ 80MG/ML	3	
DEXAMETH LA INJ 16MG/ML	3	
DEXAMETH PHO INJ 4MG/ML	3	
DEXAMETH PHO INJ 10MG/ML	3	
DEXAMETHASON CON 1MG/ML	3	
DEXAMETHASON INJ 8MG/ML	3	
DEXAMETHASON SUS 8-4MG/ML	3	
DEXAMETHASON SUS 8MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 4 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate inj 10 mg/ml	1	
dexamethasone sodium phosphate inj 20 mg/5ml	1	
dexamethasone sodium phosphate inj 100 mg/10ml	1	
dexamethasone sodium phosphate inj 120 mg/30ml	1	
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	2	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
DEXONTO 0.4% SOL 20MG/5ML	NC	
dexpak pak 6 day	NC	
dexpak pak 10 day	NC	
dexpak pak 13 day	NC	
EMFLAZA SUS 22.75/ML	NC	
EMFLAZA TAB 6MG	NC	
EMFLAZA TAB 18MG	NC	
EMFLAZA TAB 30MG	NC	
EMFLAZA TAB 36MG	NC	
EOHILIA SUS 2MG/10ML	NC	
hidex 6-day pak 1.5mg	2	
hydrocortisone sodium succinate pf for inj 100 mg	1	
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
KENALOG-10 INJ 10MG/ML	3	
KENALOG-40 INJ 40MG/ML	3	
KENALOG-80 INJ 80MG/ML	3	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TAB 16MG	3	
METHY-BUPIVA SUS 8-5MG/ML	NC	
METHYL-BUPIV SUS 40-5MG	NC	
METHYLPR ACE INJ 40MG/ML	3	
METHYLPR ACE INJ 80MG/ML	3	
METHYLPREDNI INJ 80MG/ML	3	
METHYLPREDNI SUS 50MG/ML	NC	
methylprednisolone acetate inj susp 40 mg/ml	2	
methylprednisolone acetate inj susp 80 mg/ml	1	
methylprednisolone sod succ for inj 40 mg (base equiv)	1	
methylprednisolone sod succ for inj 125 mg (base equiv)	1	
methylprednisolone sod succ for inj 500 mg (base equiv)	1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	2	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
MILLIPRED DP PAK 5MG	NC	
MILLIPRED TAB 5MG	NC	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	2	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	2	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	2	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	NC	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	NC	

Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	2	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	2	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	2	
prednisone tab 1 mg	1	
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
RAYOS TAB 1MG	NC	
RAYOS TAB 2MG	NC	
RAYOS TAB 5MG	NC	
SOLU-CORTEF INJ 100MG	3	
SOLU-CORTEF INJ 250MG	3	
SOLU-CORTEF INJ 500MG	3	
SOLU-CORTEF INJ 1000MG	3	
SOLU-MEDROL INJ 1GM	3	
SOLU-MEDROL INJ 2GM	3	
SOLU-MEDROL INJ 40MG	3	
SOLU-MEDROL INJ 125MG	3	
SOLU-MEDROL INJ 500MG	3	
SOLU-MEDROL INJ 1000MG	3	
TARPEYO CAP 4MG	NC	
TRIAM-BUPIVA SUS 40-5MG	NC	
TRIAMCIN ACE INJ 40MG/ML	3	
TRIAMCINOLON INJ 40MG/ML	3	
TRIAMCINOLON INJ 80MG/2ML	3	
TRIAMCINOLON INJ 80MG/ML	3	
triamcinolone acetonide inj susp 40 mg/ml	1	
UCERIS TAB 9MG	1	
ZILRETTA INJ 32MG	NC	
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	

COUGH/COLD/ALLERGY

Drug Name	Drug Tier	Requirements/Limits
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	PA
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	PA
hydromet syp 5-1.5/5	1	PA
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
g tussin ac liq 100-10/5	1	PA, OTC
guaifenesin-codeine soln 100-10 mg/5ml	1	PA, OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	PA
MAR-COF CG LIQ 225-7.5	3	PA, OTC
maxi-tuss ac sol	1	PA, OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	PA
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	NC	(applies to NDCs 62135030247 and 62135030248 only)
EXPECTORANTS		
potassium iodide oral soln 1 gm/ml	1	
SSKI SOL 1GM/ML	3	
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
nebusal neb 3%	1	
NEBUSAL NEB 6%	3	
pulmosal neb 7%	1	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	NC	
ABSORICA CAP 20MG	NC	
ABSORICA CAP 25MG	NC	
ABSORICA CAP 30MG	NC	
ABSORICA CAP 35MG	NC	
ABSORICA CAP 40MG	NC	
ABSORICA LD CAP 8MG	NC	
ABSORICA LD CAP 16MG	NC	
ABSORICA LD CAP 24MG	NC	
ABSORICA LD CAP 32MG	NC	
ACANYA GEL 1.2-2.5%	NC	
accutane cap 10mg	1	PA
accutane cap 20mg	1	PA
accutane cap 30mg	2	PA
accutane cap 40mg	1	PA
ACZONE GEL 5%	NC	
ACZONE GEL 7.5%	NC	
ADAPAL/BEN P PAD 0.1-2.5%	NC	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.3%	1	PA
adapalene pads 0.1%	NC	
ADAPALENE SOL 0.1%	3	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CRE 0.005%	2	PA
ALTRENO LOT 0.05%	NC	
amnesteem cap 10mg	1	PA
amnesteem cap 20mg	1	PA
amnesteem cap 30mg	2	PA
amnesteem cap 40mg	1	PA
AMZEEQ AER 4%	NC	
ARAZLO LOT 0.045%	NC	
ATRALIN GEL 0.05%	3	PA
AZELEX CRE 20%	NC	
BENZAC AC LIQ 5% WASH	3	ST, PA
BENZACLIN GEL 1-5%	NC	
BENZACLIN GEL 1-5%PUMP	NC	
BENZAMYCIN GEL 5-3%	3	
benzoyl peroxide foam 9.8%	2	
benzoyl peroxide gel 8%	1	

Drug Name	Drug Tier	Requirements/Limits
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
claravis cap 10mg	1	PA
claravis cap 20mg	1	PA
claravis cap 30mg	2	PA
claravis cap 40mg	1	PA
CLEOCIN-T LOT 1%	3	ST, PA
clindacin aer 1%	1	
clindacin mis etz 1%	2	
clindacin-p pad 1%	2	
CLINDAGEL GEL 1%	3	ST, PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1% (once-daily)	1	(applies to NDC 69238203107 only)
clindamycin phosphate gel 1% (once-daily)	3	
clindamycin phosphate gel 1% (twice-daily)	1	
clindamycin phosphate lotion 1%	1	
clindamycin phosphate soln 1%	1	
clindamycin phosphate swab 1%	2	
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.3% PMP	3	PA
DIFFERIN LOT 0.1%	NC	
EPIDUO FORTE GEL 0.3-2.5%	2	ST, PA
EPIDUO GEL 0.1-2.5%	2	ST, PA
EPSOLAY CRE 5%	NC	
ery pad 2%	1	
ERYGEL GEL 2%	3	ST, PA
erythromycin gel 2%	1	
erythromycin soln 2%	1	
FABIOR AER 0.1%	NC	
isotretinoin cap 10 mg	1	PA
isotretinoin cap 20 mg	1	PA
isotretinoin cap 25 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
isotretinoin cap 30 mg	2	PA
isotretinoin cap 35 mg	NC	
isotretinoin cap 40 mg	1	PA
KLARON LOT 10%	3	ST, PA
neuac gel 1.2-5%	1	
ONEXTON GEL 1.2-3.75	3	ST, PA
PR BENZOYL LIQ 7% WASH	3	
resorcinol-sulfur lotion 2-5%	1	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
RETIN-A MICR GEL 0.1%	NC	
RETIN-A MICR GEL 0.1%PUMP	NC	
RETIN-A MICR GEL 0.04%	NC	
RETIN-A MICR GEL 0.04%PMP	NC	
RETIN-A MICR GEL 0.06%PMP	NC	
RETIN-A MICR GEL 0.08%PMP	NC	
SOD SUL/SULF EMU 10-5%	3	
sulfacetamide sodium lotion 10% (acne)	1	PA
sulfamez emu 10-1%	1	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	2	PA
tretinoin microsphere gel 0.04%	2	PA
tretinoin microsphere gel 0.08%	2	PA
TWYNEO CRE 0.1-3%	2	ST, PA
VELTIN GEL	NC	
WINLEVI CRE 1%	2	ST, PA, QL
ZACLIR LOT 8%	3	ST, PA
zenatane cap 10mg	1	PA
zenatane cap 20mg	1	PA
zenatane cap 30mg	2	PA
zenatane cap 40mg	1	PA
ZIANA GEL	NC	
ZIANA GEL	NC	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15%	NC	

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - TOPICAL		
MUSCUSOLICE CRE 2%	NC	
PRAKETAMIDE CRE 5%	NC	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
arthr pain gel 1%	1	PA, OTC
aspercrm art gel 1% pain	1	PA, OTC
diclofenac epolamine patch 1.3%	1	PA, QL
diclofenac sodium gel 1% (1.16% diethylamine equiv)	1	PA, QL, OTC
diclofenac sodium soln 1.5%	1	PA, QL
diclofenac sodium soln 2%	NC	
DICLOFONO GEL 1.6%	NC	
eq arthritis gel 1%	1	PA, OTC
FLECTOR DIS 1.3%	3	PA, QL
ft arthritis gel 1%	1	PA, OTC
gnp diclofen gel 1%	1	PA, OTC
goodsense gel art pain	1	PA, OTC
kls arthriti gel 1%	1	PA, OTC
kls diclofen gel 1%	1	PA, OTC
motrin arthr gel pain 1%	1	PA, OTC
PENNSAID SOL 2%	NC	
qc diclofena gel 1%	1	PA, OTC
VOLTAREN GEL 1% ARTHR	3	PA, OTC
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	NC	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin calcium cream 2%	NC	
mupirocin oint 2%	1	
NEO-SYNALAR CRE	NC	
ANTIFUNGALS - TOPICAL		
ciclodan sol 8%	1	PA
ciclopirox gel 0.77%	1	
ciclopirox olamine cream 0.77% (base equiv)	1	
ciclopirox olamine susp 0.77% (base equiv)	1	
ciclopirox shampoo 1%	1	
ciclopirox solution 8%	1	PA
clotrimazole cream 1%	1	
clotrimazole soln 1%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	
clotrimazole w/ betamethasone lotion 1-0.05%	1	
econazole nitrate cream 1%	1	

Drug Name	Drug Tier	Requirements/Limits
ECOZA AER 1%	3	
ERTACZO CRE 2%	3	
EXELDERM CRE 1%	3	
EXELDERM SOL 1%	3	
FUNGIMEZ SOL	3	
iodoquimez cre 1-1.9%	1	
JUBLIA SOL 10%	NC	
KERYDIN SOL 5%	NC	
ketoconazole cream 2%	1	
ketoconazole foam 2%	NC	
ketoconazole shampoo 2%	1	
ketodan aer 2%	NC	
klayesta pow 100000	1	
LOPROX SUS 0.77%	NC	
luliconazole cream 1%	NC	
LUZU CRE 1%	3	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	2	
naftifine hcl cream 1%	2	
naftifine hcl cream 2%	1	
naftifine hcl gel 2%	2	
NAFTIN GEL 2%	2	
nyamyc pow 100000	1	
nystatin cream 100000 unit/gm	1	
nystatin oint 100000 unit/gm	1	
nystatin topical powder 100000 unit/gm	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
nystop pow 100000	1	
oxiconazole nitrate cream 1%	1	QL
OXISTAT LOT 1%	3	PA, QL
sulconazole nitrate cream 1%	2	
sulconazole nitrate solution 1%	2	
tavaborole soln 5%	NC	
VUSION OIN	3	
XOLEGEL GEL 2%	NC	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
AMELUZ GEL 10%	NC	SP
bexarotene gel 1%	4	SP, PA
CARAC CRE 0.5%	NC	
diclofenac sodium (actinic keratoses) gel 3%	1	PA

Drug Name	Drug Tier	Requirements/Limits
fluorouracil cream 0.5%	NC	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
KLISYRI OIN 1% (250)	NC	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
TARGRETIN GEL 1%	NC	SP
VALCHLOR GEL 0.016%	6	SP, PA, QL
ANTIPRURITICS - TOPICAL		
doxepin hcl cream 5%	NC	
PRUDOXIN CRE 5%	3	ST, PA, QL
ZONALON CRE 5%	3	ST, PA, QL
ANTIPSORIATICS		
acitretin cap 10 mg	1	PA
acitretin cap 17.5 mg	2	PA
acitretin cap 25 mg	1	PA
BIMZELX INJ 160MG/ML	5	SP, PA, QL
BIMZELX INJ 320MG/2	5	SP, PA, QL
calcipotriene cream 0.005%	NC	
calcipotriene foam 0.005%	NC	
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
calcitrene oin 0.005%	1	PA
calcitriol oint 3 mcg/gm	NC	
COSENTYX INJ 75MG/0.5	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, and Psoriatic Arthritis; for pediatric patients less than 50 kg;
COSENTYX INJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 300DOSE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, and Psoriatic Arthritis
COSENTYX PEN INJ 150MG/ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, and Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, and Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML	5	SP, PA, QL; Preferred for Ankylosing Spondylitis, Hidradenitis Suppurativa, Non-Radiographic Axial Spondyloarthritis, and Psoriatic Arthritis
ILUMYA INJ 100MG/ML	5	SP, PA, QL
methoxsalen rapid cap 10 mg	1	
OTULFI INJ 45/0.5ML	NC	SP
OTULFI INJ 90MG/ML	NC	SP
PYZCHIVA INJ 45/0.5ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
PYZCHIVA INJ 90MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
SELARSDI INJ 45/0.5ML	NC	SP
SELARSDI INJ 90MG/ML	NC	SP
SILIQ INJ 210/1.5	NC	SP
SKYRIZI INJ 150MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN INJ 150MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
SORILUX AER 0.005%	NC	
SOTYKTU TAB 6MG	5	SP, PA, QL; Preferred for Psoriasis
SPEVIGO INJ 150/1ML	6	SP, PA, QL
SPEVIGO INJ 450/7.5	6	SP, PA, QL
STELARA INJ 45MG/0.5	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
STELARA INJ 90MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
STEQEYMA INJ 45/0.5ML	NC	SP
STEQEYMA INJ 90MG/ML	NC	SP
TALTZ INJ 20/0.25	NC	SP
TALTZ INJ 40/0.5ML	NC	SP
TALTZ INJ 80MG/ML	NC	SP
tazarotene cream 0.1%	1	PA
tazarotene cream 0.05%	2	PA
tazarotene gel 0.1%	1	PA
tazarotene gel 0.05%	1	PA
TAZORAC CRE 0.1%	NC	
TAZORAC CRE 0.05%	NC	
TAZORAC GEL 0.1%	NC	
TAZORAC GEL 0.05%	NC	
TREMFYA INJ 100MG/ML	5	SP, PA, QL; Preferred for Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
USTEKIN-AEKN INJ 45/0.5ML	NC	SP
USTEKIN-AEKN INJ 90MG/ML	NC	SP
USTEKIN-TTWE INJ 45/0.5ML	NC	SP
USTEKIN-TTWE INJ 90MG/ML	NC	SP
VECTICAL OIN 3MCG/GM	NC	SP
VTAMA CRE 1%	2	PA, QL
WEZLANA INJ 45/0.5ML	NC	SP
WEZLANA INJ 90MG/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
YESINTEK INJ 45/0.5ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
YESINTEK INJ 90MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
ANTISEBORRHEIC PRODUCTS		
ESKATA SOL 40%	NC	
NUTRASEB CRE	3	PA
PROMISEB CRE	3	PA
selenium sulfide lotion 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir cream 5%	NC	
acyclovir oint 5%	1	
DENAVIR CRE 1%	3	
penciclovir cream 1%	2	
XERESE CRE 5-1%	NC	
ZOVIRAX CRE 5%	3	
ZOVIRAX OIN 5%	3	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
ssd cre 1%	1	
SULFAMYLON CRE 85MG/GM	3	
CORTICOSTEROIDS - TOPICAL		
ala scalp lot 2%	NC	
ala-cort cre 1%	1	
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
amcinonide cream 0.1%	1	
APEXICON E CRE 0.05%	NC	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone dipropionate oint 0.05%	NC	
betamethasone valerate aerosol foam 0.12%	1	
betamethasone valerate cream 0.1% (base equivalent)	1	
betamethasone valerate lotion 0.1% (base equivalent)	1	
betamethasone valerate oint 0.1% (base equivalent)	1	
BRYHALI LOT 0.01%	2	PA
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	NC	
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	NC	
clobetasol e cre 0.05%	1	
clobetasol propionate cream 0.05%	1	
clobetasol propionate cream 0.025%	1	
clobetasol propionate emulsion foam 0.05%	NC	
clobetasol propionate foam 0.05%	1	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotion 0.05%	1	
clobetasol propionate oint 0.05%	1	
clobetasol propionate shampoo 0.05%	1	
clobetasol propionate soln 0.05%	1	
clobetasol propionate spray 0.05%	NC	
CLOBEX LOT 0.05%	3	PA
CLOBEX SHA 0.05%	3	PA
CLOBEX SPR 0.05%	NC	
clocortolone pivalate cream 0.1%	NC	
clodan sha 0.05%	1	
CLODERM CRE 0.1%	3	PA
CORDRAN 80X3 TAP 4MCG/CM	NC	
CORDRAN CRE 0.05%	NC	
CORDRAN CRE 0.025%	NC	
CORDRAN LOT 0.05%	NC	
CORDRAN OIN 0.05%	NC	
DERMA-SMOOTH OIL /FS BODY	3	PA
DERMA-SMOOTH OIL /FS SCLP	3	PA
desonide cream 0.05%	1	
desonide gel 0.05%	NC	
desonide lotion 0.05%	1	
desonide oint 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
DESOWEN CRE 0.05%	3	PA
desoximetasone cream 0.05%	1	
desoximetasone cream 0.25%	1	
desoximetasone gel 0.05%	2	
desoximetasone oint 0.05%	NC	
desoximetasone oint 0.25%	1	
desoximetasone spray 0.25%	1	
desrx gel 0.05%	NC	
diflorasone diacetate cream 0.05%	NC	
diflorasone diacetate oint 0.05%	NC	
DIPROLENE OIN 0.05%	3	PA
DUOBRII LOT	NC	
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	
fluocinolone acetonide cream 0.025%	1	
fluocinolone acetonide oil 0.01% (body oil)	1	
fluocinolone acetonide oil 0.01% (scalp oil)	1	
fluocinolone acetonide oint 0.025%	1	
fluocinolone acetonide soln 0.01%	1	
fluocinonide cream 0.1%	NC	
fluocinonide cream 0.05%	1	
fluocinonide emulsified base cream 0.05%	1	
fluocinonide gel 0.05%	1	
fluocinonide oint 0.05%	1	
fluocinonide soln 0.05%	1	
flurandrenolide cream 0.05%	NC	
flurandrenolide lotion 0.05%	NC	
flurandrenolide oint 0.05%	NC	
fluticasone propionate cream 0.05%	1	
fluticasone propionate lotion 0.05%	1	
fluticasone propionate oint 0.005%	1	
halcinonide cream 0.1%	NC	
halcinonide soln 0.1%	1	
halobetasol propionate cream 0.05%	1	
halobetasol propionate oint 0.05%	1	
HALOG CRE 0.1%	NC	
HALOG OIN 0.1%	NC	
HALOG SOL 0.1%	NC	
hydrocortisone butyrate cream 0.1%	1	
hydrocortisone butyrate hydrophilic lipo base cream 0.1%	NC	
hydrocortisone butyrate lotion 0.1%	NC	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone butyrate oint 0.1%	1	
hydrocortisone butyrate soln 0.1%	1	
hydrocortisone cream 1%	1	
hydrocortisone cream 2.5%	1	
hydrocortisone lotion 2.5%	1	
hydrocortisone oint 1%	1	
hydrocortisone oint 2.5%	1	
hydrocortisone soln 2.5%	1	
hydrocortisone valerate cream 0.2%	1	
hydrocortisone valerate oint 0.2%	1	
IMPOYZ CRE 0.025%	NC	
MICORT-HC CRE 2.5%	NC	
mometasone furoate cream 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate solution 0.1% (lotion)	1	
nolix cre 0.05%	NC	
nolix lot 0.05%	NC	
OLUX-E AER 0.05%	NC	
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 2.5%	3	
PSORCON CRE 0.05%	NC	
SERNIVO SPR 0.05%	3	PA
SYNALAR CRE 0.025%	3	PA
SYNALAR OIN 0.025%	3	PA
TACLONEX SUS	3	PA
texacort sol 2.5%	1	
TOPICORT CRE 0.05%	3	PA
TOPICORT CRE 0.25%	3	PA
TOPICORT GEL 0.05%	3	PA
TOPICORT OIN 0.05%	3	PA
TOPICORT OIN 0.25%	3	PA
TOPICORT SPR 0.25%	3	PA
tovet aer 0.05%	NC	
triamcinolone acetonide aerosol soln 0.147 mg/gm	NC	
triamcinolone acetonide cream 0.1%	1	
triamcinolone acetonide cream 0.5%	1	
triamcinolone acetonide cream 0.025%	1	
triamcinolone acetonide lotion 0.1%	1	
triamcinolone acetonide lotion 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide oint 0.05%	NC	
triamcinolone acetonide oint 0.025%	1	
trianex oin 0.05%	NC	
triderm cre 0.5%	1	
ULTRAVATE LOT 0.05%	NC	
VANOS CRE 0.1%	3	PA
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	5	SP, PA, QL
ADBRY INJ 300/2ML	5	SP, PA, QL
CIBINQO TAB 50MG	5	SP, PA, QL
CIBINQO TAB 100MG	5	SP, PA, QL
CIBINQO TAB 200MG	5	SP, PA, QL
DUPIXENT INJ 200/1.14	5	SP, PA, QL
DUPIXENT INJ 200MG	5	SP, PA, QL
DUPIXENT INJ 300/2ML	5	SP, PA, QL
EBGLYSS INJ 250/2ML	NC	SP
OPZELURA CRE 1.5%	2	PA, QL
EMOLLIENT/KERATOLYTIC AGENTS		
urea cre 41%	NC	
uredeb cre 39%	1	
EMOLLIENTS		
lactic acid (ammonium lactate) cream 12%	1	
lactic acid (ammonium lactate) lotion 12%	1	
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	
HAIR GROWTH AGENTS		
LEQSELVI TAB 8MG	NC	SP
LITFULO CAP 50MG	5	SP, PA
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	2	
imiquimod cream 5%	1	
ZYCLARA CRE 3.75%	3	
ZYCLARA PUMP CRE 2.5%	3	
ZYCLARA PUMP CRE 3.75%	3	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	NC	
HYFTOR GEL 0.2%	NC	
pimecrolimus cream 1%	1	PA
tacrolimus oint 0.1%	1	PA
tacrolimus oint 0.03%	1	PA

Drug Name	Drug Tier	Requirements/Limits
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
podofilox gel 0.5%	2	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
SALIMEZ FORT CRE 10%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CRYODOSE AER TA	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
ethyl chloride aerosol spray	1	
GEBAUERS SPR AER /STRETCH	3	
glydo gel 2%	1	PA, QL
LIDOCAINE CRE TETRACAI	NC	
lidocaine hcl soln 4%	1	QL
lidocaine hcl urethral/mucosal gel 2%	2	PA, QL
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	PA, QL
lidocaine oint 5%	1	QL
lidocaine patch 5%	1	PA
lidocaine-prilocaine cream 2.5-2.5%	1	PA, QL
LIDODERM DIS 5% PATCH	3	PA
lydexa cre 4.12%	NC	
PAIN EASE AER MD STRM	3	
PAIN EASE AER MIST	3	
PLIAGLIS CRE 7-7%	NC	
PRAMOX GEL 1%	NC	
QUTENZA KIT 8% 1-PCH	6	SP
QUTENZA KIT 8% 2-PCH	6	SP
QUTENZA KIT 8% 4-PCH	6	SP
tridacaine dis 5% patch	1	PA
zeruvia pad 4-1%	1	
ZTLIDO PAD 1.8%	3	PA, QL
MISC. DERMATOLOGICAL PRODUCTS		
ALADERM PLUS EMU	NC	
ALEVAMAX CRE	3	PA

Drug Name	Drug Tier	Requirements/Limits
ALEVICYN SG GEL ANTIPRUR	NC	
CERACADE EMU	NC	
CERAMAX CRE	NC	
DEXERYL CRE	3	PA
EMULSION SB EMU	3	PA
ENTTY EMU SPRAY	NC	
EPICERAM EMU	NC	
HPR PLUS AER	NC	
HPR PLUS CRE	3	PA
HPR PLUS KIT	NC	
KAMDOY EMU	NC	
LEVICYN GEL	3	PA
MIMYX CRE	3	PA
NEOSALUS AER	3	PA
NEOSALUS CRE	3	PA
NEOSALUS LOT	3	PA
PHLAG SPR	3	PA
PR CREAM KIT	3	PA
PRESERA AER	3	PA
PRUCLAIR CRE	3	PA
PRUMYX CRE	3	PA
REMIGEN CREA CRE	3	PA
SEBUDERM GEL	3	PA
STRATA MARK GEL	NC	
SUVICORT EMU	NC	
SYNERDERM EMU	NC	
XERALUX CRE	3	PA
MISC. TOPICAL		
ACUICYN SOL	NC	
ARNICA TIN FLOWER	3	
AVENOVA SOL 0.01%	NC	
BENZOIN TIN NF	3	
BORIC ACID GRA	3	
DRYSOL SOL 20%	3	
HYCLODEX SOL 0.012%	NC	
HYPOCYN SOL 0.012%	NC	
QBREXZA PAD 2.4%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	ST, QL
ZORYVE CRE 0.3%	2	PA, QL
ZORYVE CRE 0.15%	2	PA, QL

Drug Name	Drug Tier	Requirements/Limits
ZORYVE MIS 0.3%	3	PA, QL
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	2	PA
doxycycline (rosacea) cap delayed release 40 mg	NC	
FINACEA AER 15%	2	PA
FINACEA GEL 15%	NC	
ivermectin cream 1%	1	PA
METROCREAM CRE 0.75%	3	
METROGEL GEL 1%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
MIRVASO GEL 0.33%	NC	
NORITATE CRE 1%	NC	
ORACEA CAP 40MG	1	
REMYDA GEL 0.25%	NC	
RESTIMO GEL 1-1%	NC	
RHOFADE CRE 1%	NC	
SOOLANTRA CRE 1%	NC	
SCABICIDES & PEDICULICIDES		
crotan lot 10%	2	
malathion lotion 0.5%	2	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
spinosad susp 0.9%	2	
SULF LIME SOL	3	
SCAR TREATMENT PRODUCTS		
BEAU RX GEL	NC	
KELARX GEL	NC	
RECEDO GEL	NC	
SILIPAC KIT	NC	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
ACTCT FLEX 3 PAD 4"X4"	3	PA
ACTI ANTIMIC PAD 2"X2"	3	PA

Drug Name	Drug Tier	Requirements/Limits
ACTI ANTIMIC PAD 4"X4"	3	PA
ACTICOAT 7 PAD 2"X2"	3	PA
ACTICOAT 7 PAD 4"X5"	3	PA
ACTICOAT MIS 4"X4"	3	PA
ALEVICYN SOL DERMAL	NC	
ALLEVYN AG MIS 6-3/4"	3	PA
ALLEVYN AG MIS 9"X9"SAC	3	PA
ALLEVYN AG PAD 2"X2"	3	PA
ALLEVYN AG PAD 3"X3"	3	PA
ALLEVYN AG PAD 4"X4"	3	PA
ALLEVYN AG PAD 5"X5"	3	PA
ALLEVYN AG PAD 6"X6"	3	PA
ALLEVYN AG PAD 7"X7"	3	PA
ALLEVYN GENT PAD 4"X4	3	PA
ALLEVYN GENT PAD 8"X8"	3	PA
AMORPH WOUND GEL DRESSING	3	PA
AQUACEL AG PAD 5"X4"	3	PA
AQUACEL FOAM PAD 5"X5"	3	PA
AQUACEL FOAM PAD 7"X7"	3	PA
ARIDA GEL	3	PA
ATRAPRO GEL HYDROGEL	3	PA
BIAFINE EMU	3	PA
BIONECT AER 0.2%	3	PA
BIONECT CRE 0.2%	3	PA
BIONECT GEL 0.2%	3	PA
BIOSTEP MIS 4"X4"	3	PA
CA ALGINATE MIS 12" ROPE	3	PA
CA ALGINATE PAD 2"X2"	3	PA
CA ALGINATE PAD 4"X4"	3	PA
CA ALGINATE PAD 4"X8"	3	PA
CURITY HYPER MIS 1/2"X15'	3	PA
CURITY NACL PAD 6"X6-3/4	3	PA
DURAFIBER AG PAD 2"X2"	3	PA
DURAFIBER AG PAD 4"X4"	3	PA
DURAFIBER AG PAD 6"X6"	3	PA
DYNAGINATE MIS 12" ROPE	3	PA
DYNAGINATE PAD 4"X5"	3	PA
DYNAGINATE PAD 4"X8"	3	PA
DYNAGINATE PAD AG 2"X2"	3	PA
ENDO DERMAL MIS 5X5 CM	3	PA
FILSUVEZ GEL 10%	NC	
HYDRFRA BLUE PAD RDY 2.5"	3	PA
HYDRFRA BLUE PAD RDY 4X5"	3	PA

Drug Name	Drug Tier	Requirements/Limits
HYDRFRA BLUE PAD RDY 8X8"	3	PA
HYDRFRA MRF PAD 2"X2.75"	3	PA
HYDROFERA PAD BLUE 2X2	3	PA
HYDROFERA PAD BLUE 4X4	3	PA
HYDROFERA PAD BLUE 6X6	3	PA
HYDROFERA PAD BLUE 9MM	3	PA
HYDROFERA PAD MRF4"X4"	3	PA
HYDROFERA PAD MRF 2.5"	3	PA
HYDROFRA MRF PAD 2-1/4X8"	3	PA
HYDROG WOUND MIS 3" DISK	3	
HYDROG WOUND MIS 4-3/4"	3	
HYDROGEL DRE PAD 2"X3"	3	PA
HYDROGEL DRE PAD 4"X5"	3	PA
HYDROGEL GAU PAD 2"X2"	3	
HYDROGEL GAU PAD 4"X4"	3	
HYDROGEL GAU PAD 4"X8"	3	
KERAGEL GEL WOUND	3	PA
KERAGELT GEL	3	PA
KERAMATRIX MIS 2X3CM	3	PA
KERAMATRIX MIS 5X5CM	3	PA
KERAMATRIX MIS 10X10CM	3	PA
KERASTAT CRE	3	PA
KERASTAT GEL 5%	3	PA
LEVICYN SOL DERMAL	NC	
LIDOTREX GEL 2%	NC	
LUXAMEND CRE	3	PA
MATRIX WOUND MIS BILAYER	3	PA
MICROCYN LIQ	3	PA
MIRO3D FIBER MIS 100MG	3	PA
MIRO3D FIBER MIS 250MG	3	PA
MIRO3D FIBER MIS 500MG	3	PA
MIRO3D FIBER MIS 700MG	3	PA
MIRO3D WOUND PAD 2X2X2CM	3	PA
MIRO3D WOUND PAD 3X3X2CM	3	PA
MIRO3D WOUND PAD 4X4X2CM	3	PA
MIRO3D WOUND PAD 5X5X2CM	3	PA
MIRO3D WOUND PAD 7X5X2CM	3	PA
MIRO3D WOUND PAD 10X5X2CM	3	PA
MIRODRY MIS 3X3CM	3	PA
MIRODRY MIS 7X5CM	3	PA
MIRODRY MIS 10X5CM	3	PA
MIROTRACT MIS 3MMX5CM	3	PA
MIROTRACT MIS 3MMX9CM	3	PA

Drug Name	Drug Tier	Requirements/Limits
MIROTRACT MIS 5MMX5CM	3	PA
MIROTRACT MIS 5MMX9CM	3	PA
NORMLGEL AG GEL	3	PA
OCM WOUND MIS 1.6GM	3	PA
RADIAPLEXRX GEL	3	PA
REGRANEX GEL 0.01%	3	
RESTORE SILV PAD 2"X2"	3	PA
RESTORE SILV PAD 4"X4"	3	PA
RESTORE SILV PAD 4"X4.75"	3	PA
RESTORE SILV PAD 4"X5"	3	PA
RESTORE SILV PAD 6"X8"	3	PA
SILIGENTLE PAD 2"X2"	3	PA
SILIGENTLE PAD 6"X6"	3	PA
SILIGENTLE PAD AG 2"X2"	3	PA
SILVRSTAT GEL DRESSING	3	PA
SOLOX GEL	3	PA
SONAFINE EMU	3	PA
STRATA GRT GEL	NC	
VASHE CLEANS SOL	NC	
VASHE WOUND SOL	3	PA
VASHE WOUND SOL THERAPY	3	PA
VENELEX OIN	3	PA
XEROFORM OCL PAD 1X8"	3	PA
XEROFORM OCL PAD 4"X4"	3	PA
XEROFORM OIL MIS 1"X8"	3	PA
XEROFORM OIL MIS ROLL 4X9	3	PA
XEROFORM OIL PAD 2"X2"	3	PA
XEROFORM PET PAD 4X4 DRES	3	PA
XEROFORM PET PAD 5X9 DRES	3	PA
XEROFRM GAUZ MIS 1"X8"	3	PA
XEROFRM GAUZ MIS 5"X9"	3	PA
XEROFRM GAUZ PAD 5"X9"	3	PA
XEROFRM PETR PAD 2"X2"	3	PA
XEROFRM PETR PAD 4"X4"	3	PA
XEROFRM ROLL MIS 4"X9'	3	PA
ZANABIN GEL HYDROGEL	3	PA
ZENIFIBER AG PAD 2"X2"	3	PA
ZENIFIBER AG PAD 4"X5"	3	PA
ZENIFIBER AG PAD 6"X6"	3	PA
ZENIFIBER AG PAD 8"X8"	3	PA
ZENIFOAM AG PAD 2"X2"	3	PA
ZENIFOAM AG PAD 4"X5"	3	PA

DIAGNOSTIC PRODUCTS

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC DRUGS		
dipyridamole iv soln 5 mg/ml	1	
DIAGNOSTIC PRODUCTS, MISC.		
BREEZA ORAL SOL ABD/PELV	3	
BREEZA ORAL SOL CONTRAST	3	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	7	OTC; PV
ACCU-CHEK TES GUIDE	7	OTC; PV
ACCU-CHEK TES SMART	7	OTC; PV
ACCUTREND TES GLUCOSE	NC	OTC
ACURA TES BLD GLUC	NC	OTC
ADVANCE TES INTUITIO	NC	OTC
ADVANCE TES MICRO-DW	NC	OTC
ADVOCATE TES	NC	OTC
ADVOCATE TES REDI-COD	NC	OTC
ADVOCATE TES REDICODE	NC	OTC
AGAMATRIX TES AMP	NC	OTC
AGAMATRIX TES JAZZ	NC	OTC
AGAMATRIX TES KEYNOTE	NC	OTC
AGAMATRIX TES PRESTO	NC	OTC
ASSURE 3 TES	NC	OTC
ASSURE 4 TES	NC	OTC
ASSURE II TES	NC	OTC
ASSURE II TES CHECK	NC	OTC
ASSURE PRISM TES MULTI	NC	OTC
ASSURE PRO TES	NC	OTC
ASSURE TES PLATINUM	NC	OTC
AT LAST TES	NC	OTC
AUTOCODE TES BLD GLUC	NC	OTC
BAYER BREEZE MIS 2 TEST	NC	OTC
BG STAR TES BLD GLUC	NC	OTC
BIOSCANNER TES GLUCOSE	NC	OTC
BIOTEL CARE TES STRIPS	NC	OTC
BLOOD GLUCOS TES	NC	OTC
BLOOD GLUCOS TES PREMIUM	NC	OTC
BLOOD GLUCOS TES STRIPS	NC	OTC
BREEZE 2 MIS TEST	NC	OTC
CARESENS N TES	NC	OTC
CARESENS N TES GLUCOSE	NC	OTC
CLEVER CHEK TES	NC	OTC
CLEVER CHEK TES AUTO CD	NC	OTC
CLEVER CHEK TES VOICE	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOIC TES MICRO	NC	OTC
CLEVR CHOICE TES AUTO-CD	NC	OTC
CONFIRM/MICR TES GLUCOSE	NC	OTC
CONTOUR TES BLD GLUC	NC	OTC
CONTOUR TES NEXT	NC	OTC
CONTROL AST TES	NC	OTC
CONTROL TES	NC	OTC
COOL BLOOD TES GLUCOSE	NC	OTC
CVS ADVANCED TES GLUCOSE	NC	OTC
CVS GLUCOSE TES STRIPS	NC	OTC
CVS TRUE MET TES GLUCOSE	NC	OTC
D-CARE BLOOD TES GLUCOSE	NC	
DIATRUE PLUS TES STRIPS	NC	OTC
DUO-CARE TES	NC	OTC
EASY PLUS II TES BLD GLUC	NC	OTC
EASY PLUS TES BLD GLUC	NC	OTC
EASY STEP TES	NC	OTC
EASY TALK TES BLD GLUC	NC	OTC
EASY TOUCH TES GLUCOSE	NC	OTC
EASY TOUCH TES STRIPS	NC	OTC
EASY TRAK TES BLD GLUC	NC	OTC
EASYGLUCO TES	NC	OTC
EASYGLUCO TES PLUS	NC	OTC
EASYMAX 15 TES	NC	OTC
EASYMAX TES	NC	OTC
EASYPLUS TES BLD GLUC	NC	OTC
EASYPRO PLUS TES	NC	OTC
EASYPRO TES BLD GLUC	NC	OTC
ELEMENT TES	NC	OTC
ELEMNT COMPA TES STRIPS	NC	OTC
EMBRACE EVO TES	NC	OTC
EMBRACE PRO TES	NC	OTC
EMBRACE TES BLD GLUC	NC	OTC
EQL TRUETEST TES BLD GLUC	NC	OTC
EVENCARE + TES BLD GLUC	NC	OTC
EVENCARE G2 TES	NC	OTC
EVENCARE G3 TES	NC	OTC
EVENCARE TES BLD GLUC	NC	OTC
EVENCARE TES MINI	NC	OTC
EVOLUTION TES AUTOCODE	NC	OTC
EXACTECH TES	NC	OTC
EXACTECH TES R-S-G	NC	OTC
EZ SMART PLS TES BLD GLUC	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
EZ SMART TES BLD GLUC	NC	OTC
FIFTY50 GLUC TES 2.0	NC	OTC
FORA ADVANCE TES PRO	NC	OTC
FORA BLOOD TES GLUCOSE	NC	OTC
FORA D15G TES BLD GLUC	NC	OTC
FORA D20 TES BLD GLUC	NC	OTC
FORA D40/G31 TES GLUCOSE	NC	OTC
FORA G20 TES BLD GLUC	NC	OTC
FORA G30/V10 TES BLD GLUC	NC	OTC
FORA GD20 TES BLD GLUC	NC	OTC
FORA GD50 TES	NC	OTC
FORA TN'G TES TN'G VOI	NC	OTC
FORA V10 TES BLD GLUC	NC	OTC
FORA V12 TES BLD GLUC	NC	OTC
FORA V20 TES BLD GLUC	NC	OTC
FORA V30A TES BLD GLUC	NC	OTC
FORACARE TES GD40	NC	OTC
FORACARE TES PREM V10	NC	OTC
FORACARE TES TST N GO	NC	OTC
FORTISCARE TES BLD GLUC	NC	OTC
FREESTYLE TES	NC	OTC
FREESTYLE TES INSULINX	NC	OTC
FREESTYLE TES LITE	NC	OTC
FREESTYLE TES PREC NEO	NC	OTC
GE100 BLOOD TES GLUCOSE	NC	OTC
GENSTRIP 50 TES	NC	OTC
GENULTIMATE TES	NC	OTC
GHT TEST TES STRIPS	NC	OTC
GLUCO PERFEC TES 3	NC	OTC
GLUCOCARD 01 TES PLUS	NC	OTC
GLUCOCARD 01 TES SENSOR	NC	OTC
GLUCOCARD TES EXPRESSI	NC	OTC
GLUCOCARD TES SHINE	NC	OTC
GLUCOCARD TES VITAL	NC	OTC
GLUCOCARD TES X-SENSOR	NC	OTC
GLUCOCOM TES	NC	OTC
GLUCONAVII TES STRIPS	NC	OTC
GMATE BLOOD TES GLUCOSE	NC	OTC
GOJJI BLOOD TES GLUCOSE	NC	OTC
GOJJI STRIPS MIS W/LANCET	NC	OTC
IHEALTH BLOO TES GLUCOSE	NC	OTC
IN TOUCH TES BLOOD	NC	OTC
INFINITY TES BLD GLUC	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER BLOOD TES GLUCOSE	NC	OTC
KROGER TES	NC	OTC
LIBERTY NEXT TES GEN	NC	OTC
LIBERTY TES	NC	OTC
MAXIMA BLOOD TES GLUCOSE	NC	OTC
MEIJER BLOOD TES GLUCOSE	NC	OTC
MEIJER TES TRUETEST	NC	OTC
MEIJER TES TRUETRAC	NC	OTC
MICRODOT TES	NC	OTC
MYGLUCOHEALT TES BLD GLUC	NC	OTC
NEUTEK 2TEK TES STRIPS	NC	OTC
NEXGEN TES	NC	OTC
NO CODING TES BLD GLUC	NC	OTC
NOVA MAX TES GLUCOSE	NC	OTC
ON CALL PLUS TES BLD GLUC	NC	OTC
ON CALL TES EXPRESS	NC	OTC
ON CALL VIVD TES BLD GLUC	NC	OTC
ONETOUCH TES ULT BLUE	NC	OTC
ONETOUCH TES ULTRA	NC	OTC
ONETOUCH TES VERIO	NC	OTC
OPTIUM TES	NC	OTC
OPTIUMEZ TES	NC	OTC
OPTUMRX TES BLD GLUC	NC	OTC
POCKETCHEM TES EZ	NC	OTC
PRECISION PT TES OF CARE	NC	OTC
PRECISION TES PCX	NC	OTC
PRECISION TES PCX PLUS	NC	OTC
PRECISION TES QID	NC	OTC
PRECISION TES SOF-TACT	NC	OTC
PRECISION TES XTRA	NC	OTC
PRODIGY NO TES CODING	NC	OTC
PTS PANELS TES GLUCOSE	NC	OTC
QUICKTEK TES	NC	OTC
QUINTET AC TES BLD GLUC	NC	OTC
QUINTET TES BLD GLUC	NC	OTC
RA TRUETEST TES	NC	OTC
REFUAH PLUS TES BLD GLUC	NC	OTC
RELION BLOOD TES GLUCOSE	NC	OTC
RELION PLATN TES GLUCOSE	NC	OTC
RELION PRIME TES	NC	OTC
RELION PRIME TES GLUCOSE	NC	OTC
RELION TES ULTIMA	NC	OTC
REVEAL TES BLD GLUC	NC	OTC

Drug Name	Drug Tier	Requirements/Limits
RIGHTEST TES GS100	NC	OTC
RIGHTEST TES GS300	NC	OTC
RIGHTEST TES GS550	NC	OTC
SMART SENSE TES TEST	NC	OTC
SMARTEST TES BLD GLUC	NC	OTC
SOLUS V2 TES AUDIBLE	NC	OTC
SUPREME TES	NC	OTC
SURE EDGE TES	NC	OTC
SURE-TEST TES EASYPLUS	NC	OTC
SURECHEK TES BLD GLUC	NC	OTC
TRUE METRIX TES GLUCOSE	7	OTC; PV
TRUETEST TES	NC	OTC
TRUETEST TES BLD GLUC	NC	OTC
TRUETRACK TES	NC	OTC
TRUETRACK TES BLD GLUC	NC	OTC
ULTIMA TES	NC	OTC
ULTRATRAK TES ULTIMATE	NC	OTC
ULTRATRK PRO TES	NC	OTC
UNISTRIP1 TES GENERIC	NC	OTC
VOCAL POINT TES BLD GLUC	NC	OTC
XPRESS TES BLD GLUC	NC	OTC

DIGESTIVE AIDS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
SUCRAID SOL 8500/ML	6	
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

acetazolamide cap er 12hr 500 mg	1	
acetazolamide sodium for inj 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	4	SP, PA, QL
KEVEYIS TAB 50MG	6	SP, PA, QL
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
ormalvi tab 50mg	4	SP, PA, QL

DIURETIC COMBINATIONS

amiloride & hydrochlorothiazide tab 5-50 mg	1	PV
spironolactone & hydrochlorothiazide tab 25-25 mg	1	PV
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	PV
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	PV
triamterene & hydrochlorothiazide tab 75-50 mg	1	PV

LOOP DIURETICS

bumetanide inj 0.25 mg/ml	1	
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynate sodium for inj 50 mg	1	
ethacrynic acid tab 25 mg	2	
furosemide inj 10 mg/ml	1	
FUROSEMIDE INJ 40MG/4ML	3	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
SOAANZ TAB 20MG	NC	
SOAANZ TAB 40MG	NC	
SOAANZ TAB 60MG	NC	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	
OSMOTIC DIURETICS		
mannitol iv soln 20%	1	
mannitol iv soln 25%	1	
osmitrol inj 10%	1	
osmitrol vfx inj 20%	1	
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
CAROSPIR SUS 25MG/5ML	NC	
DYRENIUM CAP 50MG	NC	
DYRENIUM CAP 100MG	NC	
spironolactone susp 25 mg/5ml	2	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	2	
triamterene cap 100 mg	2	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorothiazide sodium for inj 500 mg	1	
chlorthalidone tab 25 mg	1	PV
chlorthalidone tab 50 mg	1	PV
DIURIL SUS 250/5ML	3	PV
hydrochlorothiazide cap 12.5 mg	1	PV
hydrochlorothiazide tab 12.5 mg	1	PV
hydrochlorothiazide tab 25 mg	1	PV
hydrochlorothiazide tab 50 mg	1	PV
indapamide tab 1.25 mg	1	PV
indapamide tab 2.5 mg	1	PV
INZIRQO SUS 10MG/ML	NC	

Drug Name	Drug Tier	Requirements/Limits
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
THALITONE TAB 15MG	3	PV
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 1MG	NC	
ISTURISA TAB 5MG	NC	
ISTURISA TAB 10MG	NC	
RECORLEV TAB 150MG	NC	
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	PV
ACTONEL TAB 150MG	3	PV
alendronate sodium oral soln 70 mg/75ml	2	PV
alendronate sodium tab 5 mg	1	PV
alendronate sodium tab 10 mg	1	PV
alendronate sodium tab 35 mg	1	PV
alendronate sodium tab 70 mg	1	PV
ATELVIA TAB	3	PV
BINOSTO TAB 70MG	3	PV
BONSITY INJ 560/2.24	NC	SP
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	PV
EVENITY INJ 105MG	NC	
FORTEO INJ 560/2.24	6	SP, PA, QL; PV
FOSAMAX + D TAB 70-2800	3	PV
FOSAMAX + D TAB 70-5600	3	PV
FOSAMAX TAB 70MG	3	PV
ibandronate sodium iv soln 3 mg/3ml (base equivalent)	1	PV
ibandronate sodium tab 150 mg (base equivalent)	1	PV
JUBBONTI INJ 60MG/ML	NC	SP
MIACALCIN INJ 200/ML	NC	
MIACALCIN INJ 400/2ML	NC	
OSENVELT INJ 120/1.7	NC	SP
pamidronate disodium iv soln 3 mg/ml	1	
pamidronate disodium iv soln 9 mg/ml	1	
PAMIDRONATE INJ 6MG/ML	3	
PROLIA INJ 60MG/ML	5	SP, PA, QL; PV
RECLAST INJ 5/100ML	6	SP, PA; PV
risedronate sodium tab 5 mg	2	PV

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 30 mg	2	PV
risedronate sodium tab 35 mg	1	PV
risedronate sodium tab 150 mg	1	PV
risedronate sodium tab delayed release 35 mg	1	PV
STOBOCLO INJ 60MG/ML	NC	SP
TERIPARATIDE INJ 620/2.48	NC	
teriparatide soln pen-inj 560 mcg/2.24ml	4	SP, PA, QL; PV
TYMLOS INJ	5	SP, PA, QL; PV
XGEVA INJ	6	SP, PA
zoledronic acid inj conc for iv infusion 4 mg/5ml	4	SP, PA
zoledronic acid iv soln 5 mg/100ml	4	SP, PA; PV
ZOLEDRONIC INJ 4/100ML	6	SP, PA
CORTICOTROPIN		
ACTHAR INJ 80UNIT	6	SP, PA, QL
ACTHAR INJ GEL	6	SP, PA, QL
CORTROPHIN INJ 80UNT/ML	6	SP, PA, QL
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 50MG	6	SP, PA, QL
CRENESSITY CAP 100MG	6	SP, PA, QL
CRENESSITY SOL 50MG/ML	6	SP, PA, QL
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	NC	SP
clomid tab 50mg	1	PA
clomiphene citrate tab 50 mg	1	PA
FOLLISTIM AQ INJ 300UNIT	5	SP, PA, QL
FOLLISTIM AQ INJ 600UNIT	5	SP, PA, QL
FOLLISTIM AQ INJ 900UNIT	5	SP, PA, QL
GONAL-F INJ 450UNIT	NC	SP
GONAL-F INJ 1050UNIT	NC	SP
GONAL-F RFF INJ 75UNIT	NC	SP
GONAL-F RFF INJ 300/0.5	NC	SP
GONAL-F RFF INJ 450/0.75	NC	SP
GONAL-F RFF INJ 900/1.5	NC	SP
MENOPUR INJ 75UNIT	5	SP, PA
NOVAREL INJ 5000UNIT	NC	SP
OVIDREL INJ	NC	SP
PREGNYL INJ 10000UNT	5	SP, PA, QL
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	4	SP, PA
fyremadel sol 250/0.5	NC	SP
GANIRELIX AC INJ 250/0.5	4	SP, PA

Drug Name	Drug Tier	Requirements/Limits
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	NC	SP
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG	NC	SP
SOMAVERT INJ 15MG	NC	SP
SOMAVERT INJ 20MG	NC	SP
SOMAVERT INJ 25MG	NC	SP
SOMAVERT INJ 30MG	NC	SP
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	6	SP, PA, QL
GROWTH HORMONES		
GENOTROPIN INJ 0.2MG	NC	SP
GENOTROPIN INJ 0.4MG	NC	SP
GENOTROPIN INJ 0.6MG	NC	SP
GENOTROPIN INJ 0.8MG	NC	SP
GENOTROPIN INJ 1.2MG	NC	SP
GENOTROPIN INJ 1.4MG	NC	SP
GENOTROPIN INJ 1.6MG	NC	SP
GENOTROPIN INJ 1.8MG	NC	SP
GENOTROPIN INJ 1MG	NC	SP
GENOTROPIN INJ 2MG	NC	SP
GENOTROPIN INJ 5MG	NC	SP
GENOTROPIN INJ 12MG	NC	SP
HUMATROPE INJ 6MG	5	SP, PA
HUMATROPE INJ 12MG	5	SP, PA
HUMATROPE INJ 24MG	5	SP, PA
NGENLA INJ 24/1.2ML	NC	SP
NGENLA INJ 60/1.2ML	NC	SP
NORDITROPIN INJ 5/1.5ML	5	SP, PA
NORDITROPIN INJ 10/1.5ML	5	SP, PA
NORDITROPIN INJ 15/1.5ML	5	SP, PA
NORDITROPIN INJ 30/3ML	5	SP, PA
NUTROPIN AQ INJ 10MG/2ML	NC	SP
NUTROPIN AQ INJ 20MG/2ML	NC	SP
NUTROPIN AQ INJ NUSPIN 5	NC	SP
OMNITROPE INJ 5.8MG	NC	SP
OMNITROPE INJ 5/1.5ML	NC	SP
OMNITROPE INJ 10/1.5ML	NC	SP
SAIZEN INJ 5MG	NC	SP
SAIZEN INJ 8.8MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM INJ 4MG	6	SP, PA
SEROSTIM INJ 5MG	6	SP, PA
SEROSTIM INJ 6MG	6	SP, PA
SKYTROFA INJ 3.6MG	NC	SP
SKYTROFA INJ 3MG	NC	SP
SKYTROFA INJ 4.3MG	NC	SP
SKYTROFA INJ 5.2MG	NC	SP
SKYTROFA INJ 6.3MG	NC	SP
SKYTROFA INJ 7.6MG	NC	SP
SKYTROFA INJ 9.1MG	NC	SP
SKYTROFA INJ 11MG	NC	SP
SKYTROFA INJ 13.3MG	NC	SP
SOGROYA INJ 5MG/1.5	5	SP, PA
SOGROYA INJ 10MG/1.5	5	SP, PA
SOGROYA INJ 15MG/1.5	5	SP, PA
ZOMACTON INJ 5MG	NC	SP
ZOMACTON INJ 10MG	NC	SP
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	3	PV
OSPHENA TAB 60MG	NC	
raloxifene hcl tab 60 mg	0	ACA, PV
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA INJ 500MG	6	SP, PA
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	6	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG	5	SP, PA, QL
LUPR DEP-PED INJ 3M 30MG	5	SP, PA, QL
LUPR DEP-PED INJ 7.5MG	5	SP, PA, QL
LUPR DEP-PED INJ 11.25MG	5	SP, PA, QL
LUPR DEP-PED INJ 15MG	5	SP, PA, QL
LUPRON DEPOT INJ 45MG	5	SP, PA, QL
SUPPRELIN LA KIT 50MG	5	SP, PA
SYNAREL SOL 2MG/ML	3	PA
TRIPTODUR SUS 22.5MG	5	SP, PA
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	NC	SP
METABOLIC MODIFIERS		
ALDURAZYME INJ 2.9MG/5M	6	SP, PA
betaine powder for oral solution	4	SP, PA
BRINEURA KIT 150/5ML	NC	SP
BUPHENYL POW	NC	SP

Drug Name	Drug Tier	Requirements/Limits
BUPHENYL TAB 500MG	NC	SP
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	
calcitriol inj 1 mcg/ml	1	
calcitriol oral soln 1 mcg/ml	1	
CARBAGLU TAB 200MG	NC	SP
carglumic acid soluble tab 200 mg	4	SP, PA
CARNITOR INJ 1GM/5ML	3	
CARNITOR SF SOL 1GM/10ML	NC	SP
CARNITOR SOL 1GM/10ML	NC	SP
CARNITOR TAB 330MG	NC	SP
cinacalcet hcl tab 30 mg (base equiv)	4	SP, PA, QL
cinacalcet hcl tab 60 mg (base equiv)	4	SP, PA, QL
cinacalcet hcl tab 90 mg (base equiv)	4	SP, PA, QL
CRYSVITA INJ 10MG/ML	6	SP, PA, QL
CRYSVITA INJ 20MG/ML	6	SP, PA, QL
CRYSVITA INJ 30MG/ML	6	SP, PA, QL
CYSTADANE POW	NC	SP
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
doxercalciferol inj 4 mcg/2ml (2 mcg/ml)	1	
ELAPRASE INJ 6MG/3ML	6	SP, PA
ELFABRIO SOL 5MG/2.5	5	SP, PA
ELFABRIO SOL 20/10ML	5	SP, PA
FABRAZYME INJ 5MG	5	SP, PA
FABRAZYME INJ 35MG	5	SP, PA
GALAFOLD CAP 123MG	5	SP, PA, QL
HECTOROL INJ 4MCG/2ML	3	
javygtor pak 100mg	4	SP, PA
javygtor pow 500mg	4	SP, PA
javygtor tab 100mg	4	SP, PA
KANUMA INJ 20/10ML	6	SP, PA
KUVAN POW 100MG	NC	SP
KUVAN POW 500MG	NC	SP
KUVAN TAB 100MG	NC	SP
LAMZEDE INJ 10MG	6	SP, PA
levocarnitine inj 200 mg/ml	1	
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
LUMIZYME INJ 50MG	6	SP, PA
MEPSEVII INJ 10MG/5ML	6	SP, PA
MYALEPT INJ 11.3MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME INJ 1MG/ML	6	SP, PA
NEXVIAZYME INJ 100MG	5	SP, PA
nitisinone cap 2 mg	4	SP, PA
nitisinone cap 5 mg	4	SP, PA
nitisinone cap 10 mg	4	SP, PA
nitisinone cap 20 mg	4	SP, PA
NITYR TAB 2MG	NC	SP
NITYR TAB 5MG	NC	SP
NITYR TAB 10MG	NC	SP
ORFADIN CAP 2MG	5	SP, PA
ORFADIN CAP 5MG	5	SP, PA
ORFADIN CAP 10MG	5	SP, PA
ORFADIN CAP 20MG	5	SP, PA
ORFADIN SUS 4MG/ML	5	SP, PA
PALYNZIQ INJ 2.5/0.5	NC	SP
PALYNZIQ INJ 10/0.5ML	NC	SP
PALYNZIQ INJ 20MG/ML	NC	SP
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	2	
paricalcitol cap 4 mcg	1	
paricalcitol iv soln 2 mcg/ml	1	
paricalcitol iv soln 5 mcg/ml	1	
PARSABIV INJ 2.5-0.5	NC	SP
PARSABIV INJ 5MG/ML	NC	SP
PARSABIV INJ 10MG/2ML	NC	SP
PHEBURANE MIS 483/GM	5	SP, PA, QL
RAVICTI LIQ 1.1GM/ML	NC	SP
RAYALDEE CAP 30MCG	3	
ROCALTROL CAP 0.5MCG	2	
ROCALTROL CAP 0.25MCG	2	
ROCALTROL SOL 1MCG/ML	2	
sapropterin dihydrochloride powder packet 100 mg	4	SP, PA
sapropterin dihydrochloride powder packet 500 mg	4	SP, PA
sapropterin dihydrochloride tab 100 mg	4	SP, PA
SENSIPAR TAB 30MG	6	SP, PA, QL
SENSIPAR TAB 60MG	6	SP, PA, QL
SENSIPAR TAB 90MG	6	SP, PA, QL
sodium benzoate & sodium phenylacetate iv soln 10-10%	1	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate tab 500 mg	4	SP, PA, QL
STRENSIQ INJ 18/0.45	6	SP, PA
STRENSIQ INJ 28/0.7ML	6	SP, PA
STRENSIQ INJ 40MG/ML	6	SP, PA
STRENSIQ INJ 80/0.8ML	6	SP, PA
TRYNGOLZA INJ 80MG/0.8	NC	SP
VIMIZIM INJ 5MG/5ML	6	SP, PA
VYKAT XR TAB 25MG	NC	SP
VYKAT XR TAB 75MG	NC	SP
VYKAT XR TAB 150MG	NC	SP
XENPOZYME INJ 4MG	6	SP, PA
XENPOZYME SOL 20MG	6	SP, PA
XPHOZAH TAB 20MG	NC	SP
XPHOZAH TAB 30MG	NC	SP
XURIDEN POW 2GM	6	SP, QL
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
ZEMPLAR INJ 2MCG/ML	3	
ZEMPLAR INJ 5MCG/ML	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	6	SP, PA, QL
VOXZOGO INJ 0.56MG	6	SP, PA, QL
VOXZOGO INJ 1.2MG	6	SP, PA, QL
POSTERIOR PITUITARY HORMONES		
DDAVP INJ 4MCG/ML	3	
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate inj 4 mcg/ml	2	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	2	
desmopressin acetate preservative free (pf) inj 4 mcg/ml	2	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
VASOPRE/NACL INJ 100/100	NC	
VASOPRE/NACL INJ 100/250	NC	

Drug Name	Drug Tier	Requirements/Limits
vasopressin iv soln 20 unit/ml (for iv infusion)	1	
VASOSTRICT INJ 20UNT/ML	3	
VASOSTRICT SOL 40UNIT	3	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
lanreotide acetate extended release inj 120 mg/0.5ml	4	SP, PA, QL
LANREOTIDE INJ 120/.5ML	6	SP, PA, QL
MYCAPSSA CAP 20MG	NC	SP
octreotide acetate for im inj kit 10 mg	4	SP, PA, QL
octreotide acetate for im inj kit 20 mg	4	SP, PA, QL
octreotide acetate for im inj kit 30 mg	4	SP, PA, QL
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	4	SP, PA, QL
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	4	SP, PA, QL
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	4	SP, PA, QL
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	4	SP, PA, QL
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	4	SP, PA, QL
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	4	SP, PA, QL
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	4	SP, PA, QL
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	4	SP, PA, QL
SANDOSTATIN INJ 50MCG/ML	6	SP, PA, QL
SANDOSTATIN INJ 100MCG	6	SP, PA, QL
SANDOSTATIN INJ 500MCG	6	SP, PA, QL
SANDOSTATIN KIT LAR 10MG	NC	SP
SANDOSTATIN KIT LAR 20MG	NC	SP
SANDOSTATIN KIT LAR 30MG	NC	SP
SIGNIFOR INJ 0.3MG/ML	6	SP, PA, QL
SIGNIFOR INJ 0.6MG/ML	6	SP, PA, QL
SIGNIFOR INJ 0.9MG/ML	6	SP, PA, QL
SIGNIFOR LAR INJ 20MG	NC	SP
SIGNIFOR LAR INJ 40MG	NC	SP
SIGNIFOR LAR INJ 60MG	NC	SP
SOMATULINE INJ 60/0.2ML	5	SP, PA, QL
SOMATULINE INJ 90/0.3ML	5	SP, PA, QL
SOMATULINE INJ 120/.5ML	5	SP, PA, QL
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE PAK 15MG	NC	SP
JYNARQUE PAK 30-15MG	NC	SP
JYNARQUE PAK 45-15MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE PAK 60-30MG	NC	SP
JYNARQUE PAK 90-30MG	NC	SP
JYNARQUE TAB 15MG	NC	SP
JYNARQUE TAB 30MG	NC	SP
SAMSCA TAB 15MG	5	SP, PA
SAMSCA TAB 30MG	5	SP, PA
tolvaptan tab 15 mg	4	SP, PA
tolvaptan tab 30 mg	4	SP, PA
tolvaptan tab therapy pack 15 mg	4	SP, PA
tolvaptan tab therapy pack 30 & 15 mg	4	SP, PA
tolvaptan tab therapy pack 45 & 15 mg	4	SP, PA
tolvaptan tab therapy pack 60 & 30 mg	4	SP, PA
tolvaptan tab therapy pack 90 & 30 mg	4	SP, PA

ESTROGENS

ESTROGEN COMBINATIONS

ACTIVELLA TAB 1-0.5MG	3	
ANGELIQ TAB 0.5-1MG	3	
ANGELIQ TAB 0.25-0.5	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PRO DIS WEEKLY	NC	
COMBIPATCH DIS	2	
DUAVEE TAB 0.45-20	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
fyavolv tab 0.5-2.5	1	
fyavolv tab 1-5	1	
jinteli tab 1mg-5mcg	1	
mimvey tab 1-0.5mg	1	
MYFEMBREE TAB	2	PA
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	PA
PREMPHASE TAB	2	
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	

ESTROGENS

ALORA DIS 0.1MG	3	
ALORA DIS 0.025MG	3	

Drug Name	Drug Tier	Requirements/Limits
ALORA DIS 0.075MG	3	
CLIMARA DIS 0.1MG	NC	
CLIMARA DIS 0.05MG	NC	
CLIMARA DIS 0.06MG	NC	
CLIMARA DIS 0.025MG	NC	
CLIMARA DIS 0.075MG	NC	
CLIMARA DIS 0.0375MG	NC	
DELESTROGEN INJ 10MG/ML	3	
DELESTROGEN INJ 20MG/ML	3	
DEPO-ESTRADI INJ 5MG/ML	3	
DIVIGEL GEL 0.5MG	NC	
DIVIGEL GEL 0.25MG	NC	
DIVIGEL GEL 0.75MG	NC	
DIVIGEL GEL 1.25MG	NC	
DIVIGEL GEL 1MG/GM	NC	
dotti dis 0.1mg	1	
dotti dis 0.05mg	1	
dotti dis 0.025mg	1	
dotti dis 0.075mg	1	
dotti dis 0.0375mg	1	
ELESTRIN GEL 0.06%	NC	
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	
ESTROGEL GEL 0.06%	3	
EVAMIST SPR 1.53MG	NC	
lyllana dis 0.1mg	1	
lyllana dis 0.05mg	1	
lyllana dis 0.025mg	1	
lyllana dis 0.075mg	1	
lyllana dis 0.0375mg	1	
MENEST TAB 0.3MG	NC	
MENEST TAB 0.625MG	NC	
MENEST TAB 1.25MG	NC	
MENOSTAR DIS 14MCG	NC	
MINIVELLE DIS 0.1MG	NC	
MINIVELLE DIS 0.05MG	NC	
MINIVELLE DIS 0.025MG	NC	
MINIVELLE DIS 0.075MG	NC	
MINIVELLE DIS 0.0375MG	NC	
PREMARIN INJ 25MG	3	
PREMARIN TAB 0.3MG	NC	
PREMARIN TAB 0.9MG	NC	
PREMARIN TAB 0.45MG	NC	
PREMARIN TAB 0.625MG	NC	
PREMARIN TAB 1.25MG	NC	
VIVELLE-DOT DIS 0.1MG	NC	
VIVELLE-DOT DIS 0.05MG	NC	
VIVELLE-DOT DIS 0.025MG	NC	
VIVELLE-DOT DIS 0.075MG	NC	
VIVELLE-DOT DIS 0.0375MG	NC	

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA INJ 300MG	3	
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
levofloxacin iv soln 25 mg/ml	1	
levofloxacin oral soln 25 mg/ml	2	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
MOXIFLOXACIN INJ 400/250	NC	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
MOTEGRITY TAB 1MG	NC	
MOTEGRITY TAB 2MG	NC	
prucalopride succinate tab 1 mg (base equivalent)	1	
prucalopride succinate tab 2 mg (base equivalent)	1	
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	PA
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	6	SP, PA
CHOLBAM CAP 250MG	6	SP, PA
FARNESOID X RECEPTOR (FXR) AGONISTS		
OCALIVA TAB 5MG	NC	SP
OCALIVA TAB 10MG	NC	SP
GALLSTONE SOLUBILIZING AGENTS		
chenodal tab 250mg	4	SP, PA
CTEXLI TAB 250MG	NC	SP
URSO FORTE TAB 500MG	2	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	NC	
AMITIZA CAP 24MCG	NC	
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	
GASTROINTESTINAL STIMULANTS		
DEXPANTHENOL INJ 250MG/ML	3	
metoclopramide hcl inj 5 mg/ml (base equivalent)	1	
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	2	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
HEPATOTROPICS		
REZDIFFRA TAB 60MG	NC	
REZDIFFRA TAB 80MG	NC	
REZDIFFRA TAB 100MG	NC	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	NC	SP
BYLVAY CAP 400MCG	NC	SP
BYLVAY CAP 600MCG	NC	SP
BYLVAY CAP 1200MCG	NC	SP
LIVMARLI SOL 9.5MG/ML	6	SP, PA, QL
LIVMARLI SOL 19MG/ML	6	SP, PA, QL
LIVMARLI TAB 10MG	NC	SP
LIVMARLI TAB 15MG	NC	SP
LIVMARLI TAB 30MG	NC	SP
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
ASACOL HD TAB 800MG	NC	SP
AVSOLA INJ 100MG	5	SP, PA
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CANASA SUP 1000MG	3	
COLAZAL CAP 750MG	NC	

Drug Name	Drug Tier	Requirements/Limits
DELZICOL CAP 400MG	NC	
DIPENTUM CAP 250MG	3	
ENTYVIO INJ 300MG	NC	SP
ENTYVIO PEN INJ 108/0.68	NC	SP
INFLECTRA INJ 100MG	NC	SP
LIALDA TAB 1.2GM	NC	SP
mesalamine cap dr 400 mg	2	
mesalamine cap er 24hr 0.375 gm	2	
mesalamine enema 4 gm	2	
mesalamine rectal enema 4 gm & cleanser wipe kit	2	
mesalamine suppos 1000 mg	2	
mesalamine tab delayed release 1.2 gm	2	
mesalamine tab delayed release 800 mg	2	
OMVOH INJ 100MG/ML	NC	SP
OMVOH INJ 300/15ML	NC	SP
OTULFI INJ 130/26ML	NC	SP
PENTASA CAP 250MG CR	NC	
PENTASA CAP 500MG CR	NC	
PYZCHIVA INJ 130/26ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
REMICADE INJ 100MG	5	SP, PA, QL
RENFLEXIS INJ 100MG	NC	SP
ROWASA KIT 4GM	3	
SELARSDI INJ 130/26ML	NC	SP
SFROWASA ENE 4GM	3	
SKYRIZI INJ 180/1.2	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
SKYRIZI INJ 360/2.4	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
SKYRIZI SOL 60MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis
STELARA INJ 5MG/ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, and Ulcerative Colitis

Drug Name	Drug Tier	Requirements/Limits
STEQEYMA INJ 130/26ML	NC	SP
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA CROH INJ 200/2ML	5	SP, PA, QL; Preferred for Ulcerative Colitis
TREMFYA INJ 200/2ML	5	SP, PA, QL; Preferred for Ulcerative Colitis
TREMFYA INJ 200/20ML	5	SP, PA, QL; Preferred for Ulcerative Colitis
USTEKIN-TTWE INJ 130/26ML	NC	SP
VELSIPITY TAB 2MG	5	SP, PA
WEZLANA INJ 130/26ML	NC	SP
YESINTEK INJ 130/26ML	5	SP, PA, QL; Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
ZYMFENTRA INJ 120MG/ML	NC	SP
INTESTINAL ACIDIFIERS		
enulose sol 10gm/15	1	
generlac sol 10/15ml	1	
generlac sol 10gm/15	1	
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	2	
alosetron hcl tab 1 mg (base equiv)	2	
IBSRELA TAB 50MG	NC	SP
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
ZELNORM TAB 6MG	NC	
LIVE FECAL MICROBIOTA		
VOWST CAP	6	SP, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
MOVANTIK TAB 12.5MG	2	PA
MOVANTIK TAB 25MG	2	PA
RELISTOR INJ 8/0.4ML	NC	
RELISTOR INJ 12/0.6ML	NC	
RELISTOR TAB 150MG	NC	

Drug Name	Drug Tier	Requirements/Limits
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	5	SP, PA, QL
LIVDELZI CAP 10MG	NC	SP
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
calcium acetate (phosphate binder) tab 667 mg	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
FOSRENOL CHW 500MG	NC	
FOSRENOL CHW 750MG	NC	
FOSRENOL CHW 1000MG	NC	
FOSRENOL POW 750MG	NC	
FOSRENOL POW 1000MG	NC	
lanthanum carbonate chew tab 500 mg (elemental)	NC	
lanthanum carbonate chew tab 750 mg (elemental)	NC	
lanthanum carbonate chew tab 1000 mg (elemental)	NC	
RENVELA POW 0.8GM	NC	SP
RENVELA POW 2.4GM	NC	SP
RENVELA TAB 800MG	NC	SP
sevelamer carbonate packet 0.8 gm	2	
sevelamer carbonate packet 2.4 gm	2	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	2	
VELPHORO CHW 500MG	NC	SP
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	6	SP, PA, QL
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	6	SP, PA, QL
GENERAL ANESTHETICS		
ANESTHETICS - MISC.		
AMIDATE INJ 2MG/ML	3	
DIPRIVAN INJ	3	
DIPRIVAN INJ 100/10ML	3	
DIPRIVAN INJ 200/20ML	3	
DIPRIVAN INJ 500/50ML	3	
etomidate iv soln 2 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
KETALAR INJ 10MG/ML	3	
KETALAR INJ 50MG/ML	3	
KETALAR INJ 100MG/ML	3	
ketamine hcl inj 10 mg/ml	1	
ketamine hcl inj 50 mg/ml	1	
ketamine hcl inj 100 mg/ml	1	
KETAMINE INJ 10MG/ML	3	
KETAMINE INJ 50MG/5ML	3	
KETAMINE INJ 500/5ML	3	
propofol iv emul 200 mg/20ml (10 mg/ml)	1	
propofol iv emul 500 mg/50ml (10 mg/ml)	1	
propofol iv emul 1000 mg/100ml (10 mg/ml)	1	
propoven inj	1	
propoven inj 200/20ml	1	
propoven inj 500/50ml	1	
BARBITURATE ANESTHETICS		
BREVITAL SOD INJ 500MG	3	
methohexital sodium for inj 500 mg	1	
VOLATILE ANESTHETICS		
desflurane inhal soln	1	
FORANE SOL	3	
isoflurane inhal soln	1	
sevoflurane inhal soln	1	
SUPRANE INH	3	
SUPRANE SOL	3	
terrell sol	1	
ULTANE SOL	3	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
cytra k gra crystals	1	
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	2	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 10 TAB	2	
UROCIT-K 15 TAB	2	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	5	SP, PA
CYSTAGON CAP 150MG	5	SP, PA
PROCYSBI CAP 25MG	6	SP, PA, QL
PROCYSBI CAP 75MG	6	SP, PA, QL
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	1	
argyl saline sol 0.9% irr	1	
curity salin sol 0.9% irr	1	
glycine irrigation soln 1.5%	1	
neomycin-polymyxin b gu irrigation soln	1	
RENACIDIN SOL	3	
sodium chloride irrigation soln 0.9%	1	
SORBITOL SOL 3% IRR	3	
SORBITOL-MAN SOL	3	
HYPEROXALURIA AGENTS		
OXLUMO INJ 94.5/0.5	NC	SP
RIVFLOZA INJ 80/0.5ML	NC	SP
RIVFLOZA INJ 128/0.8	NC	SP
RIVFLOZA INJ 160MG/ML	NC	SP
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG	NC	
RIMSO-50 SOL 50%	NC	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
ENTADFI CAP 5-5MG	NC	
finasteride tab 5 mg	1	
JALYN CAP	NC	
PROSCAR TAB 5MG	3	
RAPAFLO CAP 4MG	NC	
RAPAFLO CAP 8MG	NC	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	
tamsulosin hcl cap 0.4 mg	1	
UROXATRAL TAB 10MG	NC	

Drug Name	Drug Tier	Requirements/Limits
URINARY STONE AGENTS		
LITHOSTAT TAB 250MG	NC	
THIOLA EC TAB 100MG	NC	SP
THIOLA EC TAB 300MG	NC	SP
THIOLA TAB 100MG	NC	SP
tiopronin tab 100 mg	4	SP, PA
tiopronin tab delayed release 100 mg	4	SP, PA
tiopronin tab delayed release 300 mg	4	SP, PA
venxxiva tab 100mg	4	SP, PA
venxxiva tab 300mg	4	SP, PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol sodium for inj 500 mg	1	
allopurinol tab 100 mg	1	
allopurinol tab 300 mg	1	
ALOPRIM INJ 500MG	3	
colchicine cap 0.6 mg	NC	
colchicine tab 0.6 mg	1	
COLCRYS TAB 0.6MG	NC	
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
KRYSTEXXA INJ 8MG/ML	6	SP, PA
MITIGARE CAP 0.6MG	1	
ULORIC TAB 40MG	NC	
ULORIC TAB 80MG	NC	
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI INJ 189MG/ML	NC	SP
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT	5	SP, PA; PV
ADVATE INJ 500UNIT	5	SP, PA; PV
ADVATE INJ 1000UNIT	5	SP, PA; PV
ADVATE INJ 1500UNIT	5	SP, PA; PV
ADVATE INJ 2000UNIT	5	SP, PA; PV
ADVATE INJ 3000UNIT	5	SP, PA; PV
ADVATE INJ 4000UNIT	5	SP, PA; PV
ADYNOVATE INJ 250UNIT	5	SP, PA; PV
ADYNOVATE INJ 500UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
ADYNOVATE INJ 750UNIT	5	SP, PA; PV
ADYNOVATE INJ 1000UNIT	5	SP, PA; PV
ADYNOVATE INJ 1500UNIT	5	SP, PA; PV
ADYNOVATE INJ 2000UNIT	5	SP, PA; PV
ADYNOVATE INJ 3000UNIT	5	SP, PA; PV
AFSTYLA KIT 250UNIT	5	SP, PA; PV
AFSTYLA KIT 500UNIT	5	SP, PA; PV
AFSTYLA KIT 1000UNIT	5	SP, PA; PV
AFSTYLA KIT 1500UNIT	5	SP, PA; PV
AFSTYLA KIT 2000UNIT	5	SP, PA; PV
AFSTYLA KIT 2500UNIT	5	SP, PA; PV
AFSTYLA KIT 3000UNIT	5	SP, PA; PV
ALHEMO INJ 60/1.5ML	NC	SP
ALHEMO INJ 150/1.5	NC	SP
ALHEMO INJ 300/3ML	NC	SP
ALPHANINE SD INJ 500UNIT	6	SP, PA; PV
ALPHANINE SD INJ 1000UNIT	6	SP, PA; PV
ALPHANINE SD INJ 1500UNIT	6	SP, PA; PV
ALPROLIX INJ 250UNIT	5	SP, PA; PV
ALPROLIX INJ 500UNIT	5	SP, PA; PV
ALPROLIX INJ 1000UNIT	5	SP, PA; PV
ALPROLIX INJ 2000UNIT	5	SP, PA; PV
ALPROLIX INJ 3000UNIT	5	SP, PA; PV
ALPROLIX INJ 4000UNIT	5	SP, PA; PV
ALTUVIIIO INJ 250 UNIT	5	SP, PA; PV
ALTUVIIIO INJ 250UNIT	5	SP, PA; PV
ALTUVIIIO INJ 500UNIT	5	SP, PA; PV
ALTUVIIIO INJ 1000UNIT	5	SP, PA; PV
ALTUVIIIO INJ 2000UNIT	5	SP, PA; PV
ALTUVIIIO INJ 3000UNIT	5	SP, PA; PV
ALTUVIIIO INJ 4000UNIT	5	SP, PA; PV
BENEFIX INJ 250UNIT	5	SP, PA; PV
BENEFIX INJ 500UNIT	5	SP, PA; PV
BENEFIX INJ 1000UNIT	5	SP, PA; PV
BENEFIX INJ 2000UNIT	5	SP, PA; PV
BENEFIX INJ 3000UNIT	5	SP, PA; PV
CORIFACT KIT	6	SP, PA; PV
ELOCTATE INJ 250UNIT	5	SP, PA; PV
ELOCTATE INJ 500UNIT	5	SP, PA; PV
ELOCTATE INJ 750UNIT	5	SP, PA; PV
ELOCTATE INJ 1000UNIT	5	SP, PA; PV
ELOCTATE INJ 1500UNIT	5	SP, PA; PV
ELOCTATE INJ 2000UNIT	5	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
ELOCTATE INJ 3000UNIT	5	SP, PA; PV
ELOCTATE INJ 4000UNIT	5	SP, PA; PV
ELOCTATE INJ 5000UNIT	5	SP, PA; PV
ELOCTATE INJ 6000UNIT	5	SP, PA; PV
ESPEROCT INJ 500UNIT	5	SP, PA; PV
ESPEROCT INJ 1000UNIT	5	SP, PA; PV
ESPEROCT INJ 1500UNIT	5	SP, PA; PV
ESPEROCT INJ 2000UNIT	5	SP, PA; PV
ESPEROCT INJ 3000UNIT	5	SP, PA; PV
ESPEROCT INJ 4000IU	5	SP, PA; PV
FEIBA INJ	NC	SP
FIBRYGA INJ 1GM	6	SP, PA
HEMLIBRA INJ 30MG/ML	6	SP, PA
HEMLIBRA INJ 60/0.4	6	SP, PA
HEMLIBRA INJ 105/0.7	6	SP, PA
HEMLIBRA INJ 150/ML	6	SP, PA
HEMLIBRA INJ 300/2ML	6	SP, PA
HEMLIBRA SOL 12/0.4ML	6	SP, PA
HEMOFIL M INJ 250UNIT	6	SP, PA; PV
HEMOFIL M INJ 500UNIT	6	SP, PA; PV
HEMOFIL M INJ 1000UNIT	6	SP, PA; PV
HEMOFIL M INJ 1700UNIT	6	SP, PA; PV
HUMATE-P SOL 250-600	6	SP, PA; PV
HUMATE-P SOL 500-1200	6	SP, PA; PV
HUMATE-P SOL 2400UNIT	6	SP, PA; PV
IDELVION SOL 250UNIT	6	SP, PA; PV
IDELVION SOL 500UNIT	6	SP, PA; PV
IDELVION SOL 1000UNIT	6	SP, PA; PV
IDELVION SOL 2000UNIT	6	SP, PA; PV
IDELVION SOL 3500UNIT	6	SP, PA; PV
IXINITY INJ 250UNIT	NC	SP
IXINITY INJ 500UNIT	NC	SP
IXINITY INJ 1000UNIT	NC	SP
IXINITY INJ 1500UNIT	NC	SP
IXINITY INJ 2000UNIT	NC	SP
IXINITY INJ 3000UNIT	NC	SP
JIVI INJ 500 UNIT	5	SP, PA; PV
JIVI INJ 1000UNIT	5	SP, PA; PV
JIVI INJ 2000UNIT	5	SP, PA; PV
JIVI INJ 3000UNIT	5	SP, PA; PV
JIVI INJ 4000UNIT	5	SP, PA; PV
KOATE INJ 250UNIT	6	SP, PA; PV
KOATE INJ 500 UNIT	6	SP, PA; PV

Drug Name	Drug Tier	Requirements/Limits
KOATE INJ 1000UNIT	6	SP, PA; PV
KOATE-DVI INJ 1000UNIT	6	SP, PA; PV
KOGENATE FS INJ 250UNIT	5	SP, PA; PV
KOGENATE FS INJ 500UNIT	5	SP, PA; PV
KOGENATE FS INJ 1000UNIT	5	SP, PA; PV
KOGENATE FS INJ 2000UNIT	5	SP, PA; PV
KOGENATE FS INJ 3000UNIT	5	SP, PA; PV
KOVALTRY INJ 250UNIT	5	SP, PA; PV
KOVALTRY INJ 500UNIT	5	SP, PA; PV
KOVALTRY INJ 1000UNIT	5	SP, PA; PV
KOVALTRY INJ 2000UNIT	5	SP, PA; PV
KOVALTRY INJ 3000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 250UNIT	5	SP, PA; PV
NOVOEIGHT INJ 500UNIT	5	SP, PA; PV
NOVOEIGHT INJ 1000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 1500UNIT	5	SP, PA; PV
NOVOEIGHT INJ 2000UNIT	5	SP, PA; PV
NOVOEIGHT INJ 3000UNIT	5	SP, PA; PV
NOVOSEVEN RT INJ 1MG	5	SP, PA; PV
NOVOSEVEN RT INJ 2MG	5	SP, PA; PV
NOVOSEVEN RT INJ 5MG	5	SP, PA; PV
NOVOSEVEN RT INJ 8MG	5	SP, PA; PV
NUWIQ INJ 250UNIT	5	SP, PA; PV
NUWIQ INJ 500UNIT	5	SP, PA; PV
NUWIQ INJ 1000UNIT	5	SP, PA; PV
NUWIQ INJ 1500UNIT	5	SP, PA; PV
NUWIQ INJ 2000UNIT	5	SP, PA; PV
NUWIQ INJ 2500UNIT	5	SP, PA; PV
NUWIQ INJ 3000UNIT	5	SP, PA; PV
NUWIQ INJ 4000UNIT	5	SP, PA; PV
NUWIQ KIT 250UNIT	5	SP, PA; PV
NUWIQ KIT 500UNIT	5	SP, PA; PV
NUWIQ KIT 1000UNIT	5	SP, PA; PV
NUWIQ KIT 1500UNIT	5	SP, PA; PV
NUWIQ KIT 2000UNIT	5	SP, PA; PV
NUWIQ KIT 2500UNIT	5	SP, PA; PV
NUWIQ KIT 3000UNIT	5	SP, PA; PV
NUWIQ KIT 4000UNIT	5	SP, PA; PV
OBIZUR INJ 500 UNIT	6	SP, PA
PROFILNINE INJ 500UNIT	6	SP, PA; PV
PROFILNINE INJ 1000UNIT	6	SP, PA; PV
PROFILNINE INJ 1500UNIT	6	SP, PA; PV
QFITLIA INJ 20/0.2ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
QFITLIA INJ 50/0.5ML	NC	SP
REBINYN INJ 3000UNIT	5	SP, PA
REBINYN SOL 500UNIT	5	SP, PA
REBINYN SOL 1000UNIT	5	SP, PA
REBINYN SOL 2000UNIT	5	SP, PA
RECOMBINATE INJ	6	SP, PA; PV
RECOMBINATE INJ 220-400	6	SP, PA; PV
RECOMBINATE INJ 401-800	6	SP, PA; PV
RECOMBINATE INJ 801-1240	6	SP, PA; PV
RIASTAP SOL 1GM	6	SP, PA
RIXUBIS INJ 250 UNIT	NC	SP
RIXUBIS INJ 500UNIT	NC	SP
RIXUBIS INJ 1000UNIT	NC	SP
RIXUBIS INJ 2000UNIT	NC	SP
RIXUBIS INJ 3000UNIT	NC	SP
SEVENFACT INJ 1MG	5	SP, PA; PV
SEVENFACT INJ 5MG	5	SP, PA; PV
SEVENFACT SOL 2MG	5	SP, PA; PV
TRETTEN INJ	6	SP, PA; PV
VONVENDI INJ 650UNIT	NC	SP
VONVENDI INJ 1300UNIT	NC	SP
WILATE INJ	5	SP, PA
XYNTHA INJ 250UNIT	5	SP, PA; PV
XYNTHA INJ 500UNIT	5	SP, PA; PV
XYNTHA INJ 1000UNIT	5	SP, PA; PV
XYNTHA INJ 2000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 500UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 1000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 2000UNIT	5	SP, PA; PV
XYNTHA SOLOF INJ 3000UNIT	5	SP, PA; PV
XYNTHA SOLOF KIT 250UNIT	5	SP, PA; PV
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	NC	SP
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	4	SP, PA, QL
sajazir inj 30mg/3ml	4	SP, PA, QL
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	NC	SP
BKEMV INJ 300/30ML	NC	SP
CINRYZE SOL 500 UNIT	NC	SP
EMPAVELI INJ 1080MG	5	SP, PA, QL
ENJAYMO SOL	NC	SP
FABHALTA CAP 200MG	6	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA INJ 2000UNIT	6	SP, PA, QL; PV
HAEGARDA INJ 3000UNIT	6	SP, PA, QL; PV
PIASKY INJ 340/2ML	NC	SP
RUCONEST INJ 2100UNIT	5	SP, PA, QL
SOLIRIS INJ 10MG/ML	NC	SP
TAVNEOS CAP 10MG	6	SP, PA, QL
ULTOMIRIS INJ 100MG/ML	NC	SP
ULTOMIRIS INJ 300/30ML	NC	SP
VEOPOZ INJ 400/2ML	6	SP, PA
VOYDEYA TAB 50-100MG	NC	SP
VOYDEYA TAB 100MG	NC	SP
ZILBRYSQ INJ 16.6MG	NC	SP
ZILBRYSQ INJ 23MG	NC	SP
ZILBRYSQ INJ 32.4MG	NC	SP
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG	5	SP, PA, QL
TAVALISSE TAB 150MG	5	SP, PA, QL
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
HUMAN PROTEIN C		
CEPROTIN INJ 500 UNIT	6	SP
CEPROTIN INJ 1000UNIT	6	SP
PLASMA EXPANDERS		
hetastarch (hes /0.7 or /0.75) 6% in nacl 0.9% iv soln	1	
HEXTEND SOL 6%	3	
lmd 10%/d5w inj	1	
lmd 10%/nacl inj 0.9%	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	6	SP, PA, QL
ORLADEYO CAP 110MG	5	SP, PA, QL; PV
ORLADEYO CAP 150MG	5	SP, PA, QL; PV
TAKHZYRO INJ 150MG/ML	5	SP, PA, QL; PV
TAKHZYRO INJ 300/2ML	5	SP, PA, QL; PV
PLASMA PROTEINS		
RYPLAZIM SOL 68.8MG	6	SP, PA
PLATELET AGGREGATION INHIBITORS		
AGGRASTAT INJ 3.75/15	NC	
AGGRASTAT INJ 5/100ML	3	
AGGRASTAT INJ 12.5/250	3	
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
anagrelide hcl cap 1 mg	2	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	PV
BRILINTA TAB 60MG	2	PV
BRILINTA TAB 90MG	2	PV
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	PV
clopidogrel bisulfate tab 300 mg (base equiv)	2	PV
dipyridamole tab 25 mg	1	PV
dipyridamole tab 50 mg	1	PV
dipyridamole tab 75 mg	1	PV
DURLAZA CAP 162.5MG	NC	
EFFIENT TAB 5MG	3	PV
EFFIENT TAB 10MG	3	PV
eptifibatide iv soln 20 mg/10ml (2 mg/ml)	1	
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)	1	
eptifibatide iv soln 200 mg/100ml (2 mg/ml)	1	
KENGREAL SOL 50MG	NC	
PLAVIX TAB 75MG	NC	
prasugrel hcl tab 5 mg (base equiv)	1	PV
prasugrel hcl tab 10 mg (base equiv)	1	PV
ticagrelor tab 60 mg	1	PV
ticagrelor tab 90 mg	1	PV
tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)	1	
tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)	1	
YOSPRALA TAB 81-40MG	NC	SP
YOSPRALA TAB 325-40MG	NC	SP
ZONTIVITY TAB 2.08MG	NC	SP
PROTAMINE		
protamine sulfate inj 10 mg/ml	1	
PYRUVATE KINASE ACTIVATORS		
PYRUKYND TAB 5MG	NC	SP
PYRUKYND TAB 5MG TP	NC	SP
PYRUKYND TAB 20MG	NC	SP
PYRUKYND TAB 20MGX5MG	NC	SP
PYRUKYND TAB 50MG	NC	SP
PYRUKYND TAB 50MGX20M	NC	SP
THROMBOLYTIC AGENT - MISC		
DEFITELIO INJ 200/2.5	NC	

Drug Name	Drug Tier	Requirements/Limits
THROMBOLYTIC ENZYMES		
ACTIVASE INJ 50MG	3	
ACTIVASE INJ 100MG	3	
CATHFLO ACTI INJ 2MG	3	
TNKASE KIT 50MG	3	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	5	SP, PA, QL
CEREZYME INJ 400UNIT	5	SP, PA, QL
ELELYSO INJ 200UNIT	NC	SP
miglustat cap 100 mg	4	SP, PA, QL
yargesa cap 100mg	4	SP, PA
ZAVESCA CAP 100MG	6	SP, PA, QL
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO INJ 100/10ML	6	SP, PA
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	5	SP, PA, QL
glutamine (sickle cell) powd pack 5 gm	4	SP, PA, QL
OXBRYTA TAB 500MG	NC	SP
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	
cyanocobalamin nasal spray 500 mcg/0.1ml	2	
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	1	
NASCOBAL SPR 500MCG	NC	
FOLIC ACID/FOLATES		
fa-8 cap 800mcg	0	OTC; ACA, PV
folate tab 400mcg	0	OTC; ACA, PV
folic acid cap 0.8 mg	0	OTC; ACA, PV
folic acid inj 5 mg/ml	1	
folic acid tab 1 mg	1	
folic acid tab 400mcg	0	OTC; ACA, PV
folic acid tab 800mcg	0	OTC; ACA, PV
ft folic aci tab 400mcg	0	OTC; ACA, PV
yl folic aci tab 400mcg	0	OTC; ACA, PV
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	NC	SP
ALVAIZ TAB 18MG	NC	SP

Drug Name	Drug Tier	Requirements/Limits
ALVAIZ TAB 36MG	NC	SP
ALVAIZ TAB 54MG	NC	SP
ARANESP INJ 10MCG	5	SP, PA, QL
ARANESP INJ 25MCG	5	SP, PA, QL
ARANESP INJ 40MCG	5	SP, PA, QL
ARANESP INJ 60MCG	5	SP, PA, QL
ARANESP INJ 100MCG	5	SP, PA, QL
ARANESP INJ 150MCG	5	SP, PA, QL
ARANESP INJ 200MCG	5	SP, PA, QL
ARANESP INJ 300MCG	5	SP, PA, QL
ARANESP INJ 500MCG	5	SP, PA, QL
DOPTELET TAB 20MG	5	SP, PA, QL
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	4	SP, PA, QL
eltrombopag olamine powder pack for susp 25 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 12.5 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 25 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 50 mg (base equiv)	4	SP, PA, QL
eltrombopag olamine tab 75 mg (base equiv)	4	SP, PA, QL
EPOGEN INJ 2000/ML	NC	SP
EPOGEN INJ 3000/ML	NC	SP
EPOGEN INJ 4000/ML	NC	SP
EPOGEN INJ 10000/ML	NC	SP
EPOGEN INJ 20000/ML	NC	SP
FULPHILA INJ 6/0.6ML	NC	SP
FYLNETRA INJ 6MG/0.6	5	SP, PA, QL
GRANIX INJ 300/0.5	NC	SP
GRANIX INJ 300/1ML	NC	SP
GRANIX INJ 480/0.8	NC	SP
GRANIX INJ 480/1.6	NC	SP
LEUKINE INJ 250MCG	NC	SP
MIRCERA INJ 30MCG	NC	SP
MIRCERA INJ 50MCG	NC	SP
MIRCERA INJ 75MCG	NC	SP
MIRCERA INJ 100MCG	NC	SP
MIRCERA INJ 150MCG	NC	SP
MIRCERA INJ 200MCG	NC	SP
MULPLETA TAB 3MG	6	SP, PA, QL
NEULASTA INJ 6MG/0.6M	NC	SP
NEULASTA KIT 6MG/0.6M	NC	SP
NEUPOGEN INJ 300/0.5	NC	SP
NEUPOGEN INJ 300/ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN INJ 300MCG	NC	SP
NEUPOGEN INJ 480/0.8	NC	SP
NEUPOGEN INJ 480/1.6	NC	SP
NEUPOGEN INJ 480MCG	NC	SP
NIVESTYM INJ 300/0.5	4	SP, PA
NIVESTYM INJ 300MCG	4	SP, PA
NIVESTYM INJ 480/0.8	4	SP, PA
NIVESTYM INJ 480MCG	4	SP, PA
NPLATE INJ 125MCG	NC	SP
NPLATE INJ 250MCG	NC	SP
NPLATE INJ 500MCG	NC	SP
NYVEPRIA INJ 6/0.6ML	5	SP, PA, QL
PROCRIT INJ 2000/ML	5	SP, PA, QL
PROCRIT INJ 3000/ML	5	SP, PA, QL
PROCRIT INJ 4000/ML	5	SP, PA, QL
PROCRIT INJ 10000/ML	5	SP, PA, QL
PROCRIT INJ 20000/ML	5	SP, PA, QL
PROCRIT INJ 40000/ML	5	SP, PA, QL
PROMACTA POW 12.5MG	5	SP, PA, QL
PROMACTA POW 25MG	5	SP, PA, QL
PROMACTA TAB 12.5MG	5	SP, PA, QL
PROMACTA TAB 25MG	5	SP, PA, QL
PROMACTA TAB 50MG	5	SP, PA, QL
PROMACTA TAB 75MG	5	SP, PA, QL
REBLOZYL INJ 25MG	NC	SP
REBLOZYL INJ 75MG	NC	SP
RELEUKO INJ 300MCG	NC	SP
RELEUKO INJ 480MCG	NC	SP
RETACRIT INJ 2000UNIT	4	SP, PA
RETACRIT INJ 3000UNIT	4	SP, PA
RETACRIT INJ 4000UNIT	4	SP, PA
RETACRIT INJ 10000UNT	4	SP, PA
RETACRIT INJ 20000UNI	4	SP, PA
RETACRIT INJ 40000UNT	4	SP, PA
ROLVEDON INJ 13.2MG	NC	SP
UDENYCA INJ 6MG/.6ML	NC	SP
UDENYCA ONBO INJ 6/0.6ML	NC	SP
VAFSEO TAB 150MG	NC	SP
VAFSEO TAB 300MG	NC	SP
ZARXIO INJ 300/0.5	NC	SP
ZARXIO INJ 480/0.8	NC	SP
HEMATOPOIETIC MIXTURES		
ACTIVE FE TAB 75-1.25	3	

Drug Name	Drug Tier	Requirements/Limits
CORVITE 150 TAB	3	
CORVITE FE TAB	3	
ferotrinsic cap	1	
foltrin cap	1	
FUSION PAK SPRINKLE	NC	SP
FUSION PLUS CAP	3	
HEMATINIC/FA TAB	3	
ICAR-C PLUS TAB	3	
k-tan plus cap	1	
MULTIGEN PLS TAB	3	
MULTIGEN TAB	3	
MULTIGEN TAB FOLIC	3	
tandem plus cap	1	
TARON FORTE CAP	3	
tricon cap	1	
trigels-f cap forte	1	
IRON		
FERAHEME INJ 510/17ML	3	
FERRLECIT INJ 12.5MG/M	3	
ferumoxytol inj 510 mg/17ml (30 mg/ml) (elemental fe)	2	
INFED INJ 50MG/ML	3	
INJECTAFER INJ 100/2ML	3	
INJECTAFER INJ 750/15ML	3	
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	1	
VENOFER INJ 20MG/ML	3	
STEM CELL MOBILIZERS		
MOZOBIL INJ	6	SP, PA
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	4	SP, PA
XOLREMDI CAP 100MG	NC	SP
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid inj 250 mg/ml	1	
aminocaproic acid oral soln 0.25 gm/ml	2	
aminocaproic acid tab 500 mg	2	
aminocaproic acid tab 1000 mg	2	
CYKLOKAPRON INJ 100MG/ML	3	
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	1	
tranexamic acid tab 650 mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMOSTATICS - TOPICAL		
ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
RECOTHROM SOL 5000UNIT	3	
RECOTHROM SOL 20000UNT	3	
THROMBIN KIT 5000UNIT	3	
THROMBIN-JMI KIT 5000UNIT	3	
THROMBIN-JMI KIT 20000UNT	3	
THROMBIN-JMI SOL 5000UNIT	3	
THROMBIN-JMI SOL 20000UNT	3	
THROMBOGEN KIT 10000UNT	3	
THROMBOGEN SOL 1000UNIT	3	
THROMBOGEN SOL 10000UNT	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
pentobarbital sodium inj 50 mg/ml	1	
phenobarbital elixir 20 mg/5ml	1	PV
phenobarbital sodium inj 65 mg/ml	1	
phenobarbital sodium inj 130 mg/ml	1	
phenobarbital tab 15 mg	1	PV
phenobarbital tab 16.2 mg	1	PV
phenobarbital tab 30 mg	1	PV
phenobarbital tab 32.4 mg	1	PV
phenobarbital tab 60 mg	1	PV
phenobarbital tab 64.8 mg	1	PV
phenobarbital tab 97.2 mg	1	PV
phenobarbital tab 100 mg	1	PV
SEZABY INJ 100MG	3	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	2	
doxepin hcl (sleep) tab 6 mg (base equiv)	2	
SILENOR TAB 3MG	NC	
SILENOR TAB 6MG	NC	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	PA, QL

Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR TAB 12.5MG	3	PA, QL
AMBIEN TAB 5MG	3	PA, QL
AMBIEN TAB 10MG	3	PA, QL
DEXMEDE/NACL INJ 20/5ML	3	
dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml	1	
dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml	1	
dexmedetomidine hcl iv soln 200 mcg/2ml	1	
EDLUAR SUB 5MG	NC	
EDLUAR SUB 10MG	NC	
estazolam tab 1 mg	1	PA, QL
estazolam tab 2 mg	1	PA, QL
eszopiclone tab 1 mg	1	PA, QL
eszopiclone tab 2 mg	1	PA, QL
eszopiclone tab 3 mg	1	PA, QL
HALCION TAB 0.25MG	3	PA, QL
IGALMI MIS 120MCG	NC	
IGALMI MIS 180MCG	NC	
INTERMEZZO SUB 1.75MG	NC	
INTERMEZZO SUB 3.5MG	NC	
LUNESTA TAB 1MG	NC	
LUNESTA TAB 2MG	NC	
LUNESTA TAB 3MG	NC	
MIDAZOL/NACL SOL 5MG/5ML	NC	
midazolam 100 mg/100ml-sodium chloride 0.9% iv soln	1	
midazolam hcl inj 2 mg/2ml (base equivalent)	1	
midazolam hcl inj 5 mg/5ml (base equivalent)	1	
midazolam hcl inj 5 mg/ml (base equivalent)	1	
midazolam hcl inj 10 mg/2ml (base equivalent)	1	
midazolam hcl inj 10 mg/10ml (base equivalent)	1	
midazolam hcl inj 25 mg/5ml (base equivalent)	1	
midazolam hcl inj 50 mg/10ml (base equivalent)	1	
midazolam hcl inj pf 2 mg/2ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/5ml (base equivalent)	1	
midazolam hcl inj pf 5 mg/ml (base equivalent)	1	
midazolam hcl inj pf 10 mg/2ml (base equivalent)	1	
midazolam hcl syrup 2 mg/ml (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
MIDAZOLAM INJ 2MG/2ML	3	
MIDAZOLAM INJ 5MG/5ML	3	
PRECEDEX INJ 80/20ML	3	
PRECEDEX INJ 100MCG	3	
PRECEDEX INJ 200/50ML	3	
PRECEDEX INJ 400/100	3	
PRECEDEX INJ 1000/250	3	
quazepam tab 15 mg	NC	
RESTORIL CAP 7.5MG	3	PA, QL
RESTORIL CAP 15MG	3	PA, QL
RESTORIL CAP 22.5MG	3	PA, QL
RESTORIL CAP 30MG	3	PA, QL
temazepam cap 7.5 mg	1	PA, QL
temazepam cap 15 mg	1	PA, QL
temazepam cap 22.5 mg	1	PA, QL
temazepam cap 30 mg	1	PA, QL
triazolam tab 0.25 mg	1	PA, QL
triazolam tab 0.125 mg	1	PA, QL
zaleplon cap 5 mg	1	PA, QL
zaleplon cap 10 mg	1	PA, QL
zolpidem tartrate sl tab 1.75 mg	NC	
zolpidem tartrate sl tab 3.5 mg	NC	
zolpidem tartrate tab 5 mg	1	PA, QL
zolpidem tartrate tab 10 mg	1	PA, QL
zolpidem tartrate tab er 6.25 mg	1	PA, QL
zolpidem tartrate tab er 12.5 mg	1	PA, QL
ZOLPIMIST SPR 5MG	NC	
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	2	PA, QL
BELSOMRA TAB 10MG	2	PA, QL
BELSOMRA TAB 15MG	2	PA, QL
BELSOMRA TAB 20MG	2	PA, QL
DAYVIGO TAB 5MG	NC	
DAYVIGO TAB 10MG	NC	
QUVIVIQ TAB 25MG	2	PA, QL
QUVIVIQ TAB 50MG	2	PA, QL
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	6	SP, PA, QL
HETLIOZ LQ SUS 4MG/ML	6	SP, PA, QL
ramelteon tab 8 mg	1	QL
ROZEREM TAB 8MG	NC	
tasimelteon capsule 20 mg	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	ACA, PV
gavilyte-c sol	2	PV
gavilyte-g sol	2	PV
gavilyte-n sol flav pk	2	PV
GOLYTELY SOL	NC	
MOVIPREP SOL	NC	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	2	PV
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	PV
PEG-PREP KIT	0	ACA, PV
peg/nasul/c/ sol nacl/pot	NC	
PLENVU SOL	NC	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	ACA, PV
SUFLAVE SOL	NC	
SUPREP BOWEL SOL PREP KIT	NC	
SUTAB TAB	NC	
LAXATIVES - MISCELLANEOUS		
constulose sol 10gm/15	1	
kristalose pak 10gm	1	
kristalose pak 20gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
VIBRANT CAP	3	PA
VIBRANT KIT STARTER	3	PA
LUBRICANT LAXATIVES		
mineral oil	1	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	NC	
LOCAL ANESTHETICS-PARENTERAL		
LOCAL ANESTHETIC COMBINATIONS		
articadent inj dental	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000	1	
bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000	1	
bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)	1	
BUPIVACAINE/ INJ EPI 0.5%	3	
BUPIVACAINE/ INJ EPI 0.25	3	

Drug Name	Drug Tier	Requirements/Limits
LIDO/TETRA INJ 0.4-0.2%	3	
lidocaine inj 0.5% w/ epinephrine-1:200000	1	
lidocaine inj 1% w/ epinephrine-1:100000	1	
lidocaine inj 1.5% w/ epinephrine-1:200000 (pf)	1	
lidocaine inj 2% w/ epinephrine-1:100000	1	
lidocaine inj 2% w/ epinephrine-1:200000 (pf)	1	
marcaine/epi inj 0.5%	1	
MARCAINE/EPI INJ 0.5%	3	
MARCAINE/EPI INJ 0.25%	3	
ORABLOC INJ	3	
sensorcaine inj -mpf/epi	1	
SENSORCAINE INJ -MPF/EPI	3	
sensorcaine/ inj epi 0.5%	1	
sensorcaine/ inj epi 0.25	1	
XYLO-MPF/EPI INJ 1%	3	
XYLO-MPF/EPI INJ 1.5%	3	
XYLO-MPF/EPI INJ 2%	3	
XYLO/EPI 1%- INJ 1:100000	3	
XYLO/EPI INJ 0.5%	3	
XYLO/EPI INJ 2%	3	
LOCAL ANESTHETICS - AMIDES		
bupivacaine 0.75% in dextrose inj 8.25%	1	
bupivacaine hcl inj 0.5%	1	
bupivacaine hcl inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.5%	1	
bupivacaine hcl preservative free (pf) inj 0.25%	1	
bupivacaine hcl preservative free (pf) inj 0.75%	1	
BUPIVACAINE INJ 0.5%	3	
BUPIVACAINE INJ 0.25%	3	
BUPIVACAINE INJ 0.125%	3	
BUPIVACAINE INJ 2.5MG/ML	3	
BUPIVACAINE INJ 5MG/ML	3	
bupivacaine inj spinal	1	
EXPAREL INJ 1.3%	3	
LIDOCAINE HC INJ 200/10ML	NC	
lidocaine hcl local inj 0.5%	1	
lidocaine hcl local inj 1%	1	
lidocaine hcl local inj 2%	1	
lidocaine hcl local preservative free (pf) inj 0.5%	1	
lidocaine hcl local preservative free (pf) inj 1%	1	
lidocaine hcl local preservative free (pf) inj 1.5%	1	
lidocaine hcl local preservative free (pf) inj 2%	1	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl local preservative free (pf) inj 4%	1	
LIDOCAINE INJ 1%	3	
LIDOCAINE INJ 2%	3	
LIDOCAINE INJ 100/5ML	3	PA
MARCAINE INJ 0.5%	3	
MARCAINE INJ 0.25%	3	
MARCAINE INJ 0.75%	3	
MARCAINE INJ SPINAL	3	
NAROPIN INJ 2MG/ML	3	
NAROPIN INJ 5MG/ML	3	
NAROPIN INJ 7.5MG/ML	3	
NAROPIN INJ 10MG/ML	3	
polocaine inj 1%	1	
polocaine inj 2%	1	
polocaine inj -mpf 1%	1	
polocaine inj -mpf 2%	1	
polocaine inj mpf 1.5%	1	
POSIMIR SOL 660/5ML	NC	
ropivacaine hcl inj 2 mg/ml	1	
ropivacaine hcl inj 5 mg/ml	1	
ropivacaine hcl inj 7.5 mg/ml	1	
ropivacaine hcl inj 10 mg/ml	1	
ROPIVACAINE INJ 0.5%	NC	
sensorcaine inj 0.5%	1	
sensorcaine inj 0.25%	1	
sensorcaine inj mpf0.25%	1	
sensorcaine inj mpf0.75%	1	
sensorcaine inj mpf 0.5%	1	
XYLOCAINE INJ 0.5%	3	
XYLOCAINE INJ 1%	3	
XYLOCAINE INJ 2%	3	
XYLOCAINE INJ -MPF 1%	3	
XYLOCAINE INJ -MPF 2%	3	
XYLOCAINE INJ MPF 0.5%	3	
XYLOCAINE INJ MPF 1.5%	3	
LOCAL ANESTHETICS - ESTERS		
chloroprocaine hcl preservative free (pf) inj 2%	1	
chloroprocaine hcl preservative free (pf) inj 3%	1	
NESACAINE INJ 1%	3	
NESACAINE INJ 2%	3	
NESACAINE INJ -MPF 2%	3	
NESACAINE INJ -MPF 3%	3	

MACROLIDES

Drug Name	Drug Tier	Requirements/Limits
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin iv for soln 500 mg	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX INJ 500MG	3	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	2	
clarithromycin for susp 250 mg/5ml	2	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	2	
ERYTHROMYCINS		
e.e.s. 400 tab 400mg	2	
E.E.S. GRAN SUS 200/5ML	NC	
ERYPED SUS 200/5ML	NC	
ERYPED SUS 400/5ML	NC	
erythrocin inj 500mg	1	
ERYTHROCIN INJ 500MG	3	
erythromycin ethylsuccinate for susp 200 mg/5ml	2	
erythromycin ethylsuccinate for susp 400 mg/5ml	2	
erythromycin lactobionate for inj 500 mg	1	
erythromycin tab 250 mg	2	
erythromycin tab 500 mg	2	
erythromycin tab delayed release 250 mg	2	
erythromycin tab delayed release 333 mg	2	
erythromycin tab delayed release 500 mg	2	
erythromycin w/ delayed release particles cap 250 mg	2	
FIDAXOMICIN		
DIFICID SUS	2	

Drug Name	Drug Tier	Requirements/Limits
DIFICID TAB 200MG	2	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	OTC; ACA
CAYA DPR	0	QL; ACA, PV
COLOR CONDOM MIS + LUBE	0	OTC; ACA
CONDOMS MIS	0	OTC; ACA
DUREX EXTRA MIS SENSITIV	0	OTC; ACA, PV
DUREX MIS REALFEEL	0	OTC; ACA, PV
DUREX MIS TROPICAL	0	OTC; ACA, PV
FANTASY LUBR MIS	0	OTC; ACA, PV
FANTASY LUBR MIS COLORS	0	OTC; ACA, PV
FANTASY LUBR MIS SPERMICI	0	OTC; ACA, PV
FANTASY MIS LUBRICAT	0	OTC; ACA, PV
FC2 FEMALE MIS CONDOM	0	OTC; ACA
FEMCAP MIS 22MM	0	ACA
FEMCAP MIS 26MM	0	ACA
FEMCAP MIS 30MM	0	ACA
KAMELEON LUB MIS COLORS	0	OTC; ACA
KAMELEON MIS TRI-COLR	0	OTC; ACA
KIMONO COLOR MIS	0	OTC; ACA, PV
KIMONO MAXX MIS LG FLARE	0	OTC; ACA, PV
KIMONO MICRO MIS THIN	0	OTC; ACA, PV
KIMONO MICRO MIS THIN +	0	OTC; ACA, PV
KIMONO MICRO MIS THIN PLS	0	OTC; ACA, PV
KIMONO MIS LUBRICAT	0	OTC; ACA, PV
KIMONO MIS SENSATIO	0	OTC; ACA, PV
KIMONO PLUS MIS LUBRICAT	0	OTC; ACA, PV
KIMONO PLUS MIS SPERMICI	0	OTC; ACA, PV
KIMONO PS MIS LUBRICAT	0	OTC; ACA, PV
KIMONO PS MIS PLUS	0	OTC; ACA, PV
KIMONO SENSA MIS PLUS	0	OTC; ACA, PV
KIMONO SPEC MIS	0	OTC; ACA, PV
MAXX MIS LUBRICAT	0	OTC; ACA, PV
MAXX PLUS MIS SPERMICI	0	OTC; ACA, PV
NATURAL COND MIS + LUBE	0	OTC; ACA
OMNIFLEX DPR	0	ACA
REALITY MIS LUBRICAT	0	OTC; ACA
REALITY ULTR MIS TEXTURED	0	OTC; ACA
REALITY ULTR MIS THIN	0	OTC; ACA
TROJAN MAGN MIS	0	OTC; ACA
TROJAN MIS ENZ	0	OTC; ACA
TROJAN ULTRA MIS RIBBED	0	OTC; ACA

Drug Name	Drug Tier	Requirements/Limits
TROJAN ULTRA MIS THIN	0	OTC; ACA
TROJAN-ENZ MIS LUBRICAT	0	OTC; ACA
TROJAN-ENZ MIS W/SPERMI	0	OTC; ACA
TRUE COVER MIS CONDOM	0	OTC; ACA, PV
TRUSTEX LUBR MIS ASSORTED	0	OTC; ACA
TRUSTEX LUBR MIS BANANA	0	OTC; ACA
TRUSTEX LUBR MIS CHOC	0	OTC; ACA
TRUSTEX LUBR MIS COLA	0	OTC; ACA
TRUSTEX LUBR MIS COLORS	0	OTC; ACA
TRUSTEX LUBR MIS EX LARGE	0	OTC; ACA
TRUSTEX LUBR MIS EX STR	0	OTC; ACA
TRUSTEX LUBR MIS GRAPE	0	OTC; ACA
TRUSTEX LUBR MIS MINT	0	OTC; ACA
TRUSTEX LUBR MIS RIB/STUD	0	OTC; ACA
TRUSTEX LUBR MIS SPERMICI	0	OTC; ACA
TRUSTEX LUBR MIS STRWBRY	0	OTC; ACA
TRUSTEX LUBR MIS VANILLA	0	OTC; ACA
TRUSTEX MIS BANANA	0	OTC; ACA
TRUSTEX MIS CHOCOLAT	0	OTC; ACA
TRUSTEX MIS FLAVORS	0	OTC; ACA
TRUSTEX MIS MINT	0	OTC; ACA
TRUSTEX MIS STRWBRY	0	OTC; ACA
TRUSTEX MIS VANILLA	0	OTC; ACA
TRUSTEX/RIA MIS LUBRICAT	0	OTC; ACA
TRUSTEX/RIA MIS NON-LUB	0	OTC; ACA
TRUSTEX/RIA MIS SPERMICI	0	OTC; ACA
TRUSTX NON-9 MIS RIB/STUD	0	OTC; ACA
WIDE-SEAL DPR KIT 60	0	ACA
WIDE-SEAL DPR KIT 65	0	ACA
WIDE-SEAL DPR KIT 70	0	ACA
WIDE-SEAL DPR KIT 75	0	ACA
WIDE-SEAL DPR KIT 80	0	ACA
WIDE-SEAL DPR KIT 85	0	ACA
WIDE-SEAL DPR KIT 90	0	ACA
WIDE-SEAL DPR KIT 95	0	ACA
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	7	OTC; PV
ACCU-CHEK KIT SOFTCLIX	7	OTC; PV
ACTI-LANCE MIS 28G	3	OTC; PV
ACTI-LANCE MIS LITE 28G	3	OTC; PV
ACTI-LANCE MIS SPEC 17G	3	OTC; PV
ACTI-LANCE MIS UNIV 23G	3	OTC; PV
ADVCATE SAFE MIS LANC 21G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
ADVCATE SAFE MIS LANC 23G	3	OTC; PV
ADVCATE SAFE MIS LANC 26G	3	OTC; PV
ADVCATE SAFE MIS LANC 28G	3	OTC; PV
ADVOCATE MIS LANC 30G	3	OTC; PV
ADVOCATE MIS LANCETS	3	OTC; PV
AGAMATRIX MIS 33G	3	OTC; PV
AIMSCO TWIST MIS 32G	3	OTC; PV
AIMSCO TWIST MIS 33G	3	OTC; PV
AQUALANCE MIS 30G	3	OTC; PV
ASSURE CMFRT MIS 28G	3	OTC; PV
ASSURE LANCE MIS 21G	3	OTC; PV
ASSURE LANCE MIS 28G	3	OTC; PV
ASSURE LANCE MIS LOW FLOW	3	OTC; PV
ASSURE LANCE MIS MICRO	3	OTC; PV
ASSURE LANCE MIS SAFE 25G	3	OTC; PV
ASSURE LANCE MIS SAFE 30G	3	OTC; PV
AURORA LANCE MIS 30G	3	OTC; PV
AURORA LANCE MIS THIN 23G	3	OTC; PV
AUTO LANCET MIS	3	OTC; PV
AUTOLET II KIT CLINISAF	3	OTC; PV
AUTOLET LITE KIT	3	OTC; PV
AUTOLET LITE KIT CLINISAF	3	OTC; PV
AUTOLET LITE KIT STARTER	3	OTC; PV
AUTOLET PLAT MIS 1.8MM	3	OTC; PV
AUTOLET PLAT MIS 2.4MM	3	OTC; PV
AUTOLET PLAT MIS 3.0MM	3	OTC; PV
BD MICROTAIN MIS LANCETS	3	PV
BD MICROTAIN MIS LANCETS	3	OTC; PV
CAREONE LANC MIS 30G	3	OTC; PV
CAREONE LANC MIS THIN 23G	3	OTC; PV
CARESENS 30G MIS LANCETS	3	OTC; PV
CARETOUCH MIS LANC 26G	3	OTC; PV
CARETOUCH MIS LANC 28G	3	OTC; PV
CARETOUCH MIS LANC 30G	3	OTC; PV
CARETOUCH MIS TWIST 28	3	OTC; PV
CARETOUCH MIS TWIST 30	3	OTC; PV
CARETOUCH MIS TWIST 33	3	OTC; PV
CGMS CABLE MIS	NC	
CGMS MIS SOFTWARE	NC	
CLEANLET 28G MIS LANCETS	3	OTC; PV
CLEVER CHECK MIS	3	OTC; PV
CLEVER CHECK MIS 30G	3	OTC; PV
COAGUCHEK MIS LANCETS	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
COMFORT ASSU MIS LANC 28G	3	OTC; PV
COMFORT ASSU MIS LANC 33G	3	OTC; PV
COMFORT EZ MIS 21G	3	OTC; PV
COMFORT EZ MIS 23G	3	OTC; PV
COMFORT EZ MIS 28G	3	OTC; PV
COMFORT TCH MIS LANC 28G	3	OTC; PV
COMFORT TCH MIS LANC 30G	3	OTC; PV
COMFORT TCH MIS LANC 31G	3	OTC; PV
COMFORTOUCH MIS LANCET	3	OTC; PV
CVS LANCETS MIS ORIGINAL	3	OTC; PV
CVS LANCETS MIS THIN 26G	3	OTC; PV
DEXCOM G6 MIS RECEIVER	2	PA
DEXCOM G6 MIS SENSOR	2	PA
DEXCOM G6 MIS TRANSMIT	2	PA
DEXCOM G7 MIS RECEIVER	2	PA
DEXCOM G7 MIS SENSOR	2	PA
DIATHRIVE MIS LANCETS	3	OTC; PV
DIATHRIVE MIS UT 30G	3	OTC; PV
DROPLET LANC MIS 30G	3	OTC; PV
DROPLET PERS MIS LANC 30G	3	OTC; PV
EASY COMFORT MIS 30G	3	OTC; PV
EASY COMFORT MIS LANC/30G	3	OTC; PV
EASY COMFORT MIS TWIST	3	OTC; PV
EASY TOUCH MIS LANC/21G	3	OTC; PV
EASY TOUCH MIS LANC/23G	3	OTC; PV
EASY TOUCH MIS LANC/26G	3	OTC; PV
EASY TOUCH MIS LANC/28G	3	OTC; PV
EASY TOUCH MIS LANC/30G	3	OTC; PV
EASY TOUCH MIS LANC/32G	3	OTC; PV
EASY TOUCH MIS P-AC/21G	3	OTC; PV
EASY TOUCH MIS P-AC/23G	3	OTC; PV
EASY TOUCH MIS P-AC/26G	3	OTC; PV
EASY TOUCH MIS P-AC/28G	3	OTC; PV
EASY TOUCH MIS P-AC/30G	3	OTC; PV
EASY TOUCH MIS TWST/28G	3	OTC; PV
EASY TOUCH MIS TWST/30G	3	OTC; PV
EASY TOUCH MIS TWST/32G	3	OTC; PV
EASY TOUCH MIS TWST/33G	3	OTC; PV
EMBRACE LANC MIS 21G	3	OTC; PV
EMBRACE LANC MIS 28G	3	OTC; PV
EMBRACE LANC MIS THIN 30G	3	OTC; PV
ENLITE GLUCO MIS SENSOR	NC	
ENLITE MIS SERTER	3	PV

Drug Name	Drug Tier	Requirements/Limits
EVERSENSE365 MIS SENSOR	NC	
EVERSENSE365 MIS TRANSMTR	NC	
EVERSENSE MIS SENSOR	NC	
EVERSENSE MIS TRANSMTR	NC	
EZ-LETS 21G MIS LANCETS	3	OTC; PV
EZ-LETS 26G MIS LANCETS	3	OTC; PV
EZ-LETS 28G MIS LANCETS	3	OTC; PV
EZ-LETS 30G MIS LANCETS	3	OTC; PV
FASTCLIX MIS LANCETS	7	OTC; PV
FIFTY50 SAFE MIS LANCETS	3	OTC; PV
FINGERSTIX MIS LANCETS	3	OTC; PV
FORA LANCETS MIS 30G	3	OTC; PV
FORA MIS LANCETS	3	OTC; PV
FREE LIBRE2 KIT PLUS/SEN	NC	
FREESTY LIBR KIT 2 SENSOR	NC	
FREESTY LIBR KIT 3 SENSOR	NC	
FREESTY LIBR KIT SENSOR	NC	
FREESTY LIBR MIS 2 READER	NC	
FREESTY LIBR MIS 3 READER	NC	
FREESTY LIBR MIS READER	NC	
FREESTYLE KIT SENSOR	NC	
FREESTYLE MIS LANCETS	3	OTC; PV
FREESTYLE MIS READER	NC	
GENTEEL MIS LANCETS	3	OTC; PV
GLOBAL 28G MIS LANCETS	3	OTC; PV
GLOBAL 30G MIS LANCETS	3	OTC; PV
GLUCOCOM MIS 28G	3	OTC; PV
GLUCOCOM MIS 30G	3	OTC; PV
GLUCOCOM MIS 33G	3	OTC; PV
GNP LANCETS MIS 28G	3	OTC; PV
GNP LANCETS MIS 30G	3	OTC; PV
GNP LANCETS MIS 33G	3	OTC; PV
GUARDIAN CON MIS TRANSMIT	NC	
GUARDIAN MIS LINK 3	NC	
GUARDIAN MIS SENSOR 3	NC	
GUARDIAN MIS TRANSMTR	NC	
GUARDIAN RT KIT	NC	
GUARDIAN RT KIT STARTER	NC	
GUARDIAN RT KIT SYST PED	NC	
GUARDIAN RT KIT SYSTEM	NC	
GUARDIAN RT MIS CHARGER	NC	
GUARDIAN RT MIS REPL PED	NC	
GUARDIAN RT MIS REPLACE	NC	

Drug Name	Drug Tier	Requirements/Limits
GUARDIAN RT MIS SOFTWARE	NC	
GUARDIAN RT MIS TST PLUG	NC	
HAEMOLANCE MIS HIGH FLO	3	OTC; PV
HAEMOLANCE MIS LOW FLOW	3	OTC; PV
HAEMOLANCE MIS PLUS	3	OTC; PV
HAEMOLANCE MIS PLUS LOW	3	OTC; PV
HAEMOLANCE MIS PLUS MAX	3	OTC; PV
HAEMOLANCE MIS PLUS PED	3	OTC; PV
HAEMOLANCE MIS RETRACT	3	OTC; PV
IN TOUCH LAN MIS 30G	3	OTC; PV
INCONTROL MIS LANC 28G	3	OTC; PV
INCONTROL MIS LANC 30G	3	OTC; PV
INCONTROL MIS LANC 33G	3	OTC; PV
KINNEY MIS LANCETS	3	OTC; PV
KINNEY THIN MIS LANCETS	3	OTC; PV
KROGER LANCE MIS	3	OTC; PV
KROGER LANCE MIS 26G	3	OTC; PV
KROGER LANCE MIS THIN	3	OTC; PV
KROGER LANCE MIS THIN 30G	3	OTC; PV
LANCET DEVIC MIS 30G	3	OTC; PV
LANCET SUPER MIS THIN 30G	3	OTC; PV
LANCET ULTRA MIS THIN 30G	3	OTC; PV
LANCETS MICR MIS THIN 33G	3	OTC; PV
LANCETS MIS	3	OTC; PV
LANCETS MIS 21G	3	OTC; PV
LANCETS MIS 26G	3	OTC; PV
LANCETS MIS 28G	3	OTC; PV
LANCETS MIS 28G THIN	3	OTC; PV
LANCETS MIS 30G	3	OTC; PV
LANCETS MIS 33G	3	OTC; PV
LANCETS MIS ORIGINAL	3	OTC; PV
LANCETS MIS THIN	3	OTC; PV
LANCETS SUPR MIS THIN 28G	3	OTC; PV
LANCETS THIN MIS	3	OTC; PV
LANCETS ULTR MIS THIN	3	OTC; PV
LANCETS ULTR MIS THIN 31G	3	OTC; PV
LITE TOUCH MIS LANCETS	3	OTC; PV
LITETOUCH MIS LANCETS	3	OTC; PV
MEDICHOICE MIS LANCET	3	OTC; PV
MEDLANCE MIS 30G PLUS	3	OTC; PV
MEDLANCE MIS PLUS 30G	3	OTC; PV
MEDLANCE PLS MIS 0.8MM	3	OTC; PV
MEDLANCE PLS MIS EXTR 21G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLS MIS LITE 25G	3	OTC; PV
MEDLANCE PLS MIS UNIV 21G	3	OTC; PV
MEIJER LANCE MIS COLOR	3	OTC; PV
MEIJER LANCE MIS UNIV 21G	3	OTC; PV
MEIJER LANCE MIS UNIV 30G	3	OTC; PV
MEIJER MIS LANCETS	3	OTC; PV
MICROLET MIS LANCETS	3	OTC; PV
MINILINK RT MIS TRANSMIT	NC	
MM TWIST MIS LANCETS	3	OTC; PV
MOBILE LANCE MIS 30G	3	OTC; PV
MONOLET MIS LANCETS	3	OTC; PV
MONOLET OPD MIS LANCETS	3	OTC; PV
MONOLETTOR MIS LANCETS	3	OTC; PV
MYGLUCOHEALT MIS LANC 30G	3	OTC; PV
NOVA SAFETY MIS LANC 23G	3	OTC; PV
NOVA SAFETY MIS LANC 28G	3	OTC; PV
NOVA SURE MIS LANCETS	3	OTC; PV
OMNIPOD 5 DX KIT INT G7G6	2	PV
OMNIPOD 5 DX MIS POD G7G6	2	PV
OMNIPOD 5 LB KIT INTRO G6	2	PV
OMNIPOD 5 LB MIS PODS G6	2	PV
OMNIPOD DASH KIT INTRO	2	PV
OMNIPOD DASH KIT PDM	2	PV
OMNIPOD DASH MIS PODS	2	PV
ON-THE-GO MIS LANC 30G	3	OTC; PV
ONETOUCH DEL MIS LANC DEV	NC	OTC
ONETOUCH DEL MIS PLUS 30G	NC	OTC
ONETOUCH DEL MIS PLUS 33G	NC	OTC
ONETOUCH US MIS 2 30G	NC	OTC
PARADIGM REA MIS TRANSMIT	NC	
PERFECT 28G MIS LANCETS	3	OTC; PV
PERFECT 30G MIS LANCETS	3	OTC; PV
PIP LANCETS MIS 28G	3	OTC; PV
PIP LANCETS MIS 30G	3	OTC; PV
PRO COMFORT MIS 31G	3	OTC; PV
PRO COMFORT MIS LANC 30G	3	OTC; PV
PRO COMFORT MIS LANCETS	3	OTC; PV
PRODIGY MIS 26G	3	OTC; PV
PRODIGY MIS 28G	3	OTC; PV
PURE COMFORT MIS 30G LAN	3	OTC; PV
PX LANCETS MIS 28G	3	OTC; PV
PX LANCETS MIS 33G	3	OTC; PV
QC LANCETS MIS 28G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
QC LANCETS MIS 30G	3	OTC; PV
READYLANCE MIS 21G	3	OTC; PV
READYLANCE MIS 23G	3	OTC; PV
READYLANCE MIS 26G	3	OTC; PV
READYLANCE MIS 28G	3	OTC; PV
READYLANCE MIS 30G	3	OTC; PV
REAL-TIME KIT	NC	
REALITY MIS LANCETS	3	OTC; PV
REALITY TRIG MIS LANCETS	3	OTC; PV
RELION LANCE MIS THIN 26G	3	OTC; PV
RELION LANCE MIS THIN 30G	3	OTC; PV
RELION MICRO MIS THIN 33G	3	OTC; PV
RELION ULTRA MIS THIN 30G	3	OTC; PV
RIGHTEST ALT MIS ADAPTOR	3	OTC; PV
RIGHTEST MIS GL300	3	OTC; PV
SAFE-T-PRO MIS LANCETS	7	OTC; PV
SAFE-T-PRO MIS PLUS	7	OTC; PV
SAFETY 21G MIS LANCETS	3	OTC; PV
SAFETY 23G MIS LANCETS	3	OTC; PV
SAFETY 28G MIS LANCETS	3	OTC; PV
SAFETY 30G MIS LANCETS	3	OTC; PV
SAFETY MIS LANCETS	3	OTC; PV
SAPS HEALTH MIS TWIST	3	OTC; PV
SAPS TWIST MIS 30G	3	OTC; PV
SAPSCARE MIS TWIST	3	OTC; PV
SB LANCETS MIS THIN	3	OTC; PV
SB LANCETS MIS ULTR THN	3	OTC; PV
SIMPLERA MIS SENSOR	NC	
SIMPLERA MIS SYNC SEN	NC	
SIMPLERA MIS SYSTEM	NC	
SINGLE-LET MIS 23G	3	OTC; PV
SMARTEST MIS LANCETS	3	OTC; PV
SOF-SENSOR MIS	NC	
SOFTCLIX MIS LANCETS	7	OTC; PV
SOLUS V2 MIS LANC 28G	3	OTC; PV
SOLUS V2 MIS LANC 30G	3	OTC; PV
STERILANCE MIS TL 28G	3	OTC; PV
STERILANCE MIS TL 30G	3	OTC; PV
STERILANCE MIS TL 32G	3	OTC; PV
SUPER THIN MIS LANCETS	3	OTC; PV
SURE COMFORT MIS LANC 18G	3	OTC; PV
SURE COMFORT MIS LANC 21G	3	OTC; PV
SURE COMFORT MIS LANC 23G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT MIS LANC 30G	3	OTC; PV
SURE COMFORT MIS LANCETS	3	OTC; PV
SUREFLEX MIS LANCETS	3	OTC; PV
SURELITE MIS LANCETS	3	OTC; PV
TECHLITE AST MIS LANCETS	3	OTC; PV
TECHLITE MIS LANC 26G	3	OTC; PV
TECHLITE MIS LANCETS	3	OTC; PV
TRAVEL LANCE MIS ADV 28G	3	OTC; PV
TRUE COMFORT MIS LANC 30G	3	OTC; PV
TRUPLUS LANC MIS 26G	3	OTC; PV
TRUPLUS LANC MIS 28G	3	OTC; PV
TRUPLUS LANC MIS 30G	3	OTC; PV
TRUPLUS LANC MIS 33G	3	OTC; PV
TWIIST KIT REFILL	2	PV
TWIIST KIT STARTER	2	PV
TWIIST REFIL KIT INFUSION	2	PV
TWIST LANCET MIS 30G	3	OTC; PV
TWIST LANCET MIS 30G MULT	3	OTC; PV
ULTILET MIS 26G	3	OTC; PV
ULTILET MIS 28G	3	OTC; PV
ULTILET MIS 30G	3	OTC; PV
ULTILET MIS 33G	3	OTC; PV
ULTILET MIS LANCETS	3	OTC; PV
ULTILET MIS SAFETY	3	OTC; PV
ULTILET SAFE MIS 21G	3	OTC; PV
ULTRA THIN MIS 28G	3	OTC; PV
ULTRA THIN MIS 30G	3	OTC; PV
ULTRA THIN MIS 31G	3	OTC; PV
ULTRA THIN MIS 33G	3	OTC; PV
ULTRA THIN MIS LAN 31G	3	OTC; PV
ULTRA THIN MIS LANC 28G	3	OTC; PV
ULTRA THIN MIS LANC 30G	3	OTC; PV
ULTRA THIN MIS LANCETS	3	OTC; PV
UNILET EX II MIS 28G	3	OTC; PV
UNILET EXCEL MIS 23G	3	OTC; PV
UNILET G.P MIS SUPR 23G	3	OTC; PV
UNILET G.P. MIS 21G	3	OTC; PV
UNILET GP 28 MIS ULT THIN	3	OTC; PV
UNILET LANC MIS 33G	3	OTC; PV
UNILET LANCE MIS 21G	3	OTC; PV
UNILET LANCE MIS 28G	3	OTC; PV
UNILET LANCE MIS 33G	3	OTC; PV
UNILET LANCT MIS 28G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
UNILET LANCT MIS 30G	3	OTC; PV
UNILET LANCT MIS 33G	3	OTC; PV
UNILET MICRO MIS 33G	3	OTC; PV
UNILET MIS 21G	3	OTC; PV
UNILET SUPER MIS 23G	3	OTC; PV
UNILET SUPER MIS G.P. 23G	3	OTC; PV
UNISTIK 1 MIS 2.4MM	3	OTC; PV
UNISTIK 1 MIS 3.0MM	3	OTC; PV
UNISTIK 2 MIS	3	OTC; PV
UNISTIK 2 MIS 1.8MM	3	OTC; PV
UNISTIK 2 MIS 2.4MM	3	OTC; PV
UNISTIK 2 MIS COMFORT	3	OTC; PV
UNISTIK 2 MIS EXTRA	3	OTC; PV
UNISTIK 2 MIS NEONATAL	3	OTC; PV
UNISTIK 2 MIS NORMAL	3	OTC; PV
UNISTIK 2 MIS SUPER	3	OTC; PV
UNISTIK 3 MIS 1.8MM	3	OTC; PV
UNISTIK 3 MIS COMFORT	3	OTC; PV
UNISTIK 3 MIS EXTRA	3	OTC; PV
UNISTIK 3 MIS GENT 30G	3	OTC; PV
UNISTIK 3 MIS NEONATAL	3	OTC; PV
UNISTIK 3 MIS NORMAL	3	OTC; PV
UNISTIK 23G MIS NORMAL	3	OTC; PV
UNISTIK CZT MIS COMFORT	3	OTC; PV
UNISTIK CZT MIS NORMAL	3	OTC; PV
UNISTIK PRO MIS LANC 21G	3	OTC; PV
UNISTIK PRO MIS LANC 28G	3	OTC; PV
UNISTIK SAFE MIS LANC 28G	3	OTC; PV
UNISTIK SAFE MIS LANC 30G	3	OTC; PV
UNISTIK TOUC MIS LANC 21G	3	OTC; PV
UNISTIK TOUC MIS LANC 23G	3	OTC; PV
UNISTIK TOUC MIS LANC 28G	3	OTC; PV
UNISTIK TOUC MIS LANC 30G	3	OTC; PV
UNITSTIK PRO MIS LANC 25G	3	OTC; PV
V-GO 20 KIT	NC	
V-GO 30 KIT	NC	
V-GO 40 KIT	NC	
VERIFINE LAN MIS MINI 21G	3	OTC; PV
VERIFINE LAN MIS MINI 23G	3	OTC; PV
VERIFINE LAN MIS MINI 28G	3	OTC; PV
VERIFINE LAN MIS MINI 30G	3	OTC; PV
VERIFINE MIS UNIV 28G	3	OTC; PV
VERIFINE MIS UNIV 30G	3	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
VERIFINE MIS UNIV 33G	3	OTC; PV
VIVAGUARD MIS 28G	3	OTC; PV
VIVAGUARD MIS 30G	3	OTC; PV
ZEVRX TWIST MIS LANC 30G	3	OTC; PV
PARENTERAL THERAPY SUPPLIES		
AUTOSHIELD MIS 30GX5MM	7	OTC; PV
BD PEN NEEDL MIS 29GX12.7	7	OTC; PV
BD PEN NEEDL MIS 31GX5MM	7	OTC; PV
BD PEN NEEDL MIS 31GX8MM	7	OTC; PV
BD PEN NEEDL MIS 32GX4MM	7	OTC; PV
BD PEN NEEDL MIS 32GX6MM	7	OTC; PV
EASY COMFORT MIS 29GX5MM	NC	OTC
EASY GLIDE MIS 1ML SYR	NC	OTC
EASY GLIDE MIS 3ML SYR	NC	OTC
EASY TOUCH MIS 29GX1/2"	NC	OTC
EMBECTA AUTO MIS DUO	7	OTC; PV
EMBECTA NANO MIS 32GX4MM	7	OTC; PV
EMBECTA UF MIS 29GX12.7	7	OTC; PV
EMBECTA UF MIS 31GX5MM	7	OTC; PV
EMBECTA UF MIS 31GX8MM	7	OTC; PV
EMBECTA UF MIS 32GX6MM	7	OTC; PV
INCONTROL MIS 29GX12MM	NC	OTC
INS SY 0.3ML MIS 31GX5/16	NC	OTC
INS SY 0.5ML MIS 30GX1/2"	NC	OTC
INS SY 1/2ML MIS 30GX1/2"	NC	OTC
INS SYR 1ML MIS 30GX1/2"	NC	OTC
INS SYR 1ML MIS 31GX5/16	NC	OTC
INS SYR U500 MIS 0.5/31G	7	PV
INS SYR U500 MIS 31GX6MM	7	PV
INSULIN SRYG MIS 1ML/32G	NC	OTC
INSULIN SYR MIS BARR 1ML	NC	OTC
INSULIN SYRG MIS 0.3/29G	7	OTC; PV
INSULIN SYRG MIS 0.3/30G	7	OTC; PV
INSULIN SYRG MIS 0.3/31G	7	PV
INSULIN SYRG MIS 0.3/31G	7	OTC; PV
INSULIN SYRG MIS 0.5/28G	7	OTC; PV
INSULIN SYRG MIS 0.5/29G	7	OTC; PV
INSULIN SYRG MIS 0.5/30G	7	OTC; PV
INSULIN SYRG MIS 0.5/31G	7	OTC; PV
INSULIN SYRG MIS 0.5/32G	NC	OTC
INSULIN SYRG MIS 1ML	7	OTC; PV
INSULIN SYRG MIS 1ML/27G	7	OTC; PV
INSULIN SYRG MIS 1ML/28G	7	OTC; PV

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/29G	7	OTC; PV
INSULIN SYRG MIS 1ML/30G	7	OTC; PV
INSULIN SYRG MIS 1ML/31G	7	OTC; PV
INSULIN SYRG MIS 2/27.5G	7	OTC; PV
INSULIN SYRG MIS 29GX12MM	NC	OTC
INSULIN SYRG MIS 31GX8MM	NC	OTC
INSUPEN MIS 29GX12MM	NC	OTC
LUER-LOK SYR MIS 1ML/20G	7	OTC; PV
MM PENTIPS MIS 29GX12MM	NC	
PEN NEEDLE MIS 31GX4MM	NC	OTC
PEN NEEDLE MIS 31GX5MM	NC	OTC
PEN NEEDLE MIS 32GX5MM	NC	OTC
PEN NEEDLES MIS 29GX1/2"	NC	OTC
PEN NEEDLES MIS 29GX12MM	NC	OTC
PEN NEEDLES MIS 30GX5/16	NC	OTC
PEN NEEDLES MIS 31GX1/4"	NC	OTC
PEN NEEDLES MIS 31GX5/16	NC	OTC
PEN NEEDLES MIS 33GX5/32	NC	OTC
PENTIPS MIS 29GX12MM	NC	
PENTIPS MIS 29GX12MM	NC	OTC
SECURESAFE MIS 0.5/29G	NC	OTC
SECURESAFE MIS 29GX1/2"	NC	OTC
ULTIGUARD MIS 31GX5MM	NC	OTC
ULTIGUARD MIS 31GX6MM	NC	OTC
ULTIGUARD MIS 31GX8MM	NC	OTC
ULTIGUARD MIS 32GX4MM	NC	OTC
ULTIGUARD MIS 32GX6MM	NC	OTC
UNIFINE PNTP MIS 29GX12MM	NC	OTC
UNIFINE SAFE MIS 32GX4MM	NC	OTC
VERIFINE PEN MIS 32GX4MM	NC	OTC

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	NC	
AIMOVIG INJ 140MG/ML	NC	
AJOVY INJ 225/1.5	2	ST, PA, QL; (autoinjector)
AJOVY INJ 225/1.5	2	ST, PA, QL; (prefilled syringe)
EMGALITY INJ 100MG/ML	2	ST, PA, QL
EMGALITY INJ 120MG/ML	2	ST, PA, QL
EMGALITY INJ 120MG/ML	2	ST, PA, QL; (prefilled syringe)
NURTEC TAB 75MG ODT	2	ST, PA, QL
QULIPTA TAB 10MG	2	ST, PA, QL

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TAB 30MG	2	ST, PA, QL
QULIPTA TAB 60MG	2	ST, PA, QL
UBRELVY TAB 50MG	2	ST, PA, QL
UBRELVY TAB 100MG	2	ST, PA, QL
VYEPTI INJ 100MG/ML	NC	
MIGRAINE COMBINATIONS		
CAFERGOT TAB 1-100MG	NC	
ergotamine w/ caffeine tab 1-100 mg	NC	
migergot sup 2/100	NC	
sumatriptan-naproxen sodium tab 85-500 mg	NC	
TREXIMET TAB 10-60MG	NC	
TREXIMET TAB 85-500MG	NC	
MIGRAINE PRODUCTS		
dihydroergotamine mesylate inj 1 mg/ml	2	
dihydroergotamine mesylate nasal spray 4 mg/ml	NC	
ERGOMAR SUB 2MG	3	
MIGRAINE PRODUCTS - NSAIDS		
CAMBIA POW 50MG	NC	
diclofenac potassium (migraine) packet 50 mg	NC	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	2	PA, QL
almotriptan malate tab 12.5 mg	2	PA, QL
eletriptan hydrobromide tab 20 mg (base equivalent)	1	PA, QL
eletriptan hydrobromide tab 40 mg (base equivalent)	1	PA, QL
FROVA TAB 2.5MG	3	ST, PA, QL
frovatriptan succinate tab 2.5 mg (base equivalent)	2	PA, QL
IMITREX INJ 4MG/0.5	3	PA, QL
IMITREX INJ 6MG/0.5	3	PA, QL
IMITREX TAB 25MG	3	PA, QL
IMITREX TAB 50MG	3	PA, QL
IMITREX TAB 100MG	3	PA, QL
MAXALT TAB 10MG	NC	
MAXALT-MLT TAB 10MG	NC	
naratriptan hcl tab 1 mg (base equiv)	1	PA, QL
naratriptan hcl tab 2.5 mg (base equiv)	1	PA, QL
ONZETRA XSAI MIS 11MG	2	ST, PA, QL
RELPAX TAB 20MG	3	PA, QL
RELPAX TAB 40MG	3	PA, QL

Drug Name	Drug Tier	Requirements/Limits
REYVOW TAB 50MG	3	ST, PA, QL
REYVOW TAB 100MG	3	ST, PA, QL
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	PA, QL
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	PA, QL
rizatriptan benzoate tab 5 mg (base equivalent)	1	PA, QL
rizatriptan benzoate tab 10 mg (base equivalent)	1	PA, QL
sumatriptan nasal spray 5 mg/act	2	PA, QL
sumatriptan nasal spray 20 mg/act	1	PA, QL
sumatriptan succinate inj 6 mg/0.5ml	1	PA, QL
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	PA, QL
sumatriptan succinate solution auto-injector 6 mg/0.5ml	2	PA, QL
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	PA, QL
sumatriptan succinate solution cartridge 6 mg/0.5ml	2	PA, QL
sumatriptan succinate tab 25 mg	1	PA, QL
sumatriptan succinate tab 50 mg	1	PA, QL
sumatriptan succinate tab 100 mg	1	PA, QL
TOSYMRA SOL 10MG	NC	
ZEMBRACE SYM INJ 3/0.5ML	2	ST, PA, QL
zolmitriptan nasal spray 2.5 mg/spray unit	2	PA, QL
zolmitriptan nasal spray 5 mg/spray unit	2	PA, QL
zolmitriptan orally disintegrating tab 2.5 mg	1	PA, QL
zolmitriptan orally disintegrating tab 5 mg	1	PA, QL
zolmitriptan tab 2.5 mg	1	PA, QL
zolmitriptan tab 5 mg	1	PA, QL
ZOMIG SPR 2.5MG	3	PA, QL
ZOMIG SPR 5MG	2	PA, QL
zomig tab 2.5mg	1	PA, QL
zomig tab 5mg	1	PA, QL

MINERALS & ELECTROLYTES

BICARBONATES

SOD ACETATE INJ 2MEQ/ML	3	
SOD BICARB INJ 8.4%	3	
SOD BICARB SOL D5W	NC	
sodium acetate inj 2 meq/ml	1	
sodium acetate inj 4 meq/ml	1	
sodium bicarbonate iv soln 4.2%	1	

Drug Name	Drug Tier	Requirements/Limits
sodium bicarbonate iv soln 7.5%	1	
sodium bicarbonate iv soln 8.4%	1	
THAM INJ 30MEQ	3	
tromethamine iv soln 30 meq/100 ml (0.3 m)	1	
CALCIUM		
CALCIFOL WAF	3	
CALCIUM CHLO INJ 10%	3	
calcium chloride inj 10%	1	
CALCIUM GLUC INJ 10%	3	
CALCIUM GLUC INJ 100MG/ML	3	
calcium gluconate inj 10%	1	
ELECTROLYTE MIXTURES		
D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.3%	3	
D10W/NACL INJ 0.2%	3	
dextrose 2.5% w/ sodium chloride 0.45%	1	
dextrose 5% in lactated ringers	1	
dextrose 5% w/ sodium chloride 0.2%	1	
dextrose 5% w/ sodium chloride 0.3%	1	
dextrose 5% w/ sodium chloride 0.9%	1	
dextrose 5% w/ sodium chloride 0.33%	1	
dextrose 5% w/ sodium chloride 0.45%	1	
dextrose 5% w/ sodium chloride 0.225%	1	
dextrose 10% w/ sodium chloride 0.45%	1	
DW5-NACL INJ 0.225%	3	
ELLIOTTS B INJ	3	
IONOSOL-MB INJ D5W	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	1	

Drug Name	Drug Tier	Requirements/Limits
kcl 20 meq/l (0.149%) in nacl 0.9% inj	1	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	1	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	1	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	1	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
lactated ringer's solution	1	
mult electro inj ph 5.5	1	
mult electro inj ph 7.4	1	
NORMOSOL -M INJ /D5W	3	
NORMOSOL -R INJ	3	
NORMOSOL-R INJ PH 7.4	3	
NORMOSOL-R SOL /5% DSW	3	
PLASMA-LYTE INJ 148	3	
PLASMA-LYTE INJ -A	3	
POT CHL/NACL INJ 20MEQ/L	3	
POT CHL/NACL INJ 40MEQ/L	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	1	
ringer's solution	1	
TPN ELECTROL INJ	3	
FLUORIDE		
FLORIVA DRO 0.25MG	3	PV
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	ACA, PV
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	ACA, PV
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	1	PV
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	0	ACA, PV
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	ACA, PV
sodium fluoride tab 1 mg f (from 2.2 mg naf)	1	PV
IODINE PRODUCTS		
iodine solution strong 5% (lugol's)	1	

Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM		
MAGNESIUM SU INJ 2GM/50ML	3	
MAGNESIUM SU INJ 4G/100ML	3	
MAGNESIUM SU INJ 20/500ML	3	
MAGNESIUM SU INJ 40G/1000	3	
MAGNESIUM SU INJ 80MG/ML	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	1	
magnesium sulfate inj 50%	1	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	1	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	1	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	1	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	1	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	1	
MG SO4/D5W INJ 10MG/ML	3	
MANGANESE		
manganese chloride inj 0.1 mg/ml	1	
PHOSPHATE		
GLYCOPHOS SOL 1MM/ML	3	
K-PHOS TAB	3	
K-PHOS TAB NEUTRAL	3	
phospha 250 tab neutral	1	
phospho-trin tab 250 neut	1	
phospho-trin tab k500	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
POTASSIUM INJ PHOSPHAT	3	
potassium phosphates inj 15 mm/5ml (phos) 22 meq/5ml (k)	1	
potassium phosphates inj 45 mm/15ml (phos) 66 meq/15ml (k)	1	
potassium phosphates inj 150 mm/50ml (phos) 220 meq/50ml (k)	1	
sodium phosphates inj 15 mm/5ml (phos) 20 meq/5ml (na)	1	
sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)	1	

Drug Name	Drug Tier	Requirements/Limits
sodium phosphates inj 150 mm/50ml (phos) 200 meq/50ml (na)	1	
wes-phos 250 tab neutral	1	
POTASSIUM		
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
effer-k tab 25meq ef	1	
k-prime tab 25meq ef	1	
klor-con 8 tab 8meq er	1	
klor-con 10 tab 10meq er	1	
klor-con m10 tab 10meq er	1	
klor-con m15 tab 15meq er	1	
klor-con m20 tab 20meq er	1	
klor-con pak 20meq	1	
klor-con/ef tab 25meq	1	
POT CHLORIDE INJ 10MEQ	3	
POT CHLORIDE INJ 20MEQ	3	
POT CHLORIDE INJ 40MEQ	3	
potassium acetate inj 2 meq/ml	1	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride inj 2 meq/ml	1	
potassium chloride inj 10 meq/50ml	1	
potassium chloride inj 10 meq/100ml	1	
potassium chloride inj 20 meq/50ml	1	
potassium chloride inj 20 meq/100ml	1	
potassium chloride inj 40 meq/100ml	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 15 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
POTASSIUM INJ 100MEQ	3	

Drug Name	Drug Tier	Requirements/Limits
SODIUM		
SODIUM CHLOR SOL 0.9%	3	
sodium chloride inj 2.5 meq/ml (14.6%)	1	
sodium chloride iv soln 0.9%	1	
sodium chloride iv soln 0.45%	1	
sodium chloride iv soln 3%	1	
sodium chloride iv soln 4 meq/ml (23.4%)	1	
sodium chloride iv soln 5%	1	
sodium chloride preservative free (pf) inj 0.9%	1	
TRACE MINERALS		
chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)	1	
CHROMIUM CL INJ 4MCG/ML	3	
COPPER INJ 0.4MG/ML	3	
cupric chloride inj 0.4 mg/ml (elemental)	1	
MULTRYS INJ	3	
SELENIOUS AC SOL 12MCG/2M	3	
selenious acid inj 40 mcg/ml	1	
ZINC		
GALZIN CAP 25MG	3	
GALZIN CAP 50MG	3	
ZINC CHLORID INJ 1MG/ML	3	
zinc chloride inj 1 mg/ml	1	
zinc sulfate inj 1 mg/ml	1	
ZINC SULFATE INJ 1MG/ML	3	
zinc sulfate inj 3 mg/ml	1	
ZINC SULFATE INJ 3MG/ML	3	
zinc sulfate inj 5 mg/ml	1	
ZINC SULFATE INJ 5MG/ML	3	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
CUPRIMINE CAP 250MG	NC	SP
CUVRIOR TAB 300MG	NC	SP
DEPEN TITRA TAB 250MG	6	SP
EDETATE DISO INJ 150MG/ML	3	
penicillamine cap 250 mg	4	SP
penicillamine tab 250 mg	4	SP
SYPRINE CAP 250MG	NC	SP
trientine hcl cap 250 mg	4	SP
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	

Drug Name	Drug Tier	Requirements/Limits
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
TRISOD CITRA SOL 0.5%CRRT	3	
ENZYMES		
HYLENEX INJ 150 UNIT	3	
XIAFLEX INJ 0.9MG	3	SP, PA
IMMUNOMODULATORS		
IMAAVY INJ 1200/6.5	NC	SP
JOENJA TAB 70MG	NC	SP
lenalidomide cap 5 mg	4	SP, PA, QL
lenalidomide cap 10 mg	4	SP, PA, QL
lenalidomide cap 15 mg	4	SP, PA, QL
lenalidomide cap 20 mg	4	SP, PA, QL
lenalidomide cap 25 mg	4	SP, PA, QL
lenalidomide caps 2.5 mg	4	SP, PA, QL
NIKTIMVO INJ 9/0.18ML	NC	SP
NIKTIMVO INJ 22/0.44	NC	SP
REVLIMID CAP 2.5MG	5	SP, PA, QL
REVLIMID CAP 5MG	5	SP, PA, QL
REVLIMID CAP 10MG	5	SP, PA, QL
REVLIMID CAP 15MG	5	SP, PA, QL
REVLIMID CAP 20MG	5	SP, PA, QL
REVLIMID CAP 25MG	5	SP, PA, QL
REZUROCK TAB 200MG	NC	SP
RYSTIGGO INJ 280/2ML	6	SP, PA, QL
RYSTIGGO INJ 420/3ML	6	SP, PA, QL
RYSTIGGO INJ 560/4ML	6	SP, PA, QL
RYSTIGGO INJ 840/6ML	6	SP, PA, QL
THALOMID CAP 50MG	5	SP, PA, QL
THALOMID CAP 100MG	5	SP, PA, QL
VYVGART INJ 400/20ML	5	SP, PA, QL
VYVGART INJ HYTRULO	5	SP, PA, QL
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	SP; PV
ASTAGRAF XL CAP 1MG	3	SP; PV
ASTAGRAF XL CAP 5MG	3	SP; PV
ATGAM INJ 250MG	2	
azasan tab 75 mg	2	
azasan tab 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
AZATHIOPRINE INJ 100MG	NC	SP
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	2	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	SP; PV
CELLCEPT IV INJ 500MG	3	SP; PV
CELLCEPT SUS 200MG/ML	3	SP; PV
CELLCEPT TAB 500MG	3	SP; PV
cyclosporine cap 25 mg	1	SP; PV
cyclosporine cap 100 mg	1	SP; PV
cyclosporine modified cap 25 mg	1	SP; PV
cyclosporine modified cap 50 mg	1	SP; PV
cyclosporine modified cap 100 mg	1	SP; PV
cyclosporine modified oral soln 100 mg/ml	1	SP; PV
ENSPRYNG INJ	5	SP, PA, QL
ENVARSUS XR TAB 0.75MG	3	SP; PV
ENVARSUS XR TAB 1MG	3	SP; PV
ENVARSUS XR TAB 4MG	3	SP; PV
everolimus tab 0.5 mg	1	SP; PV
everolimus tab 0.25 mg	1	SP; PV
everolimus tab 0.75 mg	1	SP; PV
everolimus tab 1 mg	1	SP; PV
gengraf cap 25mg	1	SP; PV
gengraf cap 100mg	1	SP; PV
gengraf sol 100mg/ml	1	SP; PV
IMURAN TAB 50MG	3	
mycophenolate mofetil cap 250 mg	1	SP; PV
mycophenolate mofetil for oral susp 200 mg/ml	1	SP; PV
mycophenolate mofetil hcl for iv soln 500 mg (base equiv)	1	SP; PV
mycophenolate mofetil tab 500 mg	1	SP; PV
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SP; PV
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SP; PV
MYFORTIC TAB 180MG	3	SP; PV
MYFORTIC TAB 360MG	3	SP; PV
NEORAL CAP 25MG	2	SP; PV
NEORAL CAP 100MG	2	SP; PV
NEORAL SOL 100MG/ML	2	SP; PV
NULOJIX INJ 250MG	2	SP; PV
PROGRAF CAP 0.5MG	3	SP; PV
PROGRAF CAP 1MG	3	SP; PV

Drug Name	Drug Tier	Requirements/Limits
PROGRAF CAP 5MG	3	SP; PV
PROGRAF GRA 0.2MG	3	SP; PV
PROGRAF GRA 1MG	3	SP; PV
PROGRAF INJ 5MG/ML	3	SP; PV
SANDIMMUNE CAP 25MG	2	SP; PV
SANDIMMUNE CAP 100MG	2	SP; PV
SANDIMMUNE INJ 50MG/ML	2	SP; PV
SIMULECT INJ 10MG	2	
SIMULECT INJ 20MG	2	
sirolimus oral soln 1 mg/ml	1	SP; PV
sirolimus tab 0.5 mg	1	SP; PV
sirolimus tab 1 mg	1	SP; PV
sirolimus tab 2 mg	1	SP; PV
tacrolimus cap 0.5 mg	1	SP; PV
tacrolimus cap 1 mg	1	SP; PV
tacrolimus cap 5 mg	1	SP; PV
THYMOGLOBULN INJ 25MG	2	
UPLIZNA SOL 100MG	NC	SP
ZORTRESS TAB 0.5MG	3	SP; PV
ZORTRESS TAB 0.25MG	3	SP; PV
ZORTRESS TAB 0.75MG	3	SP; PV
ZORTRESS TAB 1MG	3	SP; PV
IRRIGATION SOLUTIONS		
argyl saline sol 100ml	1	
lactated ringer's for irrigation	1	
physiolyte sol	1	
physiosol sol irrigat	1	
ringer's solution for irrigation	1	
water for irrigation, sterile irrigation soln	1	
LYMPHATIC AGENTS		
SYLVANT SOL 100MG	3	SP, PA
SYLVANT SOL 400MG	3	SP, PA
MISC NATURAL PRODUCTS		
IMUBOLIC CAP	NC	
MISCELLANEOUS THERAPEUTIC CLASSES		
NEXAVIR INJ	3	
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	PA
PERITONEAL DIALYSIS SOLUTIONS		
DELFLEX-LC SOL 1.5% DEX	3	
DELFLEX-LC/ SOL 2.5% DEX	3	
DELFLEX-LC/ SOL 4.25 DEX	3	

Drug Name	Drug Tier	Requirements/Limits
DELFLEX-SM/ SOL 1.5% DEX	3	
DELFLEX-SM/ SOL 2.5% DEX	3	
DIANEAL LOW SOL CALCIUM	3	
DIANEAL PD-2 SOL 1.5% DEX	3	
DIANEAL PD-2 SOL 2.5% DEX	3	
DIANEAL PD-2 SOL 4.25%DEX	3	
DIANEAL SOL LOW CALC	3	
EXTRANEAL SOL	3	
ULTRABAG/ SOL DIANEAL	3	
ULTRABAG/PD2 SOL DIANEAL	3	
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE TAB 50MG	NC	SP
VIJOICE TAB 125MG	NC	SP
VIJOICE TAB 250MG	NC	SP
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM	NC	
LOKELMA PAK 10GM	NC	
sodium polystyrene sulfonate powder	1	
sps sus 15gm/60	2	
sps sus 30gm/120	2	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	6	SP, PA, QL
ZOKINVY CAP 75MG	6	SP, PA, QL
SCLEROSING AGENTS		
ASCLERA INJ 0.5%	3	
ASCLERA INJ 1%	3	
ETHAMOLIN INJ 5%	3	
sodium tetradecyl sulfate inj 3%	1	
sotradecol inj 1%	1	
sotradecol inj 3%	1	
VARITHENA AER 10MG/ML	6	SP
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 120MG	6	SP, PA, QL
BENLYSTA INJ 200MG/ML	6	SP, PA, QL
BENLYSTA INJ 400MG	6	SP, PA, QL
UREMIC PRURITUS AGENTS		
KORSUVA INJ 50MCG/ML	NC	

MOUTH/THROAT/DENTAL AGENTS

Drug Name	Drug Tier	Requirements/Limits
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
PERIDEX SOL 0.12%	3	
periogard sol 0.12%	1	
PERIODONTAL PRODUCTS		
ARESTIN MIS 1MG	3	
STEROIDS - MOUTH/THROAT/DENTAL		
kourzeq pst 0.1%	1	
oralone dent pst 0.1%	1	
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
BOCASAL POW	3	
CAPHOSOL SOL	3	
cevimeline hcl cap 30 mg	1	
EPISIL LIQ	2	
EVOXAC CAP 30MG	3	
GELCLAIR GEL	3	PA
MUCOTROL WAF	3	PA
MUGARD LIQ	5	SP, PA
NEUTRASAL POW	NC	
NUMOISYN LIQ	3	
NUMOISYN LOZ	3	
ORAFATE PST 10%	3	PA
ORAMAGICRX SUS	3	PA
ORAPEUTIC GEL	3	PA
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
PROTHELIAL PST 10%	3	PA
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	
SALIVAMAX POW	NC	
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
FOLIC-K CAP	NC	

Drug Name	Drug Tier	Requirements/Limits
NEPHRO-VITE TAB RX	NC	
MULTIPLE VITAMINS W/ MINERALS		
BACMIN TAB	NC	
DAYAVITE TAB	NC	
DERMACINRX TAB RIBOT-E	NC	
DEXATRAN CAP	NC	
DIALYVITE TAB SUPREM D	NC	
FOLAMED DHA CAP	NC	
FOLITIN-Z TAB	NC	
HYLAZINC TAB	NC	
KEYFOLIC TAB	NC	
NUTRICAP TAB	NC	
OCUVEL CAP 0.5MG	NC	
ONEVITE TAB	NC	
REQ 49+ TAB	NC	
SIDEROL TAB	NC	
STROVITE FOR TAB	NC	
STROVITE ONE TAB	NC	
THRIVITE 19 TAB	NC	
UDAMIN SP TAB	NC	
VENEXA FE TAB	NC	
VENEXA TAB	NC	
VENTRIXYL FE TAB	NC	
VENTRIXYL TAB	NC	
VITAROCA PLU TAB	NC	
VITRAMYN TAB	NC	
VITRANOL FE TAB	NC	
VITRANOL TAB	NC	
VITREXYL TAB	NC	
VITREXYL TAB IRON	NC	
ZINTREXYL-C TAB	NC	
MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID		
QUFLORA FE CHW	NC	
PED MULTI VITAMINS W/FL & FE		
multi-vit/fl dro /fe 0.25	1	PV
POLY-VI-FLOR CHW W/IRON	NC	
POLY-VI-FLOR SUS /IRON	NC	OTC
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	NC	
multi vit/fl chw 0.25mg	1	
multi-vit/fl dro 0.5mg/ml	1	PV
multivit/fl dro 0.25mg	1	PV

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	1	PV
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	1	PV
pediatric multiple vitamins w/ fluoride chew tab 1 mg	1	PV
POLY-VI-FLOR CHW 0.5MG	NC	
POLY-VI-FLOR CHW 0.25MG	NC	
POLY-VI-FLOR CHW 1MG	NC	
POLY-VI-FLOR MIS FS 0.5MG	NC	
POLY-VI-FLOR MIS FS 0.25	NC	
POLY-VI-FLOR SUS 0.25/ML	NC	
QUFLORA CHW	NC	
QUFLORA PED DRO 0.5MG/ML	NC	
QUFLORA PED DRO 0.25MG	NC	
TRI-VI-FLOR SUS 0.5MG/ML	NC	
TRI-VI-FLOR SUS 0.25/ML	NC	
TRI-VI-FLORO SUS 0.5MG/ML	NC	
TRI-VI-FLORO SUS 0.25/ML	NC	
tri-vit/fluo dro 0.5mg	1	PV
tri-vit/fluo dro 0.25mg	1	PV
PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE		
FLORIVA CHW 0.5MG	NC	
FLORIVA CHW 0.25MG	NC	
FLORIVA CHW 1MG	NC	
TEXAVITE LQ LIQ	NC	
PRENATAL VITAMINS		
ATABEX EC TAB	NC	
C-NATE DHA CAP 28-1-200	NC	
CITRANATAL CAP HARMONY	NC	
CITRANATAL CAP MEDLEY	NC	
CITRANATAL MIS 90 DHA	NC	
CITRANATAL MIS B-CALM	NC	
CITRANATAL PAK ASSURE	NC	
CITRANATAL PAK DHA	NC	
CITRANATAL PAK ESSENCE	NC	
CITRANATAL TAB BLOOM	NC	
CITRANATAL TAB RX	NC	
CO-NATAL FA TAB 29-1MG	NC	
COMPLETE NAT PAK DHA	NC	
COMPLETENATE CHW	NC	
CONCEPT DHA CAP	NC	
CONCEPT OB CAP	NC	

Drug Name	Drug Tier	Requirements/Limits
DUET DHA 400 MIS 25-1-400	NC	
DUET DHA MIS BALANCED	NC	
elite-ob tab	1	PV
ENBRACE HR CAP	NC	
FOLET DHA PAK	NC	
FOLET ONE CAP 38-1-225	NC	
FOLIVANE-OB CAP	NC	
inatal gt tab	1	PV
KOSHR PRENAT TAB 30-1MG	NC	
MARNATAL-F CAP	NC	
MYNATAL CAP	NC	
MYNATAL PLUS TAB	NC	
MYNATAL-Z TAB	NC	
NATACHEW CHW	NC	
NATALVIT TAB 75-1MG	NC	
NEEVO DHA CAP 27-1.13	NC	
NEONATAL TAB COMPLETE	NC	
NESTABS DHA PAK	NC	
NESTABS ONE CAP	NC	
NESTABS TAB	NC	
O-CAL TAB PRENATAL	NC	
OB COMPLETE CAP ONE	NC	
OB COMPLETE CAP PETITE	NC	
OB COMPLETE TAB	NC	
OB COMPLETE TAB PREMIER	NC	
OB COMPLETE/ CAP DHA	NC	
OBSTETRIX EC TAB	NC	
OBSTETRIX EC TAB	NC	OTC
OBSTETRIX MIS DHA	NC	OTC
PNV FOLIC AC TAB + IRON	NC	
PNV PRENATAL TAB PLUS	NC	
PNV TABS TAB 29-1MG	NC	
pnv-dha cap	1	PV
PNV-DHA CAP DOCUSATE	NC	
PNV-OMEGA CAP	NC	
pnv-select tab	1	PV
PREMESISRX TAB	NC	
PRENA1 CHW	NC	
PRENA1 PEARL CAP	NC	
PRENA 1 TRUE MIS	NC	
PRENAISSANCE CAP	NC	
PRENAISSANCE CAP PLUS	NC	
PRENATAL 19 CHW 29-1MG	NC	

Drug Name	Drug Tier	Requirements/Limits
prenatal 19 chw tab	1	PV
PRENATAL 19 TAB 29-1MG	NC	
PRENATAL DHA PAK 27-1-250	NC	
PRENATAL TAB 27-1MG	NC	
PRENATAL TAB PLUS	NC	
PRENATAL VIT TAB LOW IRON	NC	
PRENATAL+FE TAB 29-1MG	NC	
PRENATAL-U CAP 106.5-1	NC	
PRENATE AM TAB 1MG	NC	
PRENATE CAP ENHANCE	NC	
PRENATE CAP ESSENT	NC	
PRENATE CAP PIXIE	NC	
PRENATE CAP RESTORE	NC	
PRENATE CHW 0.6-0.4	NC	
PRENATE DHA CAP	NC	
PRENATE MINI CAP	NC	
PRENATE TAB ELITE	NC	
PRENATOL-M TAB 27-1.2MG	NC	
PRENATRIX TAB	NC	
PREPLUS TAB 27-1MG	NC	
PRETAB TAB 29-1MG	NC	
PRIMACARE CAP	NC	
PROVIDA OB CAP	NC	
REDICHEW RX CHW	NC	
RELNATE DHA CAP	NC	
SE-NATAL 19 CHW	NC	
SE-NATAL 19 TAB	NC	
SELECT-OB CHW	NC	
SELECT-OB+ PAK DHA	NC	
TARON-C DHA CAP	NC	
TARON-PREX CAP	NC	
THRIVITE RX TAB 29-1MG	NC	
TRI-TABS DHA MIS	NC	
TRICARE PRE CAP 27-1-500	NC	
TRICARE TAB PRENATAL	NC	
TRINATAL RX TAB 1	NC	
trinate tab	1	PV
TRISTART DHA CAP	NC	
TRISTART ONE CAP 35-1-215	NC	
VINATE DHA CAP 27-1.13	NC	
VINATE II TAB	NC	
VINATE M TAB	NC	
VINATE ONE TAB	NC	

Drug Name	Drug Tier	Requirements/Limits
VIRT-C DHA CAP	NC	
VIRT-NATE CAP DHA	NC	
VIRT-PN DHA CAP	NC	
VIRT-PN PLUS CAP	NC	
VITAFOL CAP ULTRA	NC	
VITAFOL CHW GUMMIES	NC	
VITAFOL FE+ CAP	NC	
VITAFOL-NANO TAB	NC	
VITAFOL-OB PAK +DHA	NC	
VITAFOL-OB TAB 65-1MG	NC	
VITAFOL-ONE CAP	NC	
VITAMEDMD CAP ONE RX	NC	
VITAPEARL CAP	NC	
VITATRUE MIS	NC	
VIVA DHA CAP	NC	
VOL-PLUS TAB	NC	
VOL-TAB RX TAB	NC	
VP-HEME OB MIS + DHA	NC	
VP-PNV-DHA CAP	NC	
ZATEAN-PN CAP DHA	NC	
ZATEAN-PN CAP PLUS	NC	
MUSCULOSKELETAL THERAPY AGENTS		
ARTICULAR CARTILAGE REPAIR THERAPY		
MACI MIS	NC	
CENTRAL MUSCLE RELAXANTS		
AMRIX CAP 15MG	NC	
AMRIX CAP 30MG	NC	
baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)	1	
baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)	1	
baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)	1	
baclofen oral soln 5 mg/5ml	2	
baclofen oral soln 10 mg/5ml	2	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 250 mg	NC	
carisoprodol tab 350 mg	1	
chlorzoxazone tab 250 mg	1	
chlorzoxazone tab 375 mg	NC	
chlorzoxazone tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
chlorzoxazone tab 750 mg	NC	
cyclobenzaprine hcl cap er 24hr 15 mg	NC	
cyclobenzaprine hcl cap er 24hr 30 mg	NC	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 7.5 mg	NC	
cyclobenzaprine hcl tab 10 mg	1	
fexmid tab 7.5mg	NC	
FLEQSUVY SUS 25MG/5ML	NC	
GABLOFEN INJ 50MCG/ML	3	
GABLOFEN INJ 10000/20	3	
GABLOFEN INJ 20000/20	3	
GABLOFEN INJ 40000/20	3	
lorzone tab 375mg	NC	
lorzone tab 750mg	NC	
LYVISPAH GRA 5MG	2	
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 400 mg	NC	
metaxalone tab 800 mg	1	
metaxalone tab 800 mg	NC	
methocarbamol inj 1000 mg/10ml	2	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
orphenadrine citrate inj 30 mg/ml	1	
orphenadrine citrate tab er 12hr 100 mg	1	
ROBAXIN INJ 100MG/ML	3	
SOMA TAB 250MG	3	
SOMA TAB 350MG	3	
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
DANTRIUM IV INJ 20MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
dantrolene sodium for iv soln 20 mg	1	
revonto inj 20mg	1	
RYANODEX INJ 250MG	3	

Drug Name	Drug Tier	Requirements/Limits
MUSCLE RELAXANT COMBINATIONS		
norgesic tab	NC	
norgesic tab forte	NC	
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg	NC	
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg	NC	
orphengesic tab forte	NC	
VISCOSUPPLEMENTS		
DUROLANE INJ 60MG/3ML	2	PA
EUFLEXXA INJ 10MG/ML	2	PA
GEL-ONE INJ 30MG/3ML	NC	
GELSYN-3 INJ 16.8/2ML	2	PA
GENVISC 850 INJ 25/2.5	3	PA
HYALGAN INJ 20MG/2ML	NC	
HYMOVIS INJ 24MG/3ML	NC	
MONOVISC INJ 88MG/4ML	NC	
ORTHOVISC INJ 15MG/ML	NC	
SUPARTZ FX INJ 25/2.5ML	2	PA
SYNVISC INJ 8MG/ML	NC	
SYNVISC ONE INJ 8MG/ML	NC	
VISCO-3 INJ 25/2.5ML	NC	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	
DYMISTA SPR 137-50	NC	
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANESTHETICS		
COCAINE HCL SOL 40MG/ML	NC	
GOPRELTO SOL 40MG/ML	NC	
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	
olopatadine hcl nasal soln 0.6%	1	
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
BECONASE AQ SUS 0.042%	NC	
flunisolide nasal soln 25 mcg/act (0.025%)	1	
fluticasone propionate nasal susp 50 mcg/act	1	
mometasone furoate nasal susp 50 mcg/act	1	
OMNARIS SPR	NC	
QNASL AER 80MCG	NC	
QNASL CHILD SPR 40MCG	NC	
SINUVA IMP 1350MCG	NC	
VERAMYST SPR 27.5MCG	NC	
XHANCE MIS 93MCG	3	
ZETONNA AER 37MCG	NC	
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
edaravone inj 30 mg/100ml (0.3 mg/ml)	4	SP, PA, QL
RADICAVA INJ 30MG	6	SP, PA, QL
RADICAVA ORS SUS 105/5ML	5	SP, PA, QL
RADICAVA ORS SUS STARTER	5	SP, PA, QL
RELYVRIO PAK 3-1GM	NC	SP
riluzole tab 50 mg	1	
TEGLUTIK SUS 50/10ML	NC	
DEPOLARIZING MUSCLE RELAXANTS		
ANECTINE INJ 20MG/ML	3	
ANECTINE INJ 200/10ML	3	
QUELICIN INJ 20MG/ML	3	
SUCCINYLCHOL INJ 20MG/ML	3	
succinylcholine chloride inj 20 mg/ml	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	6	SP, PA
MUSCULAR DYSTROPHY AGENTS		
EXONDYS 51 SOL 100/2ML	6	SP, PA, QL
EXONDYS 51 SOL 500/10ML	6	SP, PA, QL
VILTEPSO SOL	NC	SP
VYONDYS 53 INJ 100/2ML	NC	SP
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT	NC	
BOTOX INJ 200UNIT	NC	
DAXXIFY INJ 100U	2	PA
DYSPORT INJ 300UNIT	NC	

Drug Name	Drug Tier	Requirements/Limits
DYSPORT INJ 500UNIT	NC	
MYOBLOC INJ 2500/0.5	NC	
MYOBLOC INJ 5000/ML	NC	
MYOBLOC INJ 10000/2	NC	
XEOMIN INJ 50 UNIT	2	PA
XEOMIN INJ 100UNIT	2	PA
XEOMIN INJ 200UNIT	2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
atracurium besylate iv soln 100 mg/10ml	1	
atracurium besylate preservative free (pf) iv soln 50 mg/5ml	1	
cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)	1	
cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)	1	
cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)	1	
ROCURON BRO SOL 100/10ML	NC	
rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)	1	
rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)	1	
vecuronium bromide for inj 10 mg	1	
vecuronium bromide for inj 20 mg	1	
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	6	SP, PA, QL
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	6	SP, PA, QL
EVRYSDI TAB 5MG	6	SP, PA, QL
SPINRAZA INJ 12MG/5ML	NC	
NUTRIENTS		
CARBOHYDRATES		
dextrose inj 5%	1	
DEXTROSE INJ 5%	3	
dextrose inj 10%	1	
DEXTROSE INJ 20%	3	
dextrose inj 25%	1	
DEXTROSE INJ 25%	3	
DEXTROSE INJ 30%	3	
DEXTROSE INJ 40%	3	
dextrose inj 50%	1	
DEXTROSE INJ 50%	3	

Drug Name	Drug Tier	Requirements/Limits
dextrose inj 70%	1	
LIPIDS		
CLINOLIPID EMU 20%	3	
INTRALIPID INJ 20%	3	
INTRALIPID INJ 20%	NC	
INTRALIPID INJ 30%	3	
NEOKE MCT70 POW	NC	
NUTRILIPID EMU 20%	NC	
SMOFLIPID EMU	3	
LIPOTROPICS		
LECITHIN GRA	3	
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
PERIKABIVEN EMU	3	
PROTEINS		
AMINO ACID INJ 5%	3	
AMINO/DEXTRO SOL CAL/HEPA	3	
aminoam cap rms	1	
aminorelief cap rms	1	
aminosyn ii sol 15%	1	
AMINOSYN INJ 10%	3	
AMINOSYN-PF INJ 7%	3	
AMINOSYN-PF INJ 10%	3	
CLINIMIX E INJ 2.75/D5W	3	
CLINIMIX E INJ 4.25/D5W	3	
CLINIMIX E INJ 4.25/D10	3	
CLINIMIX E INJ 5%/D15W	3	
CLINIMIX E INJ 5%/D20W	3	
CLINIMIX INJ 4.25/D5W	3	
CLINIMIX INJ 4.25/D10	3	
CLINIMIX INJ 5%/D15W	3	
CLINIMIX INJ 5%/D20W	3	
CLINIMIX INJ 8/10	3	
CLINIMIX INJ 8/14	3	
clinisol sf inj 15%	1	
ELCYS INJ 50MG/ML	3	
plenamine inj 15%	1	
PREMASOL SOL 10%	3	
PROSOL INJ 20%	3	
TRAVASOL INJ 10%	3	
TROPHAMINE INJ 10%	3	

OPHTHALMIC AGENTS

Drug Name	Drug Tier	Requirements/Limits
ARTIFICIAL TEARS AND LUBRICANTS		
LACRISERT MIS 5MG OP	NC	
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
BETIMOL SOL 0.5% OP	NC	
BETIMOL SOL 0.25% OP	NC	
BETOPTIC-S SUS 0.25% OP	2	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COMBIGAN SOL 0.2/0.5%	NC	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
DORZOL/TIMOL SOL 2-0.5%OP	NC	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
ISTALOL SOL 0.5% OP	3	
levobunolol hcl ophth soln 0.5%	1	
TIM/BRIM/DOR SOL	NC	
TIM/BRIM/DOR SOL /BIMATOP	NC	
TIM/DORZ/LAT SOL	NC	
TIMOL/BRIM SOL DORZ/LAT	NC	
TIMOL/BRIMO/ SOL DORZOL	NC	
TIMOL/LATAN SOL	NC	
TIMOLOL MAL/ SOL BIMATOPR	NC	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	2	
timolol maleate preservative free ophth soln 0.25%	2	
timolol ophth soln 0.5%	1	
TIMOPTIC OCU SOL 0.25% OP	NC	
CYCLOPLEGIC MYDRIATICS		
altafrin sol 2.5% op	1	
altafrin sol 10% op	1	
ATROPINE SUL SOL 1% OP	3	
atropine sulfate ophth soln 1%	1	

Drug Name	Drug Tier	Requirements/Limits
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 1%	1	
MYDRIACYL SOL 1% OP	3	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
tropicamide ophth soln 0.5%	1	
tropicamide ophth soln 1%	1	
MIOTICS		
MIOCHOL-E SOL 1:100	3	
MIOSTAT INJ 0.01% OP	3	
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
QLOSI SOL 0.4%	NC	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU INJ 6/0.05ML	NC	SP
BEVACIZUMAB INJ 2.75MG	NC	SP
BEVACIZUMAB INJ 3.75MG	NC	SP
BYOOVIZ INJ 0.5MG	5	SP, PA
CIMERLI INJ 0.3MG	5	SP, PA
CIMERLI INJ 0.5MG	5	SP, PA
EYLEA INJ 2/0.05ML	NC	SP
LUCENTIS INJ 0.3MG	NC	SP
LUCENTIS INJ 0.5MG	NC	SP
LUCENTIS SOL 0.3MG	NC	SP
LUCENTIS SOL 0.5MG	NC	SP
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1%	2	
ALPHAGAN P SOL 0.15%	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
BRIMO/DORZO SOL 0.15-2%	NC	
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1%	NC	
bacitracin ophth oint 500 unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUS 0.6%	2	
BETADINE SOL 5% OP	3	
CILOXAN OIN 0.3% OP	NC	
CILOXAN SOL 0.3% OP	NC	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
ERYTHROMYCIN OIN 5MG/GM	3	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
levofloxacin ophth soln 0.5%	1	
levofloxacin ophth soln 1.5%	1	
MITOSOL KIT 0.2MG	3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	2	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
MOXIFLOXACIN SOL 1MG/ML	NC	
MOXIFLOXACIN SOL 5MG/ML	NC	
NATACYN SUS 5% OP	3	
neo-polycin oin op	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polycin oin op	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
TOBRA/VANCO DRO 1.5-5%	3	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	2	
VIGAMOX DRO 0.5%	3	
XDEMVY DRO 0.25%	NC	
ZIRGAN GEL 0.15%	NC	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY SOL 2/0.1ML	NC	SP
SYFOVRE INJ 15/0.1ML	NC	SP
OPHTHALMIC IMMUNOMODULATORS		
cyclosporine (ophth) emulsion 0.05%	1	PA, QL
RESTASIS EMU 0.05% OP	NC	
RESTASIS MUL EMU 0.05% OP	NC	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	NC	
ROCKLATAN DRO	NC	
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
altacaine sol 0.5% op	1	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	6	SP, QL
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE INJ 15MG	6	SP, PA
OPHTHALMIC PHOTOENHANCERS		
PHOTREXA VIS SOL 0.146-20	NC	
PHOTREXA/PHO SOL VISC KIT	NC	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	NC	
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
DEXTENZA MIS 0.4MG	NC	
DEXYCU SUS 9%	NC	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA, QL
FLAREX SUS 0.1% OP	NC	
fluorometholone ophth susp 0.1%	1	
FML FORTE SUS 0.25% OP	NC	
FML LIQUIFLM SUS 0.1% OP	NC	
FML OIN 0.1% OP	NC	
ILUVIEN IMP 0.19MG	6	SP

Drug Name	Drug Tier	Requirements/Limits
INVELTYS SUS 1%	NC	
LOTEMAX GEL 0.5%	NC	
LOTEMAX OIN 0.5%	NC	
LOTEMAX SM GEL 0.38%	NC	
LOTEMAX SUS 0.5%	NC	
loteprednol etabonate ophth gel 0.5%	1	
loteprednol etabonate ophth susp 0.2%	2	
loteprednol etabonate ophth susp 0.5%	1	
MAXIDEX SUS 0.1% OP	NC	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neo-polycin oin hc 1%op	1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	2	
OZURDEX IMP 0.7MG	6	SP
PRED FORTE SUS 1% OP	NC	
PRED MILD SUS 0.12% OP	NC	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	
PREDNISOLONE SUS 1%	3	
RETISERT IMP 0.59MG	6	SP
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	NC	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
TRIESENCE INJ 40MG/ML	3	
TRIMOXI+ INJ	NC	
XIPERE SUS 40MG/ML	NC	SP
YUTIQ IMP 0.18MG	NC	SP
ZYLET SUS 0.5-0.3%	NC	
OPHTHALMIC SURGICAL AIDS		
AMVISC INJ 12MG/ML	3	
AMVISC PLUS SOL 12.8/0.8	3	
GELFILM MIS OP	3	
HEALON5 PRO INJ 23MG/ML	3	
HEALON DUET INJ PRO	3	
HEALON GV INJ 18MG PRO	3	
HEALON PRO INJ 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
OMIDRIA INJ 1-0.3%	3	
PROVISC INJ 1%	3	
VISIONBLUE INJ 0.06%	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ACUVAIL SOL 0.45%	NC	
ak-fluor inj 10%	1	
ALOCRIL SOL 2%	3	
altafluor-be sol 0.25-0.4	1	
azelastine hcl ophth soln 0.05%	1	
AZOPT SUS 1% OP	3	
bepotastine besilate ophth soln 1.5%	1	
BEPREVE DRO 1.5% OP	3	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	2	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
BROMSITE DRO 0.075%OP	NC	
BSS PLUS SOL OP	3	
BSS SOL OP	3	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	6	SP, PA, QL
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
DORZOLAMIDE SOL 2% OP	3	
epinastine hcl ophth soln 0.05%	1	
FLUOR-I-STRI TES 1MG OP	3	
FLUORE/BENOX SOL 0.3-0.4%	3	
fluorescein sodium iv soln 10%	1	
fluorescein sodium iv soln 25%	1	
fluorescein w/ benoxinate ophth soln 0.25-0.4%	1	
fluorescein w/ proparacaine ophth soln 0.25-0.5%	1	
FLUORESCITE INJ 10%	3	
FLURA-SAFE SOL	3	
flurbiprofen sodium ophth soln 0.03%	1	
ILEVRO DRO 0.3% OP	2	
ketorolac tromethamine ophth soln 0.4%	1	

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine ophth soln 0.5%	1	
LASTACAFT SOL 0.25%	NC	
MIEBO DRO 1.3GM/ML	NC	
NEVANAC SUS 0.1%	NC	
olopatadine hcl ophth soln 0.2% (base equivalent)	1	
PROLENSA DRO 0.07% OP	2	
UPNEEQ SOL 0.1%	NC	
ZERVIATE DRO 0.24%	NC	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	
LATANOPROST SOL 0.005%	NC	
LUMIGAN SOL 0.01% OP	NC	
tafluprost preservative free (pf) ophth soln 0.0015%	1	
TRAVATAN Z DRO 0.004%	NC	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
VYZULTA SOL 0.024%	NC	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	ST
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	2	
ofloxacin otic soln 0.3%	1	
OTIPRIO SUS 60MG/ML	NC	
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	NC	
CIPRODEX SUS 0.3-0.1%	NC	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NC	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTOVEL DRO	NC	

Drug Name	Drug Tier	Requirements/Limits
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
carboprost tromethamine im soln 250 mcg/ml	1	
CERVIDIL VAG MIS 10MG INS	3	
HEMABATE INJ 250MCG	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
methergine tab 0.2mg	2	
methylergonovine maleate inj 0.2 mg/ml	1	
methylergonovine maleate tab 0.2 mg	2	
oxytocin inj 10 unit/ml	1	
PITOCIN INJ 10UNT/ML	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
ANTITOXINS-ANTIVENINS		
ANASCORP INJ	3	
ANAVIP INJ	3	
ANTIVENIN KIT LAT MACT	3	
ANTIVENIN NA INJ CORAL SN	3	
CROFAB INJ	3	
IMMUNE SERUMS		
ALYGLO INJ 5GM/50ML	NC	
ALYGLO INJ 10/100ML	NC	
ALYGLO INJ 20/200ML	NC	
BIVIGAM INJ 10%	M	
CARIMUNE NF INJ 6GM	M	
CUTAQUIG SOL 1.65GM	5	SP, PA
CUTAQUIG SOL 1GM	5	SP, PA
CUTAQUIG SOL 2GM	5	SP, PA
CUTAQUIG SOL 3.3GM	5	SP, PA
CUTAQUIG SOL 4GM	5	SP, PA
CUTAQUIG SOL 8GM	5	SP, PA
CUVITRU INJ 2GM/10ML	M	
CUVITRU INJ 4GM/20ML	M	
CUVITRU INJ 8GM/40ML	M	
CUVITRU SOL 1GM/5ML	M	
CYTOGAM INJ	6	PV
GAMMAGARD INJ 1GM/10ML	5	SP, PA
GAMMAGARD INJ 2.5GM/25	5	SP, PA
GAMMAGARD INJ 5GM/50ML	5	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD INJ 10GM/100	5	SP, PA
GAMMAGARD INJ 20GM/200	5	SP, PA
GAMMAGARD INJ 30GM/300	5	SP, PA
GAMMAGARD SD INJ 5GM HU	5	SP, PA
GAMMAGARD SD INJ 10GM HU	5	SP, PA
GAMMAKED INJ 1GM/10ML	5	SP, PA
GAMMAKED INJ 5GM/50ML	5	SP, PA
GAMMAKED INJ 10GM/100	5	SP, PA
GAMMAKED INJ 20GM/200	5	SP, PA
GAMUNEX-C INJ 1GM/10ML	5	SP, PA
GAMUNEX-C INJ 2.5GM/25	5	SP, PA
GAMUNEX-C INJ 5GM/50ML	5	SP, PA
GAMUNEX-C INJ 10GM/100	5	SP, PA
GAMUNEX-C INJ 20GM/200	5	SP, PA
GAMUNEX-C INJ 40/400ML	5	SP, PA
HEPAGAM B INJ	M	
HIZENTRA INJ 1GM/5ML	5	SP, PA
HIZENTRA INJ 1GM/5ML	5	SP, PA
HIZENTRA INJ 2GM/10ML	5	SP, PA
HIZENTRA INJ 2GM/10ML	5	SP, PA
HIZENTRA INJ 4GM/20ML	5	SP, PA
HIZENTRA INJ 10/50ML	5	SP, PA
HIZENTRA SOL 20%	5	SP, PA
HYPERHEP B INJ	M	
HYPERRAB INJ 300UNIT	3	PV
HYPERRAB INJ 1500UNIT	3	PV
HYPERRHO S/D INJ 50MCG	M	
HYPERRHO S/D INJ 300MCG	M	
HYPERTET INJ 250/ML	3	PV
IMOGAM RABIE INJ 300/2ML	3	PV
KEDRAB SOL 150UNITS	3	PV
KEDRAB SOL 300/2ML	3	PV
MICRHOGAM PL INJ 50MCG	M	
NABI-HB INJ	M	
PANZYGA SOL 1GM/10ML	M	
PANZYGA SOL 2.5/25ML	M	
PANZYGA SOL 5GM/50ML	M	
PANZYGA SOL 10/100ML	M	
PANZYGA SOL 20/200ML	M	
PANZYGA SOL 30/300ML	M	
RHOGAM PLUS INJ 300MCG	M	
RHOPHYLAC INJ 1500/2ML	M	
VARIZIG INJ 125/1.2	M	

Drug Name	Drug Tier	Requirements/Limits
VARIZIG INJ 125UNIT	M	
WINRHO SDF INJ 1500UNIT	M	
WINRHO SDF INJ 2500UNIT	M	
WINRHO SDF INJ 5000UNIT	M	
WINRHO SDF INJ 15000UNT	M	
MONOCLONAL ANTIBODIES		
BEYFORTUS INJ 50/0.5ML	3	ACA, PV
BEYFORTUS INJ 100MG/ML	3	ACA, PV
SYNAGIS INJ 50/0.5ML	NC	SP
SYNAGIS INJ 100MG/ML	NC	SP
ZINPLAVA SOL 25MG/ML	NC	SP
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200	NC	SP
HYQVIA INJ 5-400	NC	SP
HYQVIA INJ 10-800	NC	SP
HYQVIA INJ 20-1600	NC	SP
HYQVIA INJ 30-2400	NC	SP
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	
ampicillin cap 500 mg	1	
ampicillin sodium for inj 1 gm	1	
ampicillin sodium for inj 2 gm	2	
ampicillin sodium for inj 250 mg	1	
ampicillin sodium for inj 500 mg	1	
ampicillin sodium for iv soln 1 gm	1	
ampicillin sodium for iv soln 2 gm	1	
ampicillin sodium for iv soln 10 gm	1	
NATURAL PENICILLINS		
BICILLIN L-A INJ 600000	3	
BICILLIN L-A INJ 1200000	3	
BICILLIN L-A INJ 2400000	3	
EXTENCILLINE INJ 1200000	3	

Drug Name	Drug Tier	Requirements/Limits
EXTENCILLINE INJ 2400000	3	
LENTOCILIN INJ 1200000	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium for inj 5000000 unit	2	
penicillin g potassium for inj 20000000 unit	1	
penicillin g sodium for inj 5000000 unit	1	
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
pfizerpen inj 5mu	2	
pfizerpen inj 20mu	1	
pfizerpen inj 20000000	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	

Drug Name	Drug Tier	Requirements/Limits
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.5GM	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
NAFCILLIN INJ 2GM/100	3	
nafcillin sodium for inj 1 gm	1	
nafcillin sodium for inj 2 gm	1	
nafcillin sodium for iv soln 10 gm	1	
nafcillin sodium for iv soln 10 gm	NC	
OXACILLIN INJ 2GM	3	
oxacillin sodium for inj 1 gm (base equivalent)	1	
oxacillin sodium for inj 2 gm (base equivalent)	1	
oxacillin sodium for iv soln 10 gm (base equivalent)	1	
PROGESTINS		
PROGESTINS		
gallifrey tab 5mg	1	
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PROMETRIUM CAP 100MG	NC	
PROMETRIUM CAP 200MG	NC	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	
PROVERA TAB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	PV
disulfiram tab 250 mg	1	PV
lofexidine hcl tab 0.18 mg (base equivalent)	NC	
LUCEMYRA TAB 0.18MG	NC	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	5	SP, PA, QL
LUMRYZ PAK 7.5GM	5	SP, PA, QL
LUMRYZ PAK 9GM	5	SP, PA, QL
LUMRYZ PKG 4.5GM	5	SP, PA, QL
XYREM SOL 500MG/ML	NC	
XYWAV SOL 0.5GM/ML	5	SP, PA, QL
ANTIDEMENTIA AGENTS		
ADLARITY DIS 5MG/DAY	NC	
ADLARITY DIS 10MG/DAY	NC	
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	2	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	2	
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	2	
NAMENDA TAB 5-10MG	3	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
ZUNVEYL TAB 5MG	NC	
ZUNVEYL TAB 10MG	NC	
ZUNVEYL TAB 15MG	NC	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
LYBALVI TAB 5-10MG	3	PA; PV
LYBALVI TAB 10-10MG	3	PA; PV
LYBALVI TAB 15-10MG	3	PA; PV
LYBALVI TAB 20-10MG	3	PA; PV
olanzapine-fluoxetine hcl cap 3-25 mg	2	
olanzapine-fluoxetine hcl cap 6-25 mg	2	
olanzapine-fluoxetine hcl cap 6-50 mg	2	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	2	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	5	SP, PA, QL
AUSTEDO TAB 9MG	5	SP, PA, QL
AUSTEDO TAB 12MG	5	SP, PA, QL
AUSTEDO XR TAB 6MG	5	SP, PA, QL
AUSTEDO XR TAB 12MG	5	SP, PA, QL
AUSTEDO XR TAB 18MG	5	SP, PA, QL
AUSTEDO XR TAB 24MG	5	SP, PA, QL
AUSTEDO XR TAB 30MG ER	5	SP, PA, QL
AUSTEDO XR TAB 36MG ER	5	SP, PA, QL
AUSTEDO XR TAB 42MG ER	5	SP, PA, QL
AUSTEDO XR TAB 48MG ER	5	SP, PA, QL
AUSTEDO XR TAB TITR KIT	5	SP, PA, QL
INGREZZA CAP 40-80MG	5	SP, PA, QL
INGREZZA CAP 40MG	5	SP, PA, QL
INGREZZA CAP 60MG	5	SP, PA, QL
INGREZZA CAP 80MG	5	SP, PA, QL
tetrabenazine tab 12.5 mg	4	SP, PA, QL
tetrabenazine tab 25 mg	4	SP, PA, QL
XENAZINE TAB 12.5MG	NC	SP
XENAZINE TAB 25MG	NC	SP
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	6	SP, ST, PA, QL
AUBAGIO TAB 7MG	NC	SP
AUBAGIO TAB 14MG	NC	SP
AVONEX PEN KIT 30MCG	5	SP, PA, QL; PV
AVONEX PREFL KIT 30MCG	5	SP, PA, QL; PV
BETASERON INJ 0.3MG	5	SP, PA, QL; PV
COPAXONE INJ 40MG/ML	5	SP, PA, QL; PV
dalfampridine tab er 12hr 10 mg	4	SP, PA, QL
dimethyl fumarate capsule delayed release 120 mg	1	SP, PA, QL; PV

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule delayed release 240 mg	1	SP, PA, QL; PV
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	SP, PA, QL; PV
EXTAVIA INJ 0.3MG	NC	SP
fingolimod hcl cap 0.5 mg (base equiv)	4	SP, PA, QL; PV
GILENYA CAP 0.5MG	NC	SP
glatiramer acetate soln prefilled syringe 20 mg/ml	4	SP, PA, QL; PV
glatiramer acetate soln prefilled syringe 40 mg/ml	4	SP, PA, QL; PV
glatopa inj 20mg/ml	4	SP, PA, QL; PV
glatopa inj 40mg/ml	4	SP, PA, QL; PV
KESIMPTA INJ 20/.4ML	5	SP, PA, QL; PV
LEMTRADA INJ 12/1.2ML	NC	SP
MAVENCLAD PAK 10MG(4)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(5)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(6)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(7)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(8)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(9)	6	SP, PA, QL; PV
MAVENCLAD PAK 10MG(10)	6	SP, PA, QL; PV
MAYZENT PAK STARTER	5	SP, PA, QL; PV
MAYZENT TAB 0.25MG	5	SP, PA, QL; PV
MAYZENT TAB 1MG	5	SP, PA, QL; PV
MAYZENT TAB 2MG	5	SP, PA, QL; PV
OCREVUS INJ 300/10ML	5	SP, PA, QL; PV
PLEGRIDY INJ	6	SP, PA, QL; PV
PLEGRIDY INJ PEN	6	SP, PA, QL; PV
PLEGRIDY INJ STARTER	6	SP, PA, QL; PV
PLEGRIDY PEN INJ STARTER	6	SP, PA, QL; PV
PONVORY TAB 20MG	6	SP, PA, QL; PV
PONVORY TAB STARTER	6	SP, PA, QL; PV
REBIF INJ 22/0.5	5	SP, PA, QL; PV
REBIF INJ 44/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ 22/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ 44/0.5	5	SP, PA, QL; PV
REBIF REBIDO INJ TITRATN	5	SP, PA, QL; PV
REBIF TITRTN INJ PACK	5	SP, PA, QL; PV
TASCENSO ODT TAB 0.25MG	NC	SP
TECFIDERA CAP 120MG	NC	SP
TECFIDERA CAP 240MG	NC	SP
TECFIDERA CAP STARTER	NC	SP

Drug Name	Drug Tier	Requirements/Limits
teriflunomide tab 7 mg	4	SP, PA, QL; PV
teriflunomide tab 14 mg	4	SP, PA, QL; PV
TYSABRI INJ 300/15ML	5	SP, PA, QL; PV
VUMERITY CAP 231MG	NC	SP
ZEPOSIA 7DAY CAP STR PACK	5	SP, PA, QL; PV; Preferred for Multiple Sclerosis and Ulcerative Colitis
ZEPOSIA CAP 0.92MG	5	SP, PA, QL; PV; Preferred for Multiple Sclerosis and Ulcerative Colitis
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	2	
gabapentin (once-daily) tab 600 mg	2	
GRALISE TAB 300MG	2	
GRALISE TAB 450MG	2	
GRALISE TAB 600MG	2	
GRALISE TAB 750MG	2	
GRALISE TAB 900MG	2	
pregabalin tab er 24hr 82.5 mg	2	
pregabalin tab er 24hr 165 mg	2	
pregabalin tab er 24hr 330 mg	2	
PSEUDOBULBAR AFFECT (PBA) AGENTS		
NUEDEXTA CAP 20-10MG	2	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	2	
HORIZANT TAB 600MG ER	2	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	ACA, PV
cvs nicotine dis 7mg/24hr	0	OTC; ACA, PV
cvs nicotine dis 14mg/24h	0	OTC; ACA, PV
cvs nicotine dis 21mg/24h	0	OTC; ACA, PV
cvs nicotine gum 2mg cinn	0	OTC; ACA, PV
cvs nicotine gum 2mg mint	0	OTC; ACA, PV
cvs nicotine gum 2mg orig	0	OTC; ACA, PV
cvs nicotine gum 2mgfruit	0	OTC; ACA, PV
cvs nicotine gum 4mg	0	OTC; ACA, PV
cvs nicotine gum 4mg cinn	0	OTC; ACA, PV
cvs nicotine gum 4mg mint	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
cvs nicotine gum 4mg orig	0	OTC; ACA, PV
cvs nicotine gum 4mgfruit	0	OTC; ACA, PV
cvs nicotine loz 2mg	0	OTC; ACA, PV
cvs nicotine loz 2mg mint	0	OTC; ACA, PV
cvs nicotine loz 4mg mint	0	OTC; ACA, PV
eq nicotine dis 7mg/24hr	0	OTC; ACA, PV
eq nicotine dis 14mg/24h	0	OTC; ACA, PV
eq nicotine dis 21mg/24h	0	OTC; ACA, PV
eq nicotine gum 2mg cinn	0	OTC; ACA, PV
eq nicotine gum 2mg mint	0	OTC; ACA, PV
eq nicotine gum 2mgfruit	0	OTC; ACA, PV
eq nicotine gum 4mg cinn	0	OTC; ACA, PV
eq nicotine gum 4mg mint	0	OTC; ACA, PV
eq nicotine gum 4mg orig	0	OTC; ACA, PV
eq nicotine gum 4mgfruit	0	OTC; ACA, PV
eq nicotine loz 2mg cinn	0	OTC; ACA, PV
eq nicotine loz 2mg mint	0	OTC; ACA, PV
eq nicotine loz 4mg cinn	0	OTC; ACA, PV
eq nicotine loz 4mg mint	0	OTC; ACA, PV
ft nicotine dis 7mg/24hr	0	OTC; ACA, PV
ft nicotine dis 14mg/24h	0	OTC; ACA, PV
ft nicotine dis 21mg/24h	0	OTC; ACA, PV
ft nicotine gum 2mg	0	OTC; ACA, PV
ft nicotine gum 4mg	0	OTC; ACA, PV
ft nicotine loz 2mg	0	OTC; ACA, PV
ft nicotine loz 4mg	0	OTC; ACA, PV
gnp nicotine dis 7mg/24hr	0	OTC; ACA, PV
gnp nicotine dis 14mg/24h	0	OTC; ACA, PV
gnp nicotine dis 21mg/24h	0	OTC; ACA, PV
gnp nicotine gum 2mg mint	0	OTC; ACA, PV
gnp nicotine gum 2mg orig	0	OTC; ACA, PV
gnp nicotine gum 4mg frt	0	OTC; ACA, PV
gnp nicotine gum 4mg mint	0	OTC; ACA, PV
gnp nicotine gum 4mg orig	0	OTC; ACA, PV
gnp nicotine loz 2mg mint	0	OTC; ACA, PV
gnp nicotine loz 4mg cher	0	OTC; ACA, PV
gnp nicotine loz 4mg mint	0	OTC; ACA, PV
gnp nicotine loz mini 2mg	0	OTC; ACA, PV
habitrol dis 21mg/24h	0	OTC; ACA, PV
kls quit2 gum 2mg	0	OTC; ACA, PV
kls quit2 loz 2mg	0	OTC; ACA, PV
kls quit4 gum 4mg	0	OTC; ACA, PV
kls quit4 loz 4mg	0	OTC; ACA, PV

Drug Name	Drug Tier	Requirements/Limits
nicotine dis 7mg/24hr	0	OTC; ACA, PV
nicotine dis step 1	0	OTC; ACA, PV
nicotine gum 2mg	0	OTC; ACA, PV
nicotine gum 4mg	0	OTC; ACA, PV
nicotine loz 4mg mint	0	OTC; ACA, PV
nicotine loz mini 2mg	0	OTC; ACA, PV
nicotine pol loz 2mg mini	0	OTC; ACA, PV
nicotine polacrilex gum 2 mg	0	OTC; ACA, PV
nicotine polacrilex gum 4 mg	0	OTC; ACA, PV
nicotine polacrilex lozenge 2 mg	0	OTC; ACA, PV
nicotine polacrilex lozenge 4 mg	0	OTC; ACA, PV
nicotine td dis 7mg/24hr	0	OTC; ACA, PV
nicotine td dis 14mg/24h	0	OTC; ACA, PV
nicotine td dis 21mg/24h	0	OTC; ACA, PV
nicotine td dis step 1	0	OTC; ACA, PV
nicotine td dis step 3	0	OTC; ACA, PV
nicotine td patch 24hr 14 mg/24hr	0	OTC; ACA, PV
nicotine td patch 24hr 21 mg/24hr	0	OTC; ACA, PV
NICOTROL INH	3	ACA, PV
NICOTROL NS SPR 10MG/ML	3	ACA, PV
qc nicotine dis 14mg/24h	0	OTC; ACA, PV
qc nicotine dis 21mg/24h	0	OTC; ACA, PV
ra nicotine dis 14mg/24h	0	OTC; ACA, PV
ra nicotine dis 21mg/24h	0	OTC; ACA, PV
ra nicotine gum 2mg	0	OTC; ACA, PV
ra nicotine gum 2mg mint	0	OTC; ACA, PV
ra nicotine gum 4mg	0	OTC; ACA, PV
ra nicotine gum 4mg mint	0	OTC; ACA, PV
ra nicotine loz 2mg mint	0	OTC; ACA, PV
ra nicotine loz 4mg mint	0	OTC; ACA, PV
sm nicotine gum 4mg	0	OTC; ACA, PV
thrive gum 2mg mint	0	OTC; ACA, PV
varenicline tartrate tab 0.5 mg (base equiv)	0	ACA, PV
varenicline tartrate tab 1 mg (base equiv)	0	ACA, PV
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	ACA, PV
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
ONPATTRO SOL 10MG/5ML	6	SP, PA, QL
WAINUA INJ 45/0.8ML	NC	SP
VASOMOTOR SYMPTOM AGENTS		
paroxetine mesylate cap 7.5 mg (base equiv)	NC	

RESPIRATORY AGENTS - MISC.

Drug Name	Drug Tier	Requirements/Limits
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP INJ 500MG	5	SP, PA
ARALAST NP INJ 1000MG	5	SP, PA
GLASSIA INJ	5	SP, PA
PROLASTIN-C INJ 1000MG	NC	SP
ZEMAIRA INJ 1000MG	5	SP, PA
ZEMAIRA INJ 4000MG	5	SP, PA
ZEMAIRA INJ 5000MG	5	SP, PA
CYSTIC FIBROSIS AGENTS		
ALYFTREK TAB 4-20-50	NC	SP
BRONCHITOL CAP 40MG	NC	SP
KALYDECO GRA 5.8MG	6	SP, PA, QL
KALYDECO GRA 13.4MG	6	SP, PA, QL
KALYDECO PAK 25MG	6	SP, PA, QL
KALYDECO PAK 50MG	6	SP, PA, QL
KALYDECO PAK 75MG	6	SP, PA, QL
KALYDECO TAB 150MG	6	SP, PA, QL
ORKAMBI GRA 75-94MG	6	SP, PA, QL
ORKAMBI GRA 100-125	6	SP, PA, QL
ORKAMBI GRA 150-188	6	SP, PA, QL
ORKAMBI TAB 100-125	6	SP, PA, QL
ORKAMBI TAB 200-125	6	SP, PA, QL
PULMOZYME SOL 1MG/ML	6	SP, PA, QL
SYMDEKO TAB 50-75MG	6	SP, PA, QL
SYMDEKO TAB 100-150	6	SP, PA, QL
TRIKAFTA PAK 59.5MG	6	SP, PA, QL
TRIKAFTA PAK 75MG	6	SP, PA, QL
TRIKAFTA TAB	6	SP, PA, QL
PLEURAL SCLEROSING AGENTS		
SCLEROSOL AER INTRAPLE	3	
STERIL TALC SUS 5GM	3	
STERITALC POW 2GM	3	
STERITALC POW 3GM	3	
STERITALC POW 4GM	3	
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG	NC	SP
ESBRIET TAB 267MG	NC	SP
ESBRIET TAB 801MG	NC	SP
OFEV CAP 100MG	5	SP, PA, QL
OFEV CAP 150MG	5	SP, PA, QL
pirfenidone cap 267 mg	4	SP, PA, QL
pirfenidone tab 267 mg	4	SP, PA, QL

Drug Name	Drug Tier	Requirements/Limits
pirfenidone tab 801 mg	4	SP, PA, QL
RESPIRATORY AGENTS - MISC.		
CUROSURF SUS 120/1.5	3	
CUROSURF SUS 240/3ML	3	
INFASURF SUS 35MG/ML	3	
SURVANTA INH	3	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA INJ 100MG	3	PA
NUZYRA TAB 150MG	3	PA
FLUOROCYCLINES		
XERAVA INJ 50MG	3	
XERAVA INJ 100MG	3	
GLYCYLCYCLINES		
tigecycline for iv soln 50 mg	1	
TIGECYCLINE INJ 50MG	3	
TYGACIL INJ 50MG	3	
TYGACIL INJ 50MG	NC	
TETRACYCLINES		
ACTICLATE TAB 75MG	NC	
ACTICLATE TAB 150MG	NC	
avidoxy tab 100mg	1	
coremino tab 45mg	NC	
coremino tab 90mg	NC	
coremino tab 135mg	NC	
demeclocycline hcl tab 150 mg	2	
demeclocycline hcl tab 300 mg	1	
DORYX MPC TAB 120MG	NC	
DORYX TAB 50MG	NC	
DORYX TAB 80MG	NC	
DORYX TAB 200MG	NC	
doxy 100 inj 100mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate for inj 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 50 mg	NC	
doxycycline hyclate tab 75 mg	NC	
doxycycline hyclate tab 100 mg	1	
doxycycline hyclate tab 150 mg	NC	
doxycycline hyclate tab delayed release 50 mg	NC	
doxycycline hyclate tab delayed release 75 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate tab delayed release 80 mg	NC	
doxycycline hyclate tab delayed release 100 mg	NC	
doxycycline hyclate tab delayed release 150 mg	NC	
doxycycline hyclate tab delayed release 200 mg	NC	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 75 mg	NC	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate cap 150 mg	NC	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
MINOCIN CAP 50MG	NC	
MINOCIN INJ 100MG	3	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl cap er 24hr 45 mg (base equivalent)	NC	
minocycline hcl cap er 24hr 90 mg (base equivalent)	NC	
minocycline hcl cap er 24hr 135 mg (base equivalent)	NC	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
minocycline hcl tab er 24hr 45 mg	NC	
minocycline hcl tab er 24hr 55 mg	NC	
minocycline hcl tab er 24hr 65 mg	NC	
minocycline hcl tab er 24hr 80 mg	NC	
minocycline hcl tab er 24hr 90 mg	NC	
minocycline hcl tab er 24hr 105 mg	NC	
minocycline hcl tab er 24hr 115 mg	NC	
minocycline hcl tab er 24hr 135 mg	NC	
MINOLIRA TAB 105MG	NC	
MINOLIRA TAB 135MG	NC	
mondoxyne nl cap 75mg	NC	
mondoxyne nl cap 100mg	1	
MORGIDOX KIT 1X50MG	NC	
okebo cap 75mg	NC	
SEYSARA TAB 100MG	NC	

Drug Name	Drug Tier	Requirements/Limits
SEYSARA TAB 150MG	NC	
targadox tab 50mg	NC	
tetracycline hcl cap 250 mg	1	
tetracycline hcl cap 500 mg	1	
XIMINO CAP 45MG ER	NC	
XIMINO CAP 90MG ER	NC	
XIMINO CAP 135MG ER	NC	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	
THYROID HORMONES		
ADTHYZA TAB 15MG	NC	
ADTHYZA TAB 16.25MG	NC	
ADTHYZA TAB 30MG	NC	
ADTHYZA TAB 32.5MG	NC	
ADTHYZA TAB 60MG	NC	
ADTHYZA TAB 65MG	NC	
ADTHYZA TAB 90MG	NC	
ADTHYZA TAB 97.5MG	NC	
ADTHYZA TAB 120MG	NC	
ADTHYZA TAB 130MG	NC	
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
CYTOMEL TAB 5MCG	NC	
CYTOMEL TAB 25MCG	NC	
CYTOMEL TAB 50MCG	NC	
euthyrox tab 25mcg	1	
euthyrox tab 50mcg	1	
euthyrox tab 75mcg	1	
euthyrox tab 88mcg	1	
euthyrox tab 100mcg	1	
euthyrox tab 112mcg	1	
euthyrox tab 125mcg	1	
euthyrox tab 137mcg	1	

Drug Name	Drug Tier	Requirements/Limits
euthyrox tab 150mcg	1	
euthyrox tab 175mcg	1	
euthyrox tab 200mcg	1	
levo-t tab 25mcg	1	
levo-t tab 50mcg	1	
levo-t tab 75mcg	1	
levo-t tab 88mcg	1	
levo-t tab 100mcg	1	
levo-t tab 112mcg	1	
levo-t tab 125mcg	1	
levo-t tab 137mcg	1	
levo-t tab 150mcg	1	
levo-t tab 175mcg	1	
levo-t tab 200mcg	1	
levo-t tab 300 mcg	1	
LEVOTHYROXIN INJ 100MCG	3	
LEVOTHYROXIN INJ 200MCG	3	
LEVOTHYROXIN INJ 500MCG	3	
levothyroxine sodium cap 13 mcg	NC	
levothyroxine sodium cap 25 mcg	NC	
levothyroxine sodium cap 50 mcg	NC	
levothyroxine sodium cap 75 mcg	NC	
levothyroxine sodium cap 88 mcg	NC	
levothyroxine sodium cap 100 mcg	NC	
levothyroxine sodium cap 112 mcg	NC	
levothyroxine sodium cap 125 mcg	NC	
levothyroxine sodium cap 137 mcg	NC	
levothyroxine sodium cap 150 mcg	NC	
levothyroxine sodium cap 175 mcg	NC	
levothyroxine sodium cap 200 mcg	NC	
levothyroxine sodium for iv inj 100 mcg	1	
levothyroxine sodium for iv inj 200 mcg	1	
levothyroxine sodium for iv inj 500 mcg	1	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
levoxyl tab 25mcg	1	
levoxyl tab 50mcg	1	
levoxyl tab 75mcg	1	
levoxyl tab 88mcg	1	
levoxyl tab 100mcg	1	
levoxyl tab 112mcg	1	
levoxyl tab 125mcg	1	
levoxyl tab 137mcg	1	
levoxyl tab 150mcg	1	
levoxyl tab 175mcg	1	
levoxyl tab 200mcg	1	
liothyronine sodium iv soln 10 mcg/ml	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NATURE THROI TAB 162.5MG	NC	
NATURE-THROI TAB 16.25MG	NC	
NATURE-THROI TAB 32.5MG	NC	
NATURE-THROI TAB 48.75MG	NC	
NATURE-THROI TAB 65MG	NC	
NATURE-THROI TAB 81.25MG	NC	
NATURE-THROI TAB 97.5MG	NC	
NATURE-THROI TAB 113.75MG	NC	
NATURE-THROI TAB 130MG	NC	
NATURE-THROI TAB 146.25MG	NC	
NATURE-THROI TAB 195MG	NC	
NATURE-THROI TAB 260MG	NC	
NATURE-THROI TAB 325MG	NC	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
RENTHYROID TAB 15MG	NC	
RENTHYROID TAB 30MG	NC	
RENTHYROID TAB 60MG	NC	
RENTHYROID TAB 90MG	NC	
RENTHYROID TAB 120MG	NC	
SYNTHROID TAB 25MCG	2	
SYNTHROID TAB 50MCG	2	
SYNTHROID TAB 75MCG	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 88MCG	2	
SYNTHROID TAB 100MCG	2	
SYNTHROID TAB 112MCG	2	
SYNTHROID TAB 125MCG	2	
SYNTHROID TAB 137MCG	2	
SYNTHROID TAB 150MCG	2	
SYNTHROID TAB 175MCG	2	
SYNTHROID TAB 200MCG	2	
SYNTHROID TAB 300MCG	2	
THYQUIDITY SOL 100MCG	NC	
THYROID TAB 15MG	NC	
THYROID TAB 120MG	NC	
TIROSINT CAP 13MCG	NC	
TIROSINT CAP 25MCG	NC	
TIROSINT CAP 50MCG	NC	
TIROSINT CAP 75MCG	NC	
TIROSINT CAP 88MCG	NC	
TIROSINT CAP 100MCG	NC	
TIROSINT CAP 112MCG	NC	
TIROSINT CAP 125MCG	NC	
TIROSINT CAP 137MCG	NC	
TIROSINT CAP 150MCG	NC	
TIROSINT CAP 175MCG	NC	
TIROSINT CAP 200MCG	NC	
unithroid tab 25mcg	1	
unithroid tab 50mcg	1	
unithroid tab 75mcg	1	
unithroid tab 88mcg	1	
unithroid tab 100mcg	1	
unithroid tab 112mcg	1	
unithroid tab 125mcg	1	
unithroid tab 137mcg	1	
unithroid tab 150mcg	1	
unithroid tab 175mcg	1	
unithroid tab 200mcg	1	
unithroid tab 300mcg	1	
WESTHROID TAB 32.5MG	NC	
WESTHROID TAB 65MG	NC	
WESTHROID TAB 97.5MG	NC	
WESTHROID TAB 130MG	NC	
WESTHROID TAB 195MG	NC	
WP THYROID TAB 16.25MG	NC	
WP THYROID TAB 32.5MG	NC	

Drug Name	Drug Tier	Requirements/Limits
WP THYROID TAB 48.75MG	NC	
WP THYROID TAB 65MG	NC	
WP THYROID TAB 81.25MG	NC	
WP THYROID TAB 97.5MG	NC	
WP THYROID TAB 113.75MG	NC	
WP THYROID TAB 130MG	NC	

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ	3	ACA, PV
BOOSTRIX INJ	3	ACA, PV
DAPTACEL INJ	0	ACA, PV
INFANRIX INJ	0	ACA, PV
KINRIX INJ	0	ACA, PV
PEDIARIX INJ 0.5ML	0	ACA, PV
PENTACEL INJ	0	ACA, PV
QUADRACEL INJ 0.5ML	0	ACA, PV
TENIVAC INJ 5-2LF	3	ACA, PV
VAXELIS INJ	0	ACA, PV

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

ANASPAZ TAB 0.125MG	3	
ATROPINE SUL INJ 1/2.5ML	NC	
ATROPINE SUL INJ 8MG/20ML	3	
atropine sulfate inj 8 mg/20ml (0.4 mg/ml)	1	
atropine sulfate iv soln 0.4 mg/ml	1	
atropine sulfate iv soln 1 mg/ml	1	
atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)	1	
atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)	1	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl inj 10 mg/ml	2	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
GLYCOPYRROLA INJ 0.6/3ML	NC	
GLYCOPYRROLA INJ 1MG/5ML	NC	
GLYCOPYRROLA TAB 1.5MG	NC	

Drug Name	Drug Tier	Requirements/Limits
glycopyrrolate inj 0.2 mg/ml	1	
glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)	1	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	1	
glycopyrrolate oral soln 1 mg/5ml	2	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 1 mg	NC	(applies to NDC 62135073460)
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
hyoscyamine sulfate tab er 12hr 0.375 mg	NC	
hyosyne dro 0.125/ml	1	
hyosyne elx 0.125/5	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
LIBRAX CAP 5-2.5MG	NC	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
nulev tab 0.125mg	1	
oscimin sr tab 0.375mg	NC	
oscimin sub 0.125mg	1	
oscimin tab 0.125mg	1	
ROBINUL FORT TAB 2MG	NC	
ROBINUL TAB 1MG	NC	
symax-sr tab 0.375mg	NC	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	2	
cimetidine tab 200 mg	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
famotidine inj 40 mg/4ml	1	
famotidine inj 200 mg/20ml	1	
famotidine preservative free inj 20 mg/2ml	1	
famotidine tab 20 mg	1	
famotidine tab 40 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	
PEPCID TAB 20MG	3	
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
CARAFATE SUS 1GM/10ML	NC	
SUCRALFATE SUS 1GM/10ML	NC	
sucralfate susp 1 gm/10ml	NC	
sucralfate tab 1 gm	1	
sucralfate tab 1 gm	NC	(applies to NDCs 62135043601 and 62135043690)
PROTON PUMP INHIBITORS		
ACIPHEX SPR CAP 5MG	NC	
ACIPHEX SPR CAP 10MG	NC	
ACIPHEX TAB 20MG	NC	
DEXILANT CAP 30MG DR	NC	
DEXILANT CAP 60MG DR	NC	
dexlansoprazole cap delayed release 30 mg	NC	
dexlansoprazole cap delayed release 60 mg	NC	
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	
esomeprazole magnesium for delayed release susp pack 2.5 mg	2	
esomeprazole magnesium for delayed release susp packet 5 mg	2	
esomeprazole magnesium for delayed release susp packet 10 mg	2	
esomeprazole magnesium for delayed release susp packet 20 mg	2	
esomeprazole magnesium for delayed release susp packet 40 mg	2	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	1	
lansoprazole cap delayed release 15 mg	1	
lansoprazole cap delayed release 30 mg	1	
lansoprazole tab delayed release orally disintegrating 15 mg	NC	
lansoprazole tab delayed release orally disintegrating 30 mg	NC	
NEXIUM CAP 20MG	NC	

Drug Name	Drug Tier	Requirements/Limits
NEXIUM CAP 40MG	NC	
NEXIUM GRA 2.5MG DR	NC	
NEXIUM GRA 5MG DR	NC	
NEXIUM GRA 10MG DR	NC	
NEXIUM GRA 20MG DR	NC	
NEXIUM GRA 40MG DR	NC	
omeprazole cap delayed release 10 mg	1	
omeprazole cap delayed release 20 mg	1	
omeprazole cap delayed release 40 mg	1	
pantoprazole sodium ec tab 20 mg (base equiv)	1	
pantoprazole sodium ec tab 40 mg (base equiv)	1	
pantoprazole sodium for delayed release susp packet 40 mg	NC	
pantoprazole sodium for iv soln 40 mg (base equiv)	1	
PREVACID CAP 15MG DR	NC	
PREVACID CAP 30MG DR	NC	
PREVACID TAB 15MG STB	NC	
PREVACID TAB 30MG STB	NC	
PRILOSEC POW 2.5MG	NC	
PRILOSEC POW 10MG	NC	
PROTONIX INJ 40MG	3	
PROTONIX PAK 40MG	NC	
PROTONIX TAB 20MG	NC	
PROTONIX TAB 40MG	NC	
rabeprazole sodium ec tab 20 mg	1	
VOQUEZNA TAB 10MG	NC	
VOQUEZNA TAB 20MG	NC	
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	
CYTOTEC TAB 200MCG	3	
misoprostol tab 100 mcg	1	
misoprostol tab 200 mcg	1	
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	2	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	2	
KONVOMEP SUS 2-84/ML	NC	
OMECLAMOX- MIS PAK	3	
omeppi cap 40-1100	NC	
omeprazole-sodium bicarbonate cap 20-1100 mg	NC	

Drug Name	Drug Tier	Requirements/Limits
omeprazole-sodium bicarbonate cap 40-1100 mg	NC	
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	NC	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	NC	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
ZEGERID CAP 20-1100	NC	
ZEGERID CAP 40-1100	NC	
ZEGERID POW 20-1680	NC	
ZEGERID POW 40-1680	NC	

URINARY ANTISPASMODICS

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL LA CAP 2MG	NC	
DETROL LA CAP 4MG	NC	
DETROL TAB 2MG	3	
ENABLEX TAB 7.5MG	NC	
ENABLEX TAB 15MG	NC	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
OXYTROL DIS 3.9MG/24	NC	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
TOVIAZ TAB 4MG	NC	
TOVIAZ TAB 8MG	NC	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	

Drug Name	Drug Tier	Requirements/Limits
VESICARE TAB 5MG	3	
VESICARE TAB 10MG	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	ST
mirabegron tab er 24 hr 25 mg	2	
mirabegron tab er 24 hr 50 mg	2	
MYRBETRIQ SUS 8MG/ML	NC	
MYRBETRIQ TAB 25MG	NC	
MYRBETRIQ TAB 50MG	NC	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	
VACCINES		
BACTERIAL VACCINES		
ACTHIB INJ	0	ACA, PV
BCG VACCINE INJ 50MG	3	PV
BEXSERO INJ	0	ACA, PV
BIOTHRAX INJ	3	PV
CAPVAXIVE INJ 0.5ML	0	ACA, PV
HIBERIX SOL 10MCG	0	ACA, PV
MENQUADFI INJ	0	ACA, PV
MENVEO INJ	0	ACA, PV
MENVEO SOL	0	ACA, PV
PEDVAX HIB INJ	0	ACA, PV
PENBRAYA INJ	0	ACA, PV
PNEUMOVAX 23 INJ 25/0.5	0	ACA, PV
PREVNAR 20 INJ	0	ACA, PV
TRUMENBA INJ	0	ACA, PV
TYPHIM VI INJ	3	PV
VAXCHORA SUS	3	PV
VAXNEUVANCE INJ	0	ACA, PV
VIVOTIF CAP EC	3	PV
VIRAL VACCINES		
ABRYSVO INJ	0	ACA, PV
ABRYSVO INJ 120MCG	0	ACA, PV
AFLURIA INJ 2024-25	0	ACA, PV
AREXVY INJ 120MCG	0	ACA, PV
AUDENZ INJ	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
COMIRNATY INJ 2024-25	0	ACA, PV
DENGVAXIA SUS	0	ACA, PV
ENGERIX-B INJ 10/0.5ML	0	ACA, PV
ENGERIX-B INJ 20MCG/ML	0	ACA, PV
ERVEBO INJ	3	PV
FLUAD INJ 2024-25	0	ACA, PV
FLUARIX INJ 2024-25	0	ACA, PV
FLUBLOK INJ 2024-25	0	ACA, PV
FLUCELVAX INJ 2024-25	0	ACA, PV
FLULAVAL INJ 2024-25	0	ACA, PV
FLUMIST NASA LIQ 2024-25	0	ACA, PV
FLUZONE HD INJ 2024-25	0	ACA, PV
FLUZONE INJ 2024-25	0	ACA, PV
GARDASIL 9 INJ	0	ACA, PV
HAVRIX INJ 720UNIT	0	ACA, PV
HAVRIX INJ 1440UNIT	0	ACA, PV
HEPLISAV-B INJ 20/0.5ML	0	ACA, PV
IMOVAX RABIE INJ 2.5/ML	3	PV
IPOL INJ INACTIVE	0	ACA, PV
IXCHIQ INJ	3	PV
IXIARO INJ	3	PV
JYNNEOS INJ	0	ACA, PV
M-M-R II INJ	0	ACA, PV
MODERNA INJ 2024-25	0	ACA, PV
MRESVIA INJ 50MCG	0	ACA, PV
NOVAVAX INJ 2024-25	0	ACA, PV
PFIZER 5-11Y INJ 2024-25	0	ACA, PV
PFIZER 6M-4Y INJ 2024-25	0	ACA, PV
PRIORIX INJ	0	ACA, PV
PROQUAD INJ	0	ACA, PV
RABAVERT INJ	3	PV
RECOMBIVA HB INJ 5MCG/0.5	0	ACA, PV
RECOMBIVA HB INJ 10MCG/ML	0	ACA, PV
RECOMBIVA-HB INJ 40MCG/ML	0	ACA, PV
ROTARIX SUS	0	ACA, PV
ROTATEQ SOL	0	ACA, PV
SHINGRIX INJ 50/0.5ML	0	ACA, PV
SPIKEVAX INJ 2024-25	0	ACA, PV
STAMARIL INJ	3	PV
TICOVAC INJ	3	PV
TWINRIX INJ	0	ACA, PV
VAQTA INJ 25/0.5ML	0	ACA, PV
VAQTA INJ 50UNT/ML	0	ACA, PV

Drug Name	Drug Tier	Requirements/Limits
VARIVAX INJ	0	ACA, PV
VIMKUNYA INJ 40/0.8ML	3	PV
YF-VAX INJ	3	PV
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
INTRAROSA SUP 6.5MG	NC	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC; ACA
GYNOL II GEL 3%	0	OTC; ACA
TODAY SPONGE MIS	0	OTC; ACA
VCF VAGINAL GEL CONTRACE	0	OTC; ACA
VCF VAGINAL MIS CONTRACP	0	OTC; ACA
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole 3 sup 200mg	2	
NUVESSA GEL 1.3%	NC	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	2	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	ACA
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tab 10 mcg	NC	
ESTRING MIS 2MG	NC	
FEMRING MIS 0.1MG/24	NC	
FEMRING MIS 0.05/24H	NC	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
PREMARIN VAG CRE 0.625MG	NC	
VAGIFEM TAB 10MCG	1	
yuvafem tab 10mcg	NC	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	PA
CRINONE GEL 8% VAG	2	PA
ENDOMETRIN SUP 100MG	NC	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
ADRENALIN INJ 1MG/ML	NC	
ADRENALIN INJ 30/30ML	NC	
AUVI-Q INJ 0.1MG	2	
AUVI-Q INJ 0.3MG	2	
AUVI-Q INJ 0.15MG	2	
epinephrine inj 1 mg/ml (1:1000)	1	
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	2	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2	(NDCs 00093-xxxx-xx and 49502-xxxx-xx are not covered)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2	(NDCs 00093-xxxx-xx and 49502-xxxx-xx are not covered)
EPIPEN 2-PAK INJ 0.3MG	NC	
EPIPEN-JR INJ 0.15MG	NC	
SYMJEPI INJ 0.3MG	NC	
SYMJEPI INJ 0.15MG	NC	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	4	SP, PA, QL
droxidopa cap 200 mg	4	SP, PA, QL
droxidopa cap 300 mg	4	SP, PA, QL
NORTHERA CAP 100MG	NC	SP
NORTHERA CAP 200MG	NC	SP
NORTHERA CAP 300MG	NC	SP
VASOPRESSORS		
AKOVAZ SOL 50MG/ML	NC	
EPHEDRI/NACL SOL 15MG/3ML	3	PA
EPHEDRINE SU INJ 50MG/ML	3	
ephedrine sulfate iv soln 50 mg/ml	1	
EPINEPH/NACL SOL 2/250ML	NC	
EPINEPHR/D5W INJ 100/10ML	3	
EPINEPHR/D5W SOL 2/250-5%	NC	
EPINEPHRINE INJ 0.1MG/10	3	
EPINEPHRINE INJ 0.1MG/ML	3	
EPINEPHRINE INJ 0.2MG	3	
epinephrine inj 1 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE INJ 1MG/10ML	3	
EPINEPHRINE INJ 1MG/ML	3	
EPINEPHRINE INJ 5MG/5ML	3	
EPINEPHRINE INJ 30/30ML	3	
EPINEPHRINE SOL 30/30ML	3	
GIAPREZA INJ 2.5MG	NC	
IMMPHENTIV INJ	NC	
LEVOPHED INJ 1MG/ML	3	
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
NOREPIN/D5W INJ 16/250ML	3	
norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)	1	
PHENYL/NACL INJ 80/250ML	3	
PHENYLEP HCL INJ 0.8/10ML	3	
PHENYLEP HCL INJ 1MG/10ML	3	
PHENYLEPHRIN INJ 0.4/10ML	3	
PHENYLEPHRIN INJ 0.8MG/10	3	
PHENYLEPHRIN INJ 1MG/10ML	3	
PHENYLEPHRIN INJ 10MG/ML	3	
phenylephrine hcl iv soln 10 mg/ml	1	
REZIPRES INJ	3	
REZIPRES SOL	NC	
VAZCULEP INJ 10MG/ML	3	

VITAMINS

OIL SOLUBLE VITAMINS

AQUASOL A INJ 50000/ML	3	
DRISDOL CAP 50000UNT	3	
ergocalciferol cap 1.25 mg (50000 unit)	1	
phytonadione inj 1 mg/0.5ml (2 mg/ml)	1	
phytonadione inj 10 mg/ml	1	
phytonadione tab 5 mg	2	

WATER SOLUBLE VITAMINS

pyridoxine hcl inj 100 mg/ml	1	
PYRIDOXINE INJ 100MG/ML	3	
thiamine hcl inj 100 mg/ml	1	

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