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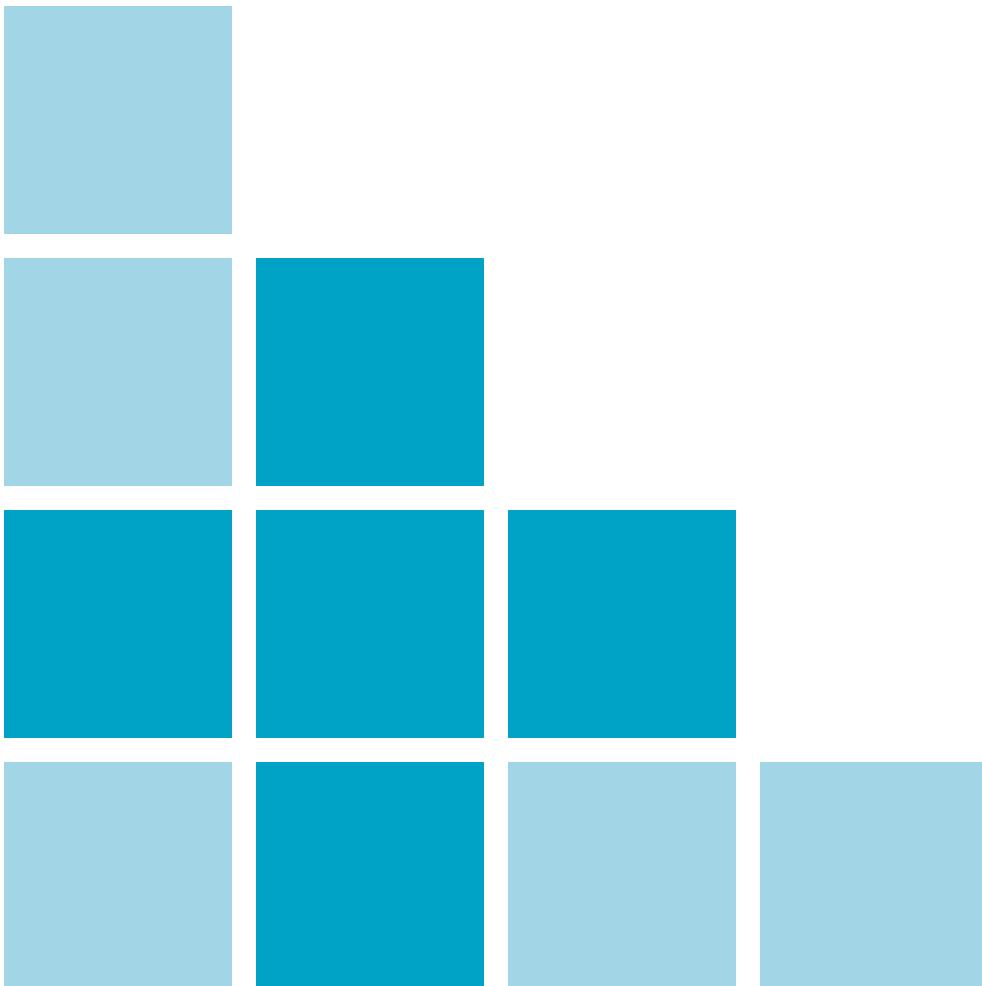
2026

Drug List (Formulary)

CareOregon Advantage **Plus**
(HMO D-SNP)

For Oregon counties: Clackamas, Columbia,
Jackson, Multnomah and Washington

H5859_CO2026_CFO_C



**CareOregon Advantage Plus (HMO D-SNP)
2026 Formulary
(List of Covered Drugs or “Drug List”)**

**PLEASE READ: THIS DOCUMENT CONTAINS
INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Formulary ID 26458, Version 20

This formulary was updated in June 2026. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30.

English

You can get this document in other languages, large print, braille or a format you prefer. You have the right to an interpreter. You can also get help from a certified or qualified health care interpreter. This help is free. Call 888-712-3258, TTY 711, or tell your provider. We accept relay calls.

Spanish

Puede obtener este documento en otros idiomas, en letra grande, en braille o en el formato que prefiera. También tiene derecho a solicitar un intérprete. Puede obtener ayuda de un intérprete de atención médica certificado o calificado. Esta ayuda es gratuita. Llame al 888-712-3258, TTY 711 o infórmese a su proveedor. Aceptamos llamadas de retransmisión.

Vietnamese

Quý vị có thể tải xuống tài liệu này bằng ngôn ngữ khác, chữ in lớn, chữ nổi hoặc với định dạng mong muốn. Quý vị cũng có quyền yêu cầu một thông dịch viên. Quý vị có thể nhận được sự trợ giúp từ một thông dịch viên chăm sóc sức khỏe có trình độ hoặc có chứng nhận. Dịch vụ này là miễn phí. Gọi tới số 888-712-3258, TTY 711 hoặc thông báo với nhà cung cấp của quý vị. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

Arabic

يمكنك الحصول على هذه الوثيقة بلغات أخرى أو بخط كبير أو بطريقة برايل أو بأي تنسيق تفضله. لديك أيضًا الحق في الحصول على مترجم. يمكنك الحصول على مساعدة مترجم فوري معتمد أو مؤهل في مجال خدمات الرعاية الصحية. يمكنك الحصول على هذه المساعدات مجانًا. اتصل بالرقم 888-712-3258 أو عبر خدمة الهاتف النصي على 711، أو أخبر مقدم الخدمة الخاص بك. نقبل المكالمات الواردة عبر خدمة الترحيل.

Dari - Afghan Persian

شما میتوانید این سند را به زبان های دیگر، چاپ بزرگ، خط بریل یا فارمتی که شما ترجیح می دهید بدست بیاورید. شما همچنان حق دارید که یک ترجمان شفاهی داشته باشید. شما میتوانید از یک ترجمان شفاهی تصدیق شده مراقبت صحتی یا واجد شرایط کمک بگیرید. این کمک رایگان است. با شماره 888-712-3258، TTY 711 تماس بگیرید، یا به ارائه کننده خود بگوئید. ما تماس های انتقالی (Relay Calls) را می پذیریم.

Russian

Этот документ можно получить на других языках, крупным шрифтом, шрифтом Брайля или в другом предпочитаемом формате. Кроме того, вы имеете право запросить услуги устного переводчика. Вы можете получить помощь дипломированного или квалифицированного устного переводчика, специализирующегося в области медицины. Эти услуги предоставляются бесплатно. Позвоните по номеру 888-712-3258 (TTY: 711) или обратитесь к своему врачу. Мы принимаем ретранслируемые звонки.

Somali

Waxaad dukumiintigan ku heli kartaa luuqadaha kale, farta waawayn, farta indhoolaha ama nooca aad rabto. Waxaad sidoo kale haq u leedahay inaad hesho turjubaan. Waxaad caawimaad ka heli kartaa turjubaan daryeelka caafimaadka qaabilsan oo xirfad u leh ama shahaado u haysta. Caawimadani waa bilaash. Wac 888-712-3258, TTY 711, ama u sheeg adeeg bixiyahaaga. Waanu aqbalaynaa wicitaanada dadka maqalka culus.

Traditional Chinese (Cantonese)

您可以獲得以其他語言、大字體、盲文或您喜歡的格式提供的該文件。您還有權獲得由口譯員提供的翻譯協助。您可以從經認證或合格的醫療保健口譯員那裡獲得幫助。這項幫助是免費的。請致電 888-712-3258，聽障或語言障礙人士請撥打 TTY 711 進行諮詢，或告知您的服務提供方。我們接受中繼呼叫。

Simplified Chinese (Mandarin)

您可以獲得以其他語言、大字体、盲文或您喜欢的格式提供的该文件。您还有权获得由口译员提供的翻译协助。您可以从经认证或合格的医疗保健口译员那里获得帮助。这项帮助是免费的。请致电 888-712-3258，听障或语言障碍人士请拨打 TTY 711 进行咨询，或告知您的服务提供方。我们接受中继呼叫。

Korean

본 문서는 다른 언어, 큰 활자, 점자 또는 귀하가 선호하는 형식으로 제공될 수 있습니다. 또한 통역사를 요청할 권리가 있습니다. 자격증을 소지하였거나 자격을 갖춘 의료 전문 통역사의 도움을 받을 수 있습니다. 이 지원은 무료로 제공됩니다. 전화 888-712-3258(TTY 711)번 또는 담당 제공자에게 문의하십시오. 중계 전화도 받고 있습니다.

Chuukese

Ka tongeni nounou ei taropwe non pwan foosun ekkoch fonu, epwe mesemong makkan, epwe ussun noun mei chuun ika non ew sokkun nikinik ke mochen kopwe nounou. Mei pwan wor omw pwuung omw kopwe nounou chon chiaku ngonuk. Mei pwan tongeni an epwe kawor ngonuk aninis ren peekin chiaku seni ekkewe ir ra kan tufichin chiaku ika ir mei tongeni chiaku ren peekin aninsin health care. Ei sokkun aninis ese pwan kamo. Kokori nampa 888-712-3258, TTY 711, ika pworous ngeni noumw we tokter ren. Kich mei pwan etiwa kokkon an emon epwe wisen atoura.

Ukrainian

Цей документ можна отримати в перекладі іншою мовою, надрукованим великим шрифтом, шрифтом Брайля або в іншому зручному для вас форматі. Крім того, ви маєте право на послуги усного перекладача. Ви можете скористатися послугами дипломованого або кваліфікованого усного перекладача, який спеціалізується в галузі охорони здоров'я. Такі послуги надаються безкоштовно. Зателефонуйте за номером 888-712-3258 ТТУ711 або зверніться до свого лікаря. Ми приймаємо виклики в режимі ретрансляції.

Farsi

شما می‌توانید این سند را به زبان‌های دیگر، نسخه چاپی درشت، خط بریل، یا در قالب دلخواه خود دریافت کنید. همچنین، شما حق دارید از یک مترجم کمک بگیرید. می‌توانید از یک مترجم شفاهی مراقبت‌های بهداشتی دارای گواهی‌نامه یا واجد صلاحیت کمک بگیرید. این کمک رایگان است. با شماره 888-712-3258 تماس بگیرید، از طریق دستگاه تله‌تایپ (TTY) با شماره 711 تماس حاصل کنید، یا موضوع را به ارائه‌دهنده خدمات درمانی خود اطلاع دهید. ما از تماس‌های رله پشتیبانی می‌کنیم.

Amharic

ይህንን ሰነድ በሌሎች ቋንቋዎች፣ በትላልቅ ህትመቶች፣ በብሬይል ወይም በሚመርጡት ቅርጸት ማግኘት ይችላሉ። በተጨማሪም አስተርጓሚ የማግኘት መብት አለዎት። እውቅና ካለው ወይም ብቃት ካለው የጤና እንክብካቤ አስተርጓሚ እርዳታ ማግኘት ይችላሉ። ይህ እርዳታ ነጻ ነው። ወደ 888-712-3258፣ TTY 711 ይደውሉ ወይም ለአቅራቢዎ ይገኙ። የሪሌይ ስልክ ጥሪዎችን እንቀበላለን።

Romanian

Puteți obține acest document în alte limbi, tipărit cu font mare, în braille sau în formatul preferat. De asemenea, aveți dreptul la un interpret. Puteți obține asistență de la un interpret aprobat sau calificat în domeniul medical. Asistența este gratuită. Sunați la 888-712-3258, TTY 711 sau contactați furnizorul. Acceptăm apeluri prin centrală.

Khmer/Cambodian

អ្នកអាចទទួលបានឯកសារនេះជាភាសាផ្សេងទៀត អក្សរធំៗ អក្សរស្នាប ឬទម្រង់ដែលអ្នកចង់បាន។ អ្នកក៏មានសិទ្ធិទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ផងដែរ។ អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាព ដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ ឬមានវិញ្ញាបនបត្របញ្ជាក់។ ជំនួយនេះផ្តល់ជូនឥតគិតថ្លៃ។ សូមហៅទូរសព្ទទៅលេខ 888-712-3258, TTY 711 ឬប្រាប់ស្ថាប័នផ្តល់សេវារបស់អ្នក។ យើងទទួលយកការហៅទូរសព្ទបញ្ជូនបន្ត។

Burmese

ဤစာရွက်စာတမ်းကို အခြားဘာသာစကားများ၊ စာလုံးကြီးဖြင့် ပုံနှိပ်ထားခြင်း၊ မျက်မမြင်စာ သို့မဟုတ် သင်နှစ်သက်သော ဖောမက်တစ်ခုဖြင့် ရရှိနိုင်ပါသည်။ သင့်တွင် စကားပြန်တစ်ဦးရပိုင်ခွင့်လည်း ရှိပါသည်။ အသိအမှတ်ပြုထားသော သို့မဟုတ် အရည်အချင်းပြည့်မီသော ကျန်းမာရေး စောင့်ရှောက်မှုဆိုင်ရာ စကားပြန်တစ်ဦး၏ အကူအညီကို သင်ရရှိနိုင်ပါသည်။ ဤအကူအညီသည် အခမဲ့ ဖြစ်ပါသည်။ 888-712-3258, TTY 711 သို့ ခေါ်ဆိုပါ သို့မဟုတ် သင့်အား စောင့်ရှောက်မှုပေးသူကို ပြောပါ။ ကြားလူအကူအညီဖြင့် ဖုန်းခေါ်ဆိုမှုများကို ကျွန်ုပ်တို့ လက်ခံပါသည်။

Swahili

Unaweza kupata hati hii katika lugha nyingine, machapisho makubwa, maandiko ya nukta nundu au katika muundo unaoupenda. Una haki ya kupata mkalimani. Unaweza kupata msaada kutoka kwa mkalimani wa huduma za afya aliyeidhinishwa au anayestahiki. Msaada huu haulipishwi. Piga simu kwa 888-712-3258, TTY 711, au mweleze mtoa huduma wako. Tunapokea simu za kupitia mfasiri wa mawasiliano.

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

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means CareOregon Advantage. When it refers to “plan” or “our plan,” it means CareOregon Advantage Plus.

This document includes the Drug List (formulary) for our plan which is current as of June 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the CareOregon Advantage Plus formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by CareOregon Advantage Plus in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CareOregon Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareOregon Advantage Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website at careoregonadvantage.org/druglist

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the CareOregon Advantage Plus formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original

biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the CareOregon Advantage Plus formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the

remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of June 2026. To get updated information about the drugs covered by CareOregon Advantage Plus please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year, non-maintenance changes to our formulary that affect you, they will be captured in our online formulary, which is updated on the first day of each month throughout the year.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 281. The

Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CareOregon Advantage Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for

the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** CareOregon Advantage Plus requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CareOregon Advantage Plus before you fill your prescriptions. If you don't get approval, CareOregon Advantage Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, CareOregon Advantage Plus limits the amount of the drug that CareOregon Advantage Plus will cover. For example, CareOregon Advantage Plus provides 9 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareOregon Advantage Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your

medical condition, CareOregon Advantage Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareOregon Advantage Plus will then cover Drug B.

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

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

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CareOregon Advantage Plus does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by CareOregon Advantage Plus. When you receive the list, show it to your doctor and ask them to

prescribe a similar drug that is covered by CareOregon Advantage Plus.

- You can ask CareOregon Advantage Plus to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the CareOregon Advantage Plus formulary?

You can ask CareOregon Advantage Plus to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, CareOregon Advantage Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CareOregon Advantage Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction.

When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply (or a 31-day supply if you reside in a long-term care facility). If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication (or a 31-day

supply if you reside in a long-term care facility). If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 108 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you transition from one level of care to another (for example, if you are discharged from a hospital or change hospice status) we will cover a temporary one time fill up to a 30-day supply of that drug while you pursue a formulary exception.

For more information

For more detailed information about your CareOregon Advantage Plus prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CareOregon Advantage Plus, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CareOregon Advantage Plus Formulary

The formulary that begins on the page 1 provides coverage information about the drugs covered by CareOregon Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 281.

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

The information in the Requirements/Limits column tells you if CareOregon Advantage Plus has any special requirements for coverage of your drug.

List of abbreviations

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ED: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Custom Service at 503-416-4279 or toll-free, 888-712-3258 or, for TTY users, 711, October 1 – March 31, 8 a.m. to 8 p.m., seven days a week, April 1 – September 30, 8 a.m. to 8 p.m., Monday through Friday.

MO: Mail Order Drug. This prescription drug is available through a mail-order service.

PA: Prior Authorization. CareOregon Advantage Plus required you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. The drug has a maximum quantity limit for each prescription.

List of Drug Tiers

Tier	What you pay
Tier 1 -Preferred Generic Drugs	<p>For generic drugs or brand-named drugs treated as generic, you pay: \$0/\$1.60/\$5.10 per prescription</p> <p>For all other drugs, you pay: \$0/\$4.90/\$12.65 per prescription</p>
Tier 2 – Generic Drugs	
Tier 3 - Preferred Brand Drugs	
Tier 4 – Non-preferred Drugs	
Tier 5 – Specialty Drugs	
Tier 6 – Select Care Drugs	\$0 copayment
Tier 2 – Excluded Generic Drugs	25% coinsurance, after deductible has been met

This formulary was updated in June 2026. For more recent information or other questions, please contact CareOregon Advantage Customer Service at 503-416-4279 or toll-free 888-712-3258 (TTY users should call 711), 8 a.m. to 8 p.m. seven days a week, October 1 to March 31 and 8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30.

CareOregon Advantage Plus is an HMO D-SNP with a Medicare/Medicaid contract. Enrollment in CareOregon Advantage Plus depends on contract renewal.

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs 200mg</i>	4	
EMVERM CHEW 100MG	5	PA (MEBENDAZOLE)
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs 600mg</i>	4	
<i>Antibacterials</i>		
<i>amikacin sulfate inj 1gm/4ml</i>	2	
<i>amikacin sulfate inj 500mg/2ml</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM ER TB12 1000MG; 62.5MG	4	
<i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i>	1	
<i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i>	1	
<i>amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium susr 400mg/5ml; 57mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium susr 600mg/5ml; 42.9mg/5ml</i>	1	
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg</i>	1	
<i>amoxicillin/clavulanate potassium tabs 875mg; 125mg</i>	1	
<i>amoxicillin caps 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin caps 500mg</i>	1	
<i>amoxicillin chew 125mg</i>	1	
AMOXICILLIN CHEW 250MG	4	
<i>amoxicillin susr 125mg/5ml</i>	1	
<i>amoxicillin susr 200mg/5ml</i>	1	
<i>amoxicillin susr 250mg/5ml</i>	1	
<i>amoxicillin susr 400mg/5ml</i>	1	
<i>amoxicillin tabs 500mg</i>	1	
<i>amoxicillin tabs 875mg</i>	1	
<i>ampicillin sodium inj 10gm</i>	2	
<i>ampicillin sodium inj 125mg</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin sodium inj 1gm</i>	2	
<i>ampicillin sodium inj 250mg</i>	2	
<i>ampicillin sodium inj 2gm</i>	2	
<i>ampicillin sodium inj 2gm</i>	2	
<i>ampicillin sodium inj 500mg</i>	2	
<i>ampicillin-sulbactam inj 10gm; 5gm</i>	2	
<i>ampicillin-sulbactam inj 1gm; 0.5gm</i>	2	
<i>ampicillin-sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin/sulbactam inj 1gm; 0.5gm</i>	2	
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	2	
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE SUSP 590MG/8.4ML	5	QL (8.4 ML per 1 days) PA (ARIKAYCE)
<i>azithromycin inj 500mg</i>	2	
<i>azithromycin susr 100mg/5ml</i>	2	
<i>azithromycin susr 200mg/5ml</i>	2	
<i>azithromycin tabs 250mg</i>	1	
<i>azithromycin tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tabs 500mg</i>	2	
<i>azithromycin tabs 500mg</i>	2	
<i>azithromycin tabs 600mg</i>	2	
<i>aztreonam inj 1gm</i>	2	
<i>aztreonam inj 2gm</i>	4	
BICILLIN L-A INJ 1200000UNIT/2ML	4	
BICILLIN L-A INJ 2400000UNIT/4ML	4	
BICILLIN L-A INJ 600000UNIT/ML	4	
CAYSTON SOLR 75MG	5	QL (84 ML per 28 days) PA (CAYSTON) LA
CEFACLOR CAPS 250MG	4	
CEFACLOR CAPS 500MG	4	
CEFACLOR SUSR 250MG/5ML	4	
<i>cefadroxil caps 500mg</i>	1	
<i>cefadroxil susr 250mg/5ml</i>	2	
<i>cefadroxil susr 500mg/5ml</i>	2	
<i>cefadroxil tabs 1gm</i>	1	
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%	4	
CEFAZOLIN SODIUM/DEXTROSE INJ 2GM; 3%	4	
<i>cefazolin sodium/dextrose inj 3gm; 2%</i>	1	
<i>cefazolin sodium inj 100gm</i>	2	
<i>cefazolin sodium inj 10gm</i>	2	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	4	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 1gm</i>	2	
<i>cefazolin sodium inj 2gm</i>	2	
<i>cefazolin sodium inj 300gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium inj 3gm</i>	2	
<i>cefazolin sodium inj 500mg</i>	2	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	4	
<i>cefazolin inj 2gm/100ml; 4%</i>	4	
<i>cefazolin inj 2gm</i>	2	
<i>cefazolin inj 2gm</i>	2	
<i>cefazolin inj 3gm</i>	2	
<i>cefazolin inj 3gm</i>	2	
<i>cefdinir caps 300mg</i>	1	
<i>cefdinir susr 125mg/5ml</i>	2	
<i>cefdinir susr 250mg/5ml</i>	2	
<i>cefepime hydrochloride inj 1gm</i>	4	
<i>cefepime hydrochloride inj 2gm</i>	4	
CEFEPIME/DEXTROSE INJ 1GM/50ML; 5%	4	
CEFEPIME/DEXTROSE INJ 2GM/50ML; 5%	4	
CEFEPIME INJ 1GM/50ML	4	
<i>cefepime inj 1gm</i>	4	
CEFEPIME INJ 2GM/100ML	4	
<i>cefepime inj 2gm</i>	4	
<i>cefixime caps 400mg</i>	2	
<i>cefixime susr 100mg/5ml</i>	2	
<i>cefixime susr 200mg/5ml</i>	2	
CEFOTAXIME SODIUM INJ 1GM	4	
<i>cefoxitin sodium inj 10gm</i>	2	
<i>cefoxitin sodium inj 1gm</i>	2	
CEFOXITIN SODIUM INJ 1GM; 4%	4	
<i>cefoxitin sodium inj 2gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CEFOXITIN SODIUM INJ 2GM; 2.2%	4	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	4	
CEFPODOXIME PROXETIL SUSR 50MG/5ML	4	
<i>cefepodoxime proxetil tabs 100mg</i>	2	
<i>cefepodoxime proxetil tabs 200mg</i>	2	
<i>cefprozil susr 125mg/5ml</i>	2	
<i>cefprozil susr 250mg/5ml</i>	2	
<i>cefprozil tabs 250mg</i>	2	
<i>cefprozil tabs 500mg</i>	2	
CEFTAROLINE FOSAMIL INJ 400MG	5	
CEFTAROLINE FOSAMIL INJ 600MG	5	
<i>ceftazidime inj 1gm</i>	2	
<i>ceftazidime inj 2gm</i>	2	
CEFTAZIDIME INJ 6GM	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 20MG/ML; 0	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 40MG/ML; 0	4	
<i>ceftriaxone sodium inj 10gm</i>	2	
<i>ceftriaxone sodium inj 1gm</i>	2	
<i>ceftriaxone sodium inj 1gm</i>	2	
<i>ceftriaxone sodium inj 250mg</i>	2	
<i>ceftriaxone sodium inj 2gm</i>	2	
<i>ceftriaxone sodium inj 2gm</i>	2	
<i>ceftriaxone sodium inj 500mg</i>	2	
CEFTRIAXONE/DEXTROSE INJ 1GM; 3.74%	4	

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE/DEXTROSE INJ 2GM; 2.22%	4	
<i>cefuroxime axetil tabs 250mg</i>	1	
<i>cefuroxime axetil tabs 500mg</i>	1	
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cefuroxime sodium inj 750mg</i>	2	
<i>cephalexin caps 250mg</i>	1	
<i>cephalexin caps 500mg</i>	1	
<i>cephalexin caps 750mg</i>	1	
<i>cephalexin susr 125mg/5ml</i>	2	
<i>cephalexin susr 250mg/5ml</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE INJ 1GM	4	
<i>ciprofloxacin hcl tabs 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 500mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 750mg</i>	1	
CIPROFLOXACIN I.V.-IN D5W INJ 200MG/100ML; 5%	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	
<i>clarithromycin er tb24 500mg</i>	2	
CLARITHROMYCIN SUSR 125MG/5ML	4	
CLARITHROMYCIN SUSR 250MG/5ML	4	
<i>clarithromycin tabs 250mg</i>	2	
<i>clarithromycin tabs 500mg</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hydrochloride caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 75mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	4	
<i>clindamycin phosphate in d5w inj 300mg/50ml; 5%</i>	2	
<i>clindamycin phosphate in d5w inj 600mg/50ml; 5%</i>	2	
<i>clindamycin phosphate in d5w inj 900mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 300mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 600mg/50ml; 5%</i>	2	
<i>clindamycin phosphate/dextrose inj 900mg/50ml; 5%</i>	2	
<i>clindamycin phosphate inj 300mg/2ml</i>	2	
<i>clindamycin phosphate inj 600mg/4ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate inj 900mg/6ml</i>	2	
<i>clindamycin phosphate inj 9gm/60ml</i>	2	
<i>colistimethate sodium inj 150mg</i>	5	
<i>daptomycin inj 350mg</i>	5	
<i>daptomycin inj 500mg</i>	5	
<i>dicloxacillin sodium caps 250mg</i>	2	
<i>dicloxacillin sodium caps 500mg</i>	2	
DIFICID SUSR 40MG/ML	5	QL (10 ML per 1 days) PA (DIFICID)
<i>doxy 100 inj 100mg</i>	2	
<i>doxycycline hyclate caps 100mg</i>	1	
<i>doxycycline hyclate caps 50mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate inj 100mg</i>	2	
<i>doxycycline hyclate tabs 100mg</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	1	
<i>doxycycline monohydrate caps 100mg</i>	1	
<i>doxycycline monohydrate caps 150mg</i>	2	
<i>doxycycline monohydrate caps 50mg</i>	1	
<i>doxycycline monohydrate tabs 100mg</i>	1	
<i>doxycycline monohydrate tabs 50mg</i>	2	
<i>doxycycline monohydrate tabs 75mg</i>	2	
<i>doxycycline susr 25mg/5ml</i>	2	
E.E.S. 400 TABS 400MG	4	
<i>ertapenem sodium inj 1gm</i>	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	4	
ERYTHROCIN STEARATE TABS 250MG	4	
<i>erythromycin base tabs 250mg</i>	4	
<i>erythromycin base tabs 500mg</i>	4	
ERYTHROMYCIN DR CPEP 250MG	4	
<i>erythromycin dr tbec 250mg</i>	4	
<i>erythromycin dr tbec 333mg</i>	2	
<i>erythromycin dr tbec 500mg</i>	4	
<i>erythromycin ethylsuccinate tabs 400mg</i>	2	
<i>erythromycin lactobionate inj 500mg</i>	2	
<i>fidaxomicin tabs 200mg</i>	5	QL (2 EA per 1 days) PA (FIDAXOMICIN)
<i>gentamicin sulfate pediatric inj 10mg/ml</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate inj 40mg/ml</i>	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	2	
<i>imipenem/cilastatin inj 500mg; 500mg</i>	2	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	2	
<i>levofloxacin in d5w inj 5%; 250mg/50ml</i>	2	
<i>levofloxacin in d5w inj 5%; 500mg/100ml</i>	2	
<i>levofloxacin in d5w inj 5%; 750mg/150ml</i>	2	
LEVOFLOXACIN INJ 25MG/ML	4	
<i>levofloxacin soln 25mg/ml</i>	4	
<i>levofloxacin tabs 250mg</i>	1	
<i>levofloxacin tabs 500mg</i>	1	
<i>levofloxacin tabs 750mg</i>	1	
<i>lincomycin hydrochloride inj 300mg/ml</i>	2	
<i>linezolid inj 600mg/300ml</i>	2	
<i>linezolid susr 100mg/5ml</i>	5	
<i>linezolid tabs 600mg</i>	4	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
MEROPENEM/SODIUM CHLORIDE INJ 500MG; 0.9%	4	
<i>meropenem inj 1gm</i>	1	
MEROPENEM INJ 2GM	4	

Drug Name	Drug Tier	Requirements/Limits
<i>meropenem inj 500mg</i>	1	
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs 100mg</i>	4	
<i>minocycline hcl tabs 75mg</i>	1	
<i>minocycline hydrochloride caps 100mg</i>	1	
<i>minocycline hydrochloride caps 50mg</i>	1	
<i>minocycline hydrochloride tabs 100mg</i>	4	
<i>minocycline hydrochloride tabs 50mg</i>	2	
<i>minocycline hydrochloride tabs 75mg</i>	1	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJ 400MG/250ML; 0.8%	4	
MOXIFLOXACIN HYDROCHLORIDE INJ 400MG/250ML	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>nafcillin sodium inj 10gm</i>	4	
<i>nafcillin sodium inj 1gm</i>	2	
<i>nafcillin sodium inj 2gm</i>	2	
NAFCILLIN INJ 5%; 1GM/50ML	5	
NAFCILLIN INJ 5%; 2GM/100ML	5	
<i>neomycin sulfate tabs 500mg</i>	2	
<i>oxacillin sodium inj 10gm</i>	2	
<i>oxacillin sodium inj 1gm</i>	2	
<i>oxacillin sodium inj 2gm</i>	2	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	4	
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	4	

Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	4	
<i>penicillin g potassium inj 20000000unit</i>	2	
<i>penicillin g potassium inj 5000000unit</i>	2	
PENICILLIN G SODIUM INJ 5000000UNIT	5	
<i>penicillin v potassium solr 125mg/5ml</i>	1	
<i>penicillin v potassium solr 250mg/5ml</i>	1	
<i>penicillin v potassium tabs 250mg</i>	1	
<i>penicillin v potassium tabs 500mg</i>	1	
<i>piperacillin sodium/tazobactam sodium/nacl inj 2gm/50ml; 0.45%; 0.25gm/50ml</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm</i>	2	
<i>piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm</i>	2	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TABS 200MG	5	
STREPTOMYCIN SULFATE INJ 1GM	5	
<i>sulfadiazine tabs 500mg</i>	5	
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml</i>	2	
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1	
<i>sulfasalazine tabs 500mg</i>	2	MO
<i>sulfasalazine tbec 500mg</i>	2	MO
<i>tazicef inj 1gm</i>	2	
TAZICEF INJ 1GM	4	
<i>tazicef inj 2gm</i>	2	
TAZICEF INJ 6GM	4	
<i>tetracycline hydrochloride caps 250mg</i>	2	
<i>tetracycline hydrochloride caps 500mg</i>	2	
<i>tigecycline inj 50mg</i>	4	PA (TIGECYCLINE)
<i>tobramycin sulfate inj 1.2gm/30ml</i>	2	
<i>tobramycin sulfate inj 1.2gm</i>	2	
TOBRAMYCIN SULFATE INJ 10MG/ML	4	
TOBRAMYCIN SULFATE INJ 40MG/ML	4	
<i>tobramycin sulfate inj 80mg/2ml</i>	2	
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML	4	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 500MG/100ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 750MG/150ML	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 1000MG/200ML	4	
<i>vancomycin hydrochloride inj 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1500MG/300ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1750MG/350ML	4	
<i>vancomycin hydrochloride inj 1gm</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 2GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 500MG/100ML	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	
<i>vancomycin hydrochloride inj 5gm</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 750MG/150ML	4	
<i>vancomycin hydrochloride inj 750mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride solr 250mg/5ml</i>	4	
<i>vancomycin hydrochloride solr 25mg/ml</i>	2	
VANCOMYCIN INJ 0.9%; 500MG/100ML	4	
VANCOMYCIN INJ 0.9%; 750MG/150ML	4	
VANCOMYCIN INJ 2000MG/400ML	4	
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	QL (112 EA per 14 days) PA (VOQUEZNA PAK)
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	QL (112 EA per 14 days) PA (VOQUEZNA PAK)
XIFAXAN TABS 550MG	5	MO
ZERBAXA INJ 1GM; 0.5GM	5	
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML	4	
ZOSYN INJ 2GM/100ML; 4GM/100ML; 0.5GM/100ML	4	
ZOSYN INJ 350MG/50ML; 3GM/50ML; 0.375GM/50ML	4	
<i>Antifungals</i>		
<i>amphotericin b liposome inj 50mg</i>	5	B/D
AMPHOTERICIN B INJ 50MG	4	B/D
<i>casposfungin acetate inj 50mg</i>	2	
<i>casposfungin acetate inj 70mg</i>	2	
CRESEMBA CAPS 186MG	5	PA (CRESEMBA)
CRESEMBA CAPS 74.5MG	5	PA (CRESEMBA)
CRESEMBA INJ 372MG	5	PA (CRESEMBA)
ERAXIS INJ 100MG	5	

Drug Name	Drug Tier	Requirements/Limits
ERAXIS INJ 50MG	4	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in nacl inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride inj 400mg/200ml; 0.9%</i>	2	
<i>fluconazole susr 10mg/ml</i>	2	
<i>fluconazole susr 40mg/ml</i>	2	
<i>fluconazole tabs 100mg</i>	1	
<i>fluconazole tabs 150mg</i>	1	
<i>fluconazole tabs 200mg</i>	1	
<i>fluconazole tabs 50mg</i>	1	
<i>flucytosine caps 250mg</i>	5	
<i>flucytosine caps 500mg</i>	5	
<i>griseofulvin microsize susp 125mg/5ml</i>	2	
<i>griseofulvin microsize tabs 500mg</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg</i>	2	
<i>griseofulvin ultramicrosize tabs 250mg</i>	2	
<i>itraconazole caps 100mg</i>	2	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin sodium/sodium chloride inj 150mg/150ml; 0.9%</i>	4	
MICA FUNGIN/SODIUM CHLORIDE INJ 100MG/100ML; 0.9%	5	
MICA FUNGIN/SODIUM CHLORIDE INJ 50MG/50ML; 0.9%	5	
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL PACK 300MG	5	PA (POSACONAZOLE)
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr tbec 100mg</i>	5	PA (POSACONAZOLE) MO
<i>posaconazole inj 300mg/16.7ml</i>	5	PA (POSACONAZOLE) MO
<i>posaconazole susp 40mg/ml</i>	5	PA (POSACONAZOLE) MO
<i>terbinafine hcl tabs 250mg</i>	1	
<i>terbinafine hydrochloride tabs 250mg</i>	1	
<i>voriconazole inj 200mg</i>	5	PA (VORICONAZOLE)
<i>voriconazole susr 40mg/ml</i>	5	
<i>voriconazole tabs 200mg</i>	4	
<i>voriconazole tabs 50mg</i>	2	
<i>Antimycobacterials</i>		
CYCLOSERINE CAPS 250MG	5	
<i>dapsone tabs 100mg</i>	1	MO
<i>dapsone tabs 25mg</i>	1	MO
<i>ethambutol hydrochloride tabs 100mg</i>	2	
<i>ethambutol hydrochloride tabs 400mg</i>	2	
ISONIAZID INJ 100MG/ML	4	
<i>isoniazid syrp 50mg/5ml</i>	2	MO
<i>isoniazid tabs 100mg</i>	1	MO
<i>isoniazid tabs 300mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
PRETOMANID TABS 200MG	3	QL (1 EA per 1 days) PA (PRETOMANID)
PRIFTIN TABS 150MG	4	
<i>pyrazinamide tabs 500mg</i>	4	
<i>rifabutin caps 150mg</i>	4	
<i>rifampin caps 150mg</i>	2	
<i>rifampin caps 300mg</i>	2	
<i>rifampin inj 600mg</i>	2	
SIRTURO TABS 100MG	5	PA (SIRTURO)
SIRTURO TABS 20MG	5	PA (SIRTURO)
Antiprotozoals		
<i>atovaquone/proguanil hcl tabs 62.5mg; 25mg</i>	2	
<i>atovaquone/proguanil hydrochloride tabs 250mg; 100mg</i>	4	
<i>atovaquone susp 750mg/5ml</i>	4	
BENZNIDAZOLE TABS 100MG	3	PA (BENZNIDAZOLE)
BENZNIDAZOLE TABS 12.5MG	3	PA (BENZNIDAZOLE)
<i>chloroquine phosphate tabs 250mg</i>	2	MO
<i>chloroquine phosphate tabs 500mg</i>	2	MO
COARTEM TABS 20MG; 120MG	4	
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
IMPAVIDO CAPS 50MG	5	QL (3 EA per 1 days) PA (IMPAVIDO)
KRINTAFEL TABS 150MG	4	QL (4 EA per 180 days)
LAMPIT TABS 120MG	4	PA (LAMPIT)
LAMPIT TABS 30MG	4	PA (LAMPIT)
<i>mefloquine hydrochloride tabs 250mg</i>	2	MO
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole tabs 500mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	5	PA (NITAZOXANIDE)
<i>pentamidine isethionate inj 300mg</i>	2	PA (PENTAMIDINE)
PRIMAQUINE PHOSPHATE TABS 26.3MG	4	
<i>pyrimethamine tabs 25mg</i>	5	
<i>quinine sulfate caps 324mg</i>	2	QL (42 EA per 30 days) PA (QUININE SULFATE)
<i>tinidazole tabs 250mg</i>	2	
<i>tinidazole tabs 500mg</i>	2	
Antivirals		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	2	MO
<i>abacavir sulfate tabs 300mg</i>	2	MO
<i>abacavir soln 20mg/ml</i>	2	MO
<i>abacavir tabs 300mg</i>	2	MO
<i>acyclovir sodium inj 50mg/ml</i>	2	B/D
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	4	
<i>acyclovir tabs 400mg</i>	1	
<i>acyclovir tabs 800mg</i>	1	
<i>adefovir dipivoxil tabs 10mg</i>	2	QL (1 EA per 1 days) MO
APTIVUS CAPS 250MG	5	MO
<i>atazanavir sulfate caps 150mg</i>	2	MO
<i>atazanavir sulfate caps 200mg</i>	2	MO
<i>atazanavir sulfate caps 300mg</i>	2	MO
<i>atazanavir caps 150mg</i>	2	MO
<i>atazanavir caps 200mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN 0.05MG/ML	5	MO
BEYFORTUS INJ 100MG/ML	3	QL (1 ML per 365 days)
BEYFORTUS INJ 50MG/0.5ML	3	QL (2 ML per 365 days)
BIKTARVY TABS 30MG; 120MG; 15MG	5	QL (1 EA per 1 days)
BIKTARVY TABS 50MG; 200MG; 25MG	5	QL (1 EA per 1 days) MO
CABENUVA INJ 400MG/2ML; 600MG/2ML	5	
CABENUVA INJ 600MG/3ML; 900MG/3ML	5	
<i>cidofovir inj 75mg/ml</i>	5	
CIMDUO TABS 300MG; 300MG	5	QL (1 EA per 1 days) MO
<i>darunavir tabs 600mg</i>	4	MO
<i>darunavir tabs 800mg</i>	5	MO
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL (1 EA per 1 days) MO
DESCOVY TABS 120MG; 15MG	5	QL (1 EA per 1 days) MO
DESCOVY TABS 200MG; 25MG	5	QL (1 EA per 1 days) MO
DOVATO TABS 50MG; 300MG	5	QL (1 EA per 1 days) MO
EDURANT PED TBSO 2.5MG	5	QL (6 EA per 1 days) MO
EDURANT TABS 25MG	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg</i>	5	QL (1 EA per 1 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg</i>	5	QL (1 EA per 1 days) MO
EFAVIRENZ CAPS 200MG	4	MO
EFAVIRENZ CAPS 50MG	4	MO
<i>efavirenz tabs 600mg</i>	2	MO
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL (1 EA per 1 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL (1 EA per 1 days) MO
<i>emtricitabine caps 200mg</i>	2	MO
EMTRIVA SOLN 10MG/ML	4	MO
<i>entecavir tabs 0.5mg</i>	2	MO
<i>entecavir tabs 1mg</i>	2	MO
EPCLUSA PACK 150MG; 37.5MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
EPCLUSA PACK 200MG; 50MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA TABS 200MG; 50MG	5	QL (2 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
<i>etravirine tabs 100mg</i>	5	MO
<i>etravirine tabs 200mg</i>	5	MO
EVOTAZ TABS 300MG; 150MG	5	MO
<i>famciclovir tabs 125mg</i>	2	
<i>famciclovir tabs 250mg</i>	2	
<i>famciclovir tabs 500mg</i>	2	
<i>fosamprenavir calcium tabs 700mg</i>	5	
<i>ganciclovir inj 500mg</i>	2	B/D
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
INTELENCE TABS 25MG	4	MO
ISENTRESS HD TABS 600MG	5	MO
ISENTRESS CHEW 100MG	5	MO
ISENTRESS CHEW 25MG	3	MO
ISENTRESS PACK 100MG	5	MO
ISENTRESS TABS 400MG	5	MO
JULUCA TABS 50MG; 25MG	5	QL (1 EA per 1 days) MO
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	MO
LAGEVRIO CAPS 200MG	3	QL (40 EA per 5 days)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	2	MO
<i>lamivudine soln 10mg/ml</i>	2	MO
<i>lamivudine tabs 100mg</i>	2	MO
<i>lamivudine tabs 150mg</i>	2	MO
<i>lamivudine tabs 300mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
LEXIVA SUSP 50MG/ML	4	MO
LIVTENCITY TABS 200MG	5	QL (12 EA per 1 days) PA (LIVTENCITY)
<i>lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml</i>	2	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	2	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	2	MO
<i>maraviroc tabs 150mg</i>	5	QL (2 EA per 1 days) MO
<i>maraviroc tabs 300mg</i>	5	QL (4 EA per 1 days) MO
MAVYRET PACK 50MG; 20MG	5	QL (6 EA per 1 days) PA (MAVYRET)
MAVYRET TABS 100MG; 40MG	5	QL (3 EA per 1 days) PA (MAVYRET)
<i>nevirapine er tb24 400mg</i>	2	MO
NEVIRAPINE SUSP 50MG/5ML	4	MO
<i>nevirapine tabs 200mg</i>	2	MO
NORVIR PACK 100MG	4	MO
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (1 EA per 1 days) MO
<i>oseltamivir phosphate caps 30mg</i>	2	
<i>oseltamivir phosphate caps 45mg</i>	2	
<i>oseltamivir phosphate caps 75mg</i>	2	
<i>oseltamivir phosphate susr 6mg/ml</i>	2	
PAXLOVID TBPK 150MG; 100MG	3	QL (20 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (30 EA per 5 days)
PAXLOVID TBPK 150MG; 100MG	3	QL (11 EA per 5 days)
PEGASYS INJ 180MCG/0.5ML	5	QL (4 ML per 28 days) PA (PEGASYS)

Drug Name	Drug Tier	Requirements/Limits
PEGASYS INJ 180MCG/ML	5	QL (4 ML per 28 days) PA (PEGASYS)
PIFELTRO TABS 100MG	5	QL (1 EA per 1 days) MO
PREVYMIS INJ 240MG/12ML	5	PA (PREVYMIS)
PREVYMIS INJ 480MG/24ML	5	PA (PREVYMIS)
PREVYMIS TABS 240MG	5	QL (1 EA per 1 days) PA (PREVYMIS)
PREVYMIS TABS 480MG	5	QL (1 EA per 1 days) PA (PREVYMIS)
PREZCOBIX TABS 150MG; 675MG	5	QL (1 EA per 1 days) MO
PREZCOBIX TABS 150MG; 800MG	5	MO
PREZISTA SUSP 100MG/ML	5	MO
PREZISTA TABS 150MG	5	MO
PREZISTA TABS 75MG	4	MO
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (120 EA per 365 days)
RETROVIR IV INFUSION INJ 10MG/ML	4	
REYATAZ PACK 50MG	5	MO
<i>ribavirin caps 200mg</i>	4	PA (ORAL RIBAVIRIN)
<i>ribavirin tabs 200mg</i>	1	PA (ORAL RIBAVIRIN)
<i>rilpivirine hydrochloride tabs 25mg</i>	5	MO
RIMANTADINE HYDROCHLORIDE TABS 100MG	4	
<i>ritonavir tabs 100mg</i>	2	MO
RUKOBIA TB12 600MG	5	QL (2 EA per 1 days)
SELZENTRY SOLN 20MG/ML	5	MO

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 25MG	3	QL (4 EA per 1 days) MO
SELZENTRY TABS 75MG	5	QL (8 EA per 1 days) MO
SOFOSBUVIR/VELPATASVIR TABS 400MG; 100MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELP ATASVIR)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	MO
SUNLENCA INJ 463.5MG/1.5ML	5	QL (3 ML per 180 days)
SUNLENCA TABS 300MG	5	QL (29 EA per 180 days)
SUNLENCA TBPK 300MG	5	QL (4 EA per 180 days)
SUNLENCA TBPK 300MG	5	QL (5 EA per 180 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
<i>tenofovir disoproxil fumarate tabs 300mg</i>	2	MO
TIVICAY PD TBSO 5MG	5	QL (6 EA per 1 days) MO
TIVICAY TABS 10MG	4	QL (1 EA per 1 days) MO
TIVICAY TABS 25MG	5	QL (1 EA per 1 days) MO
TIVICAY TABS 50MG	5	QL (2 EA per 1 days) MO
TRIUMEQ PD TBSO 60MG; 5MG; 30MG	3	QL (6 EA per 1 days) MO
TRIUMEQ TABS 600MG; 50MG; 300MG	5	MO
<i>valacyclovir hydrochloride tabs 1gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hydrochloride tabs 500mg</i>	2	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	MO
<i>valganciclovir tabs 450mg</i>	1	MO
VIRACEPT TABS 250MG	5	MO
VIRACEPT TABS 625MG	5	MO
VIREAD POWD 40MG/GM	5	MO
VIREAD TABS 150MG	5	MO
VIREAD TABS 200MG	5	MO
VIREAD TABS 250MG	5	MO
VOSEVI TABS 400MG; 100MG; 100MG	5	QL (1 EA per 1 days) PA (VOSEVI)
<i>zidovudine caps 100mg</i>	2	MO
<i>zidovudine syrp 50mg/5ml</i>	2	MO
<i>zidovudine tabs 300mg</i>	2	MO
Urinary Anti-infectives		
<i>fosfomycin tromethamine pack 3gm</i>	4	
<i>methenamine hippurate tabs 1gm</i>	4	
<i>nitrofurantoin macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin macrocrystals caps 25mg</i>	1	
<i>nitrofurantoin macrocrystals caps 50mg</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i>	1	
<i>nitrofurantoin monohydrate caps 100mg</i>	1	
<i>trimethoprim tabs 100mg</i>	4	
Antidote Therapeutics		
Alcohol Deterrents		
<i>acamprosate calcium dr tbec 333mg</i>	2	MO
<i>disulfiram tabs 250mg</i>	2	MO
<i>disulfiram tabs 500mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
Antidotes		
<i>acetylcysteine soln 10%</i>	2	B/D
<i>acetylcysteine soln 20%</i>	2	B/D
<i>dexrazoxane hydrochloride inj 250mg</i>	5	
<i>dexrazoxane hydrochloride inj 500mg</i>	5	
<i>dexrazoxane inj 250mg</i>	5	
<i>dexrazoxane inj 500mg</i>	5	
<i>leucovorin calcium inj 100mg</i>	2	
<i>leucovorin calcium inj 200mg</i>	2	
<i>leucovorin calcium inj 350mg</i>	2	
<i>leucovorin calcium inj 500mg</i>	2	
<i>leucovorin calcium inj 50mg</i>	2	
<i>leucovorin calcium tabs 10mg</i>	4	
<i>leucovorin calcium tabs 15mg</i>	2	
<i>leucovorin calcium tabs 25mg</i>	4	
<i>leucovorin calcium tabs 5mg</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	PA (LEVOLEUCOVORIN, new starts only)
LEVOLEUCOVORIN CALCIUM INJ 250MG/25ML	5	PA (LEVOLEUCOVORIN, new starts only)
LEVOLEUCOVORIN INJ 50MG	5	PA (LEVOLEUCOVORIN, new starts only)
XURIDEN PACK 2GM	5	QL (8 EA per 1 days) PA (XURIDEN) MO
Antihistamine Drugs		
First Generation Antihistamines		
CLEMASTINE FUMARATE TABS 2.68MG	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hydrochloride inj 50mg/ml</i>	4	
<i>promethazine hcl inj 25mg/ml</i>	4	
<i>promethazine hcl inj 50mg/ml</i>	2	
<i>promethazine hcl tabs 50mg</i>	4	
<i>promethazine hydrochloride plain soln 6.25mg/5ml</i>	4	
PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE HYDROCHLORIDE SYRP 5MG/5ML; 6.25MG/5ML	4	
<i>promethazine hydrochloride inj 25mg/ml</i>	4	
<i>promethazine hydrochloride soln 6.25mg/5ml</i>	4	
<i>promethazine hydrochloride tabs 12.5mg</i>	4	
<i>promethazine hydrochloride tabs 25mg</i>	4	
<i>promethazine hydrochloride tabs 50mg</i>	4	
<i>Second Generation Antihistamines</i>		
<i>desloratadine tabs 5mg</i>	2	QL (1 EA per 1 days)
<i>levocetirizine dihydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days)
Antineoplastic Agents		
<i>Antineoplastic Agents</i>		
<i>abiraterone acetate tabs 250mg</i>	4	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>abiraterone acetate tabs 500mg</i>	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>abirtega tabs 250mg</i>	1	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE INJ 900MG; 100MG	5	PA (CANCER DRUGS, new starts only)
AKEEGA TABS 500MG; 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
AKEEGA TABS 500MG; 50MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALECENSA CAPS 150MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALIQOPA INJ 60MG	5	PA (CANCER DRUGS, new starts only)
ALUNBRIG TABS 180MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALUNBRIG TABS 30MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALUNBRIG TABS 90MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ALUNBRIG TBPK 0	5	QL (30 EA per 180 days) PA (CANCER DRUGS, new starts only)
<i>arsenic trioxide inj 10mg/10ml</i>	5	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
AUGTYRO CAPS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
AUGTYRO CAPS 40MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
AVASTIN INJ 100MG/4ML	5	PA (CANCER DRUGS, new starts only)
AVASTIN INJ 400MG/16ML	5	PA (CANCER DRUGS, new starts only)
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 25MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 300MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
AYVAKIT TABS 50MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>azacitidine inj 100mg</i>	5	
BALVERSA TABS 3MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 4MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
BALVERSA TABS 5MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
BAVENCIO INJ 200MG/10ML	5	PA (CANCER DRUGS, new starts only)
BELEODAQ INJ 500MG	5	PA (CANCER DRUGS, new starts only)
<i>bendamustine hydrochloride inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>bendamustine hydrochloride inj 25mg</i>	5	PA (CANCER DRUGS, new starts only)
BESREMI INJ 500MCG/ML	5	QL (2 ML per 28 days) PA (CANCER DRUGS, new starts only)
<i>bexarotene caps 75mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>bicalutamide tabs 50mg</i>	2	
<i>bleomycin sulfate inj 15unit</i>	2	
<i>bleomycin sulfate inj 30unit</i>	2	
<i>bortezomib inj 3.5mg</i>	5	PA (CANCER DRUGS, new starts only)
BORTEZOMIB INJ 3.5MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF CAPS 100MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF CAPS 50MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 100MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF TABS 400MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF TABS 500MG	5	PA (CANCER DRUGS, new starts only)
BRAFTOVI CAPS 75MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
BRUKINSA CAPS 80MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>brukinsa tabs 160mg</i>	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>busulfan inj 6mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
CABOMETYX TABS 20MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CABOMETYX TABS 40MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CABOMETYX TABS 60MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CALQUENCE TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
CAPRELSA TABS 300MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
<i>carboplatin inj 150mg/15ml</i>	2	
<i>carboplatin inj 450mg/45ml</i>	2	
<i>carboplatin inj 50mg/5ml</i>	2	
<i>carboplatin inj 600mg/60ml</i>	2	
<i>carmustine inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>cisplatin inj 100mg/100ml</i>	2	
CISPLATIN INJ 200MG/200ML	4	
<i>cisplatin inj 50mg/50ml</i>	2	
<i>cladribine inj 10mg/10ml</i>	5	B/D
<i>clofarabine inj 1mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
COMETRIQ KIT 0	5	PA (CANCER DRUGS, new starts only)
COMETRIQ KIT 0	5	PA (CANCER DRUGS, new starts only)
COMETRIQ KIT 20MG	5	PA (CANCER DRUGS, new starts only)
COPIKTRA CAPS 15MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
COPIKTRA CAPS 25MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
COTELLIC TABS 20MG	5	QL (63 EA per 28 days) PA (CANCER DRUGS, new starts only)
<i>cyclophosphamide caps 25mg</i>	2	B/D
<i>cyclophosphamide caps 50mg</i>	4	B/D
CYCLOPHOSPHAMIDE TABS 25MG	4	B/D
CYCLOPHOSPHAMIDE TABS 50MG	4	B/D
CYRAMZA INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
CYRAMZA INJ 500MG/50ML	5	PA (CANCER DRUGS, new starts only)
<i>cytarabine aqueous inj 20mg/ml</i>	2	B/D
<i>cytarabine aqueous inj 20mg/ml</i>	2	B/D
<i>cytarabine inj 100mg/ml</i>	2	B/D
<i>cytarabine inj 20mg/ml</i>	2	B/D
<i>dacarbazine inj 100mg</i>	2	
<i>dacarbazine inj 200mg</i>	2	
<i>dactinomycin inj 0.5mg</i>	5	PA (CANCER DRUGS, new starts only)
DANZITEN TABS 71MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
DANZITEN TABS 95MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
DARZALEX FASPRO INJ 1800MG/15ML; 30000UNIT/15ML	5	PA (CANCER DRUGS, new starts only)
DARZALEX INJ 100MG/5ML	5	PA (CANCER DRUGS, new starts only)
DARZALEX INJ 400MG/20ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib tabs 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 140mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 20mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 50mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 70mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>dasatinib tabs 80mg</i>	5	PA (CANCER DRUGS, new starts only)
DAURISMO TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
DAURISMO TABS 25MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>decitabine inj 50mg</i>	5	
DOCETAXEL INJ 160MG/16ML	4	PA (CANCER DRUGS, new starts only)
<i>docetaxel inj 160mg/8ml</i>	5	PA (CANCER DRUGS, new starts only)
DOCETAXEL INJ 20MG/2ML	5	PA (CANCER DRUGS, new starts only)
<i>docetaxel inj 20mg/ml</i>	2	PA (CANCER DRUGS, new starts only)
DOCETAXEL INJ 80MG/4ML	4	PA (CANCER DRUGS, new starts only)
DOCETAXEL INJ 80MG/8ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAPS 200MG	4	MO
DROXIA CAPS 300MG	4	MO
DROXIA CAPS 400MG	4	MO
EMCYT CAPS 140MG	5	
EMPLICITI INJ 300MG	5	PA (CANCER DRUGS, new starts only)
EMPLICITI INJ 400MG	5	PA (CANCER DRUGS, new starts only)
ENSACOVE CAPS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ENSACOVE CAPS 25MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ERBITUX INJ 100MG/50ML	5	PA (CANCER DRUGS, new starts only)
ERBITUX INJ 200MG/100ML	5	PA (CANCER DRUGS, new starts only)
<i>eribulin mesylate inj 1mg/2ml</i>	5	PA (CANCER DRUGS, new starts only)
ERIVEDGE CAPS 150MG	5	PA (CANCER DRUGS, new starts only) LA
ERLEADA TABS 240MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ERLEADA TABS 60MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hydrochloride tabs 150mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
EULEXIN CAPS 125MG	3	
<i>everolimus tabs 10mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>everolimus tabs 2.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>everolimus tabs 5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>everolimus tabs 7.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>everolimus tbso 2mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>everolimus tbso 3mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>everolimus tbso 5mg</i>	5	PA (CANCER DRUGS, new starts only)
EXKIVITY CAPS 40MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
FLUDARABINE PHOSPHATE INJ 50MG	5	

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil inj 1gm/20ml</i>	2	PA (CANCER DRUGS, new starts only)
<i>fluorouracil inj 2.5gm/50ml</i>	2	PA (CANCER DRUGS, new starts only)
<i>fluorouracil inj 500mg/10ml</i>	2	PA (CANCER DRUGS, new starts only)
<i>fluorouracil inj 5gm/100ml</i>	2	PA (CANCER DRUGS, new starts only)
FOLOTYN INJ 20MG/ML	5	PA (CANCER DRUGS, new starts only)
FOLOTYN INJ 40MG/2ML	5	PA (CANCER DRUGS, new starts only)
FOTIVDA CAPS 0.89MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
FOTIVDA CAPS 1.34MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
FRUZAQLA CAPS 1MG	5	QL (84 EA per 28 days) PA (CANCER DRUGS, new starts only)
FRUZAQLA CAPS 5MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
<i>fulvestrant inj 250mg/5ml</i>	5	PA (CANCER DRUGS, new starts only)
GAVRETO CAPS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib tabs 250mg</i>	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
<i>gemcitabine hcl inj 1gm</i>	2	
<i>gemcitabine hcl inj 200mg</i>	2	
<i>gemcitabine hcl inj 2gm</i>	2	
<i>gemcitabine hydrochloride inj 1gm/26.3ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm</i>	2	
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML	4	
<i>gemcitabine hydrochloride inj 200mg/5.26ml</i>	2	
<i>gemcitabine hydrochloride inj 200mg</i>	2	
<i>gemcitabine hydrochloride inj 2gm/52.6ml</i>	2	
GILOTRIF TABS 20MG	5	PA (CANCER DRUGS, new starts only) LA
GILOTRIF TABS 30MG	5	PA (CANCER DRUGS, new starts only) LA
GILOTRIF TABS 40MG	5	PA (CANCER DRUGS, new starts only) LA
GOMEKLI CAPS 1MG	5	QL (126 EA per 28 days) PA (CANCER DRUGS, new starts only)
GOMEKLI CAPS 2MG	5	QL (84 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI TBSO 1MG	4	QL (168 EA per 28 days) PA (CANCER DRUGS, new starts only)
HERNEXEOS TABS 60MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>hydroxyurea caps 500mg</i>	2	
HYRNUO TABS 10MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
IBRANCE CAPS 100MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE CAPS 125MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE CAPS 75MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE TABS 100MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE TABS 125MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
IBRANCE TABS 75MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
IBTROZI CAPS 200MG	5	QL (3 EA per 1 days) PA (IBTROZI, new starts only)
ICLUSIG TABS 10MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ICLUSIG TABS 15MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
ICLUSIG TABS 30MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ICLUSIG TABS 45MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
<i>idarubicin hcl inj 10mg/10ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hcl inj 20mg/20ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hcl inj 5mg/5ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hydrochloride inj 10mg/10ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hydrochloride inj 20mg/20ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>idarubicin hydrochloride inj 5mg/5ml</i>	5	PA (CANCER DRUGS, new starts only)
IDHIFA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>ifosfamide inj 1gm</i>	2	
<i>imatinib mesylate tabs 100mg</i>	4	PA (CANCER DRUGS, new starts only)
<i>imatinib mesylate tabs 400mg</i>	4	PA (CANCER DRUGS, new starts only)
IMBRUVICA CAPS 140MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMBRUVICA CAPS 70MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMBRUVICA SUSP 70MG/ML	3	QL (8 ML per 1 days) PA (CANCER DRUGS, new starts only)
IMBRUVICA TABS 140MG	3	QL (1 EA per 1 days) PA (IMBRUVICA 140MG TABLETS, new starts only) LA
IMBRUVICA TABS 280MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMBRUVICA TABS 420MG	3	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
IMFINZI INJ 120MG/2.4ML	5	PA (CANCER DRUGS, new starts only)
IMFINZI INJ 500MG/10ML	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
IMKELDI SOLN 80MG/ML	5	PA (IMKELDI, new starts only)
INLURIYO TABS 200MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
INLYTA TABS 1MG	5	PA (CANCER DRUGS, new starts only) LA
INLYTA TABS 5MG	5	PA (CANCER DRUGS, new starts only) LA
INQOVI TABS 100MG; 35MG	5	QL (5 EA per 28 days) PA (CANCER DRUGS, new starts only)
INREBIC CAPS 100MG	5	QL (4 EA per 1 days) PA (INREBIC, new starts only)
ITOVEBI TABS 3MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ITOVEBI TABS 9MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
IWILFIN TABS 192MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAKAFI TABS 10MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 15MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 20MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 25MG	5	PA (CANCER DRUGS, new starts only)
JAKAFI TABS 5MG	5	PA (CANCER DRUGS, new starts only)
JAYPIRCA TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAYPIRCA TABS 50MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
JEVTANA INJ 60MG/1.5ML	5	PA (CANCER DRUGS, new starts only)
JYLAMVO SOLN 2MG/ML	4	PA (METHOTREXATE SOLUTION, new starts only)
KEMOPLAT INJ 50MG/50ML	4	
KEYTRUDA INJ 100MG/4ML	5	PA (CANCER DRUGS, new starts only)
KISQALI TBPK 200MG	5	QL (21 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI TBPK 200MG	5	QL (42 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI TBPK 200MG	5	QL (63 EA per 28 days) PA (CANCER DRUGS, new starts only)
KOSELUGO CAPS 10MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 25MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
KOSELUGO CPSP 5MG	5	PA (KOSELUGO GRANULE, new starts only)
KOSELUGO CPSP 7.5MG	5	PA (KOSELUGO GRANULE, new starts only)
KRAZATI TABS 200MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
KYPROLIS INJ 10MG	5	PA (CANCER DRUGS, new starts only)
KYPROLIS INJ 30MG	5	PA (CANCER DRUGS, new starts only)
KYPROLIS INJ 60MG	5	PA (CANCER DRUGS, new starts only)
<i>lapatinib ditosylate tabs 250mg</i>	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
LAZCLUZE TABS 240MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
LAZCLUZE TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>lenalidomide caps 10mg</i>	5	PA (CANCER DRUGS, new starts only) LA
<i>lenalidomide caps 15mg</i>	5	PA (CANCER DRUGS, new starts only) LA

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide caps 2.5mg</i>	5	PA (CANCER DRUGS, new starts only) MO
<i>lenalidomide caps 20mg</i>	5	PA (CANCER DRUGS, new starts only) MO
<i>lenalidomide caps 25mg</i>	5	PA (CANCER DRUGS, new starts only) LA
<i>lenalidomide caps 5mg</i>	5	PA (CANCER DRUGS, new starts only) LA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 14 MG DAILY DOSE CPPK 0	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 18 MG DAILY DOSE CPPK 0	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 24 MG DAILY DOSE CPPK 0	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
LEUKERAN TABS 2MG	5	
LIBTAYO INJ 350MG/7ML	5	PA (CANCER DRUGS, new starts only)
<i>lomustine caps 100mg</i>	5	
<i>lomustine caps 10mg</i>	4	
<i>lomustine caps 40mg</i>	4	
LONSURF TABS 6.14MG; 15MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
LONSURF TABS 8.19MG; 20MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
LORBRENA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
LORBRENA TABS 25MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LUMAKRAS TABS 120MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
LUMAKRAS TABS 240MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LUMAKRAS TABS 320MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TABS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYNPARZA TABS 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYSODREN TABS 500MG	5	
LYTGOBI TBPK 4MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYTGOBI TBPK 4MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
LYTGOBI TBPK 4MG	5	QL (5 EA per 1 days) PA (CANCER DRUGS, new starts only)
MATULANE CAPS 50MG	5	
MEKINIST SOLR 0.05MG/ML	5	PA (CANCER DRUGS, new starts only)
MEKINIST TABS 0.5MG	5	PA (CANCER DRUGS, new starts only)
MEKINIST TABS 2MG	5	PA (CANCER DRUGS, new starts only)
MEKTOVI TABS 15MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>melphalan hydrochloride inj 50mg</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine susp 2000mg/100ml</i>	5	PA (MERCAPTOPYRINE SUSPENSION, new starts only)
<i>mercaptopurine tabs 50mg</i>	2	
<i>methotrexate sodium inj 1gm/40ml</i>	2	
<i>methotrexate sodium inj 1gm</i>	2	
METHOTREXATE SODIUM INJ 250MG/10ML	4	
<i>methotrexate sodium inj 250mg/10ml</i>	2	
METHOTREXATE SODIUM INJ 50MG/2ML	4	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mitomycin inj 20mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mitomycin inj 40mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mitomycin inj 5mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mitoxantrone hcl inj 25mg/12.5ml</i>	2	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
MODEYSO CAPS 125MG	5	QL (20 EA per 28 days) PA (CANCER DRUGS, new starts only) MO
<i>mutamycin inj 20mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>mutamycin inj 40mg</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>mutamycin inj 5mg</i>	5	PA (CANCER DRUGS, new starts only)
MYLOTARG INJ 4.5MG	5	PA (CANCER DRUGS, new starts only)
<i>nelarabine inj 5mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
NERLYNX TABS 40MG	5	QL (6 EA per 1 days) PA (NERLYNX, new starts only)
<i>nilotinib hydrochloride caps 150mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>nilotinib hydrochloride caps 200mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>nilotinib hydrochloride caps 50mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>nilutamide tabs 150mg</i>	5	
NINLARO CAPS 2.3MG	5	QL (3 EA per 28 days) PA (CANCER DRUGS, new starts only)
NINLARO CAPS 3MG	5	QL (3 EA per 28 days) PA (CANCER DRUGS, new starts only)
NINLARO CAPS 4MG	5	QL (3 EA per 28 days) PA (CANCER DRUGS, new starts only)
NIPENT INJ 10MG	5	PA (CANCER DRUGS, new starts only)
NUBEQA TABS 300MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
OGSIVEO TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
OGSIVEO TABS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
OGSIVEO TABS 50MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
OJEMDA SUSR 25MG/ML	5	QL (96 ML per 28 days) PA (CANCER DRUGS, new starts only)
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
OJEMDA TABS 100MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
OJJAARA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
OJJAARA TABS 150MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ONUREG TABS 200MG	5	QL (14 EA per 28 days) PA (CANCER DRUGS, new starts only)
ONUREG TABS 300MG	5	QL (14 EA per 28 days) PA (CANCER DRUGS, new starts only)
OPDIVO INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
OPDIVO INJ 120MG/12ML	5	PA (CANCER DRUGS, new starts only)
OPDIVO INJ 240MG/24ML	5	PA (CANCER DRUGS, new starts only)
OPDIVO INJ 40MG/4ML	5	PA (CANCER DRUGS, new starts only)
ORSERDU TABS 345MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ORSERDU TABS 86MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>paclitaxel protein-bound particles inj 900mg; 100mg</i>	5	PA (CANCER DRUGS, new starts only)
PACLITAXEL INJ 150MG/25ML	4	
<i>paclitaxel inj 300mg/50ml</i>	2	
<i>paclitaxel inj 30mg/5ml</i>	2	
<i>paclitaxel inj 6mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hydrochloride tabs 200mg</i>	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
PAZOPANIB HYDROCHLORIDE TABS 400MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
PEMAZYRE TABS 13.5MG	5	QL (14 EA per 21 days) PA (CANCER DRUGS, new starts only)
PEMAZYRE TABS 4.5MG	5	QL (14 EA per 21 days) PA (CANCER DRUGS, new starts only)
PEMAZYRE TABS 9MG	5	QL (14 EA per 21 days) PA (CANCER DRUGS, new starts only)
<i>pemetrexed disodium inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pemetrexed disodium inj 500mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pemetrexed inj 100mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pemetrexed inj 500mg</i>	5	PA (CANCER DRUGS, new starts only)
PERJETA INJ 420MG/14ML	5	PA (CANCER DRUGS, new starts only)
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
PIQRAY 250MG DAILY DOSE TBPK 0	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPB 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>pomalidomide caps 1mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pomalidomide caps 2mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pomalidomide caps 3mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pomalidomide caps 4mg</i>	5	PA (CANCER DRUGS, new starts only)
<i>pralatrexate inj 20mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
<i>pralatrexate inj 40mg/2ml</i>	5	PA (CANCER DRUGS, new starts only)
PROLEUKIN INJ 22000000UNIT	5	PA (CANCER DRUGS, new starts only)
QINLOCK TABS 50MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 120MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
RETEVMO TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
REVUFORJ TABS 110MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
REVUFORJ TABS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
REVUFORJ TABS 25MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
REZLIDHIA CAPS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
RIABNI INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
RIABNI INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
RITUXAN INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
RITUXAN INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
<i>romidepsin inj 10mg</i>	5	PA (CANCER DRUGS, new starts only)
ROMVIMZA CAPS 14MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
ROMVIMZA CAPS 20MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ROMVIMZA CAPS 30MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
ROZLYTREK CAPS 100MG	5	QL (5 EA per 1 days) PA (CANCER DRUGS, new starts only)
ROZLYTREK CAPS 200MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
ROZLYTREK PACK 50MG	5	QL (12 EA per 1 days) PA (ROZLYTREK PELLETT, new starts only)
RUBRACA TABS 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
RUBRACA TABS 250MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
RUBRACA TABS 300MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
RUXIENCE INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
RUXIENCE INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
RYDAPT CAPS 25MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
SCEMBLIX TABS 20MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
SCEMBLIX TABS 40MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
SIKLOS TABS 1000MG	5	PA (SIKLOS)
SIKLOS TABS 100MG	4	PA (SIKLOS)
<i>sorafenib tosylate tabs 200mg</i>	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sorafenib tabs 200mg</i>	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
STIVARGA TABS 40MG	5	PA (CANCER DRUGS, new starts only) LA
<i>sunitinib malate caps 12.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sunitinib malate caps 25mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sunitinib malate caps 37.5mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>sunitinib malate caps 50mg</i>	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS 40MG	5	
TABRECTA TABS 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TABRECTA TABS 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TAFINLAR CAPS 50MG	5	PA (CANCER DRUGS, new starts only)
TAFINLAR CAPS 75MG	5	PA (CANCER DRUGS, new starts only)
TAFINLAR TBSO 10MG	5	PA (CANCER DRUGS, new starts only)
TAGRISSO TABS 40MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TAGRISSO TABS 80MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.1MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.25MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.35MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 0.5MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.75MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TALZENNA CAPS 1MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
TAZVERIK TABS 200MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
TECENTRIQ HYBREZA INJ 1875MG/15ML; 30000UNIT/15ML	5	PA (CANCER DRUGS, new starts only)
TECENTRIQ INJ 1200MG/20ML	5	PA (CANCER DRUGS, new starts only)
TECENTRIQ INJ 840MG/14ML	5	PA (CANCER DRUGS, new starts only)
<i>temsirolimus inj 25mg/ml</i>	5	PA (CANCER DRUGS, new starts only)
TEPMETKO TABS 225MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
TEVIMBRA INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
<i>thiotepa inj 15mg</i>	5	PA (CANCER DRUGS, new starts only)
TIBSOVO TABS 250MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
<i>topotecan hcl inj 4mg</i>	5	
<i>topotecan hydrochloride inj 4mg/4ml</i>	5	
<i>tretinoin caps 10mg</i>	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TRUQAP TABS 160MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUQAP TABS 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUQAP TBPK 160MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUQAP TBPK 200MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TRUXIMA INJ 100MG/10ML	5	PA (RITUXIMAB, new starts only)
TRUXIMA INJ 500MG/50ML	5	PA (RITUXIMAB, new starts only)
TUKYSA TABS 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
TUKYSA TABS 50MG	5	QL (10 EA per 1 days) PA (CANCER DRUGS, new starts only)
TURALIO CAPS 125MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VANFLYTA TABS 17.7MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VANFLYTA TABS 26.5MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
VECTIBIX INJ 100MG/5ML	5	PA (CANCER DRUGS, new starts only)
VECTIBIX INJ 400MG/20ML	5	PA (CANCER DRUGS, new starts only)
VENCLEXTA STARTING PACK TBPK 0	5	QL (42 EA per 180 days) PA (CANCER DRUGS, new starts only)
VENCLEXTA TABS 100MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
VENCLEXTA TABS 10MG	3	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VENCLEXTA TABS 50MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 200MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VERZENIO TABS 50MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VINBLASTINE SULFATE INJ 1MG/ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>vinorelbine tartrate inj 10mg/ml</i>	2	
<i>vinorelbine tartrate inj 50mg/5ml</i>	2	
VITRAKVI CAPS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VITRAKVI CAPS 25MG	5	QL (6 EA per 1 days) PA (CANCER DRUGS, new starts only)
VITRAKVI SOLN 20MG/ML	5	QL (10 ML per 1 days) PA (CANCER DRUGS, new starts only)
VIZIMPRO TABS 15MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VIZIMPRO TABS 30MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VIZIMPRO TABS 45MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VONJO CAPS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VORANIGO TABS 10MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
VORANIGO TABS 40MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
VYXEOS INJ 100MG; 44MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
WELIREG TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
XALKORI CAPS 200MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CAPS 250MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CPSP 150MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CPSP 20MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XALKORI CPSP 50MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only) LA
XATMEP SOLN 2.5MG/ML	4	PA (METHOTREXATE SOLUTION, new starts only)
XOSPATA TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	QL (24 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	QL (32 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO TBPK 10MG	5	QL (16 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 40MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 40MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 40MG	5	QL (4 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 50MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 60MG	5	QL (4 EA per 28 days) PA (CANCER DRUGS, new starts only)
XPOVIO TBPK 80MG	5	QL (4 EA per 28 days) PA (CANCER DRUGS, new starts only)
XROMI SOLN 100MG/ML	5	PA (XROMI, new starts only)
XTANDI CAPS 40MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
XTANDI TABS 40MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
YERVOY INJ 200MG/40ML	5	PA (CANCER DRUGS, new starts only)
YERVOY INJ 50MG/10ML	5	PA (CANCER DRUGS, new starts only)
YONDELIS INJ 1MG	5	PA (CANCER DRUGS, new starts only)
YONSA TABS 125MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZALTRAP INJ 100MG/4ML	5	PA (CANCER DRUGS, new starts only)
ZALTRAP INJ 200MG/8ML	5	PA (CANCER DRUGS, new starts only)
ZANOSAR INJ 1GM	5	PA (CANCER DRUGS, new starts only)
ZEJULA TABS 100MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZEJULA TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZEJULA TABS 300MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZELBORAF TABS 240MG	5	PA (CANCER DRUGS, new starts only) LA
ZOLINZA CAPS 100MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ZYDELIG TABS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZYDELIG TABS 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZYKADIA TABS 150MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
GRASTEK SUBL 2800BAU	3	PA (ORAL IMMUNOTHERAPY) MO
ODACTRA SUBL 0; 0	3	QL (1 EA per 1 days) PA (ORAL IMMUNOTHERAPY) MO
RAGWITEK SUBL 12AMB A 1-U	4	PA (ORAL IMMUNOTHERAPY) MO
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
BIVIGAM INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 10GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INJ 2.5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 20GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 5GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
FLEBOGAMMA DIF INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMASTAN INJ 0	3	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID ERC INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID ERC INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 1GM/10ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 2.5GM/25ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 30GM/300ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD LIQUID INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 10GM	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS THAN 1MCG/ML INJ 5GM	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 1GM/10ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAKED INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 10GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 20GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 5GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMMAPLEX INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 1GM/10ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 2.5GM/25ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C INJ 40GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 10GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 1GM/20ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 2.5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 2GM/20ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 30GM/300ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 5GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
OCTAGAM INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 10GM/100ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 20GM/200ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 40GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
PRIVIGEN INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
VARIZIG INJ 125UNIT/1.2ML	5	PA (VARIZIG)

Drug Name	Drug Tier	Requirements/Limits
ZINPLAVA INJ 1000MG/40ML	5	PA (ZINPLAVA)
<i>Toxoids</i>		
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
TDVAX INJ 2LF/0.5ML; 2LF/0.5ML	3	
TENIVAC INJ 2LFU; 5LFU	3	
TENIVAC INJ 2LFU; 5LFU	3	
TETANUS/DIPHThERIA TOXOIDS- ADSORBED ADULT INJ 2LF/0.5ML; 2LF/0.5ML	3	
<i>Vaccines</i>		
ABRYSVO INJ 120MCG/0.5ML	3	
ACTHIB INJ 0	3	
AREXVY INJ 120MCG/0.5ML	3	PA (RSV VACCINE)
BCG VACCINE INJ 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
BEXSERO INJ 0.5ML	3	PA (BEXSERO)
DENGVAXIA INJ 0	3	PA (DENGVAXIA)
ENGERIX-B INJ 10MCG/0.5ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
ENGERIX-B INJ 20MCG/ML	3	B/D
GARDASIL 9 INJ 0.5ML	3	PA (GARDASIL)
GARDASIL 9 INJ 0.5ML	3	PA (GARDASIL)
HAVRIX INJ 1440UNIT/ML	3	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	3	B/D
HIBERIX INJ 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	3	B/D
IPOL INACTIVATED IPV INJ 0	3	
IXIARO INJ 0	3	
JYNNEOS INJ 0.5ML	3	
M-M-R II INJ 0; 0; 0	3	
MENACTRA INJ 0	3	
MENQUADFI INJ 0.5ML	3	
MENVEO INJ 0	3	
MENVEO INJ 0	3	
MRESVIA INJ 50MCG/0.5ML	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	3	PA (PENBRAYA)
PENMENVY INJ 0; 0	3	PA (PENMENVY)
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	

Drug Name	Drug Tier	Requirements/Limits
PREHEVBRIO INJ 10MCG/ML	3	B/D
PRIORIX INJ 0; 0; 0	3	
PROQUAD INJ 0; 0; 0; 0	3	
RABAVERT INJ 0	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 10MCG/ML	3	B/D
RECOMBIVAX HB INJ 40MCG/ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
RECOMBIVAX HB INJ 5MCG/0.5ML	3	B/D
ROTARIX SUSP 0	3	
ROTATEQ SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	3	
SHINGRIX INJ 50MCG/0.5ML	3	
STAMARIL INJ 0	3	PA (STAMARIL)
TICOVAC INJ 1.2MCG/0.25ML	3	PA (TICOVAC)
TICOVAC INJ 2.4MCG/0.5ML	3	PA (TICOVAC)
TRUMENBA INJ 0.5ML	3	PA (TRUMENBA)
TWINRIX INJ 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
TYPHIM VI INJ 25MCG/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 25UNIT/0.5ML	3	
VAQTA INJ 50UNIT/ML	3	
VAQTA INJ 50UNIT/ML	3	
VARIVAX INJ 1350PFU/0.5ML	3	
VAXCHORA SUSR 0	3	PA (VAXCHORA)
VIMKUNYA INJ 40MCG/0.8ML	3	
VIVOTIF CPDR 0	3	QL (4 EA per 365 days)
YF-VAX INJ 0	3	

Drug Name	Drug Tier	Requirements/Limits
YF-VAX INJ 0	3	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL (2 EA per 1 days) MO
ATROPINE SULFATE INJ 0.25MG/5ML	4	
ATROVENT HFA AERS 17MCG/ACT	4	MO
<i>dicyclomine hcl soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride caps 10mg</i>	4	
<i>dicyclomine hydrochloride soln 10mg/5ml</i>	4	
<i>dicyclomine hydrochloride tabs 20mg</i>	4	
<i>glycopyrrolate tabs 1mg</i>	2	
<i>glycopyrrolate tabs 2mg</i>	2	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide soln 0.02%</i>	2	B/D MO
<i>ipratropium bromide soln 0.03%</i>	2	MO
<i>ipratropium bromide soln 0.06%</i>	2	MO
<i>scopolamine pt72 1mg/3days</i>	4	PA (SCOPOLAMINE PATCH)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL (4 GM per 30 days) MO
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide caps 18mcg</i>	1	QL (30 EA per 30 days) MO
Autonomic Drugs, Miscellaneous		

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA 10MG	4	QL (5376 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	4	QL (360 ML per 365 days)
<i>varenicline starting month tbpk 0</i>	1	QL (53 EA per 84 days)
<i>varenicline tartrate tabs 0.5mg</i>	1	QL (730 EA per 365 days)
<i>varenicline tartrate tabs 1mg</i>	1	QL (730 EA per 365 days)
<i>Parasympathomimetic (Cholinergic) Agents</i>		
<i>bethanechol chloride tabs 10mg</i>	2	
<i>bethanechol chloride tabs 25mg</i>	2	
<i>bethanechol chloride tabs 50mg</i>	2	
<i>bethanechol chloride tabs 5mg</i>	2	
<i>cevimeline hydrochloride caps 30mg</i>	4	MO
<i>donepezil hcl tabs 10mg</i>	1	MO
<i>donepezil hcl tabs 23mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hcl tbdp 10mg</i>	2	MO
<i>donepezil hcl tbdp 5mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride odt tbdp 10mg</i>	2	MO
<i>donepezil hydrochloride odt tbdp 5mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tabs 10mg</i>	1	MO
<i>donepezil hydrochloride tabs 23mg</i>	2	QL (1 EA per 1 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
FIRDAPSE TABS 10MG	5	QL (8 EA per 1 days) PA (FIRDAPSE)
<i>galantamine hydrobromide er cp24 16mg</i>	2	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 24mg</i>	2	QL (1 EA per 1 days) MO
<i>galantamine hydrobromide er cp24 8mg</i>	2	QL (1 EA per 1 days) MO
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	4	MO
<i>galantamine hydrobromide tabs 12mg</i>	2	MO
<i>galantamine hydrobromide tabs 4mg</i>	2	MO
<i>galantamine hydrobromide tabs 8mg</i>	2	MO
<i>pilocarpine hydrochloride tabs 5mg</i>	2	MO
<i>pilocarpine hydrochloride tabs 7.5mg</i>	2	MO
<i>pyridostigmine bromide er tbcr 180mg</i>	4	
<i>pyridostigmine bromide soln 60mg/5ml</i>	4	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	4	
<i>rivastigmine tartrate caps 1.5mg</i>	2	MO
<i>rivastigmine tartrate caps 3mg</i>	2	MO
<i>rivastigmine tartrate caps 4.5mg</i>	2	MO
<i>rivastigmine tartrate caps 6mg</i>	2	MO
<i>rivastigmine transdermal system pt24 13.3mg/24hr</i>	4	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 4.6mg/24hr</i>	4	QL (1 EA per 1 days) MO
<i>rivastigmine transdermal system pt24 9.5mg/24hr</i>	4	QL (1 EA per 1 days) MO
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen tabs 10mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs 20mg</i>	1	MO
<i>baclofen tabs 5mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 10mg</i>	4	
<i>cyclobenzaprine hydrochloride tabs 5mg</i>	4	
<i>methocarbamol tabs 500mg</i>	2	
<i>methocarbamol tabs 750mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	1	MO
<i>tizanidine hydrochloride caps 2mg</i>	2	
<i>tizanidine hydrochloride caps 4mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	2	
<i>tizanidine hydrochloride tabs 2mg</i>	1	
<i>tizanidine hydrochloride tabs 4mg</i>	1	MO
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	
<i>varenicline tartrate tabs 1mg</i>	1	QL (730 EA per 365 days)
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er tb24 10mg</i>	2	MO
<i>dihydroergotamine mesylate inj 1mg/ml</i>	5	
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL (8 ML per 28 days)
ERGOLOID MESYLATES TABS 1MG	4	MO
<i>tamsulosin hydrochloride caps 0.4mg</i>	1	MO
Sympathomimetic (Adrenergic) Agents		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AERO 230MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
ADVAIR HFA AERO 45MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate nebu 0.083%</i>	1	B/D MO
<i>albuterol sulfate nebu 0.63mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 1.25mg/3ml</i>	1	B/D MO
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	B/D MO
<i>albuterol sulfate syrup 2mg/5ml</i>	2	MO
<i>albuterol sulfate tabs 2mg</i>	4	MO
<i>albuterol sulfate tabs 4mg</i>	4	MO
<i>arformoterol tartrate nebu 15mcg/2ml</i>	2	B/D MO
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
<i>droxidopa caps 100mg</i>	4	QL (15 EA per 1 days) PA (DROXIDOPA)
<i>droxidopa caps 200mg</i>	5	QL (6 EA per 1 days) PA (DROXIDOPA)
<i>droxidopa caps 300mg</i>	5	QL (6 EA per 1 days) PA (DROXIDOPA)
<i>epinephrine inj 0.15mg/0.15ml</i>	2	
<i>epinephrine inj 0.15mg/0.3ml</i>	2	
<i>epinephrine inj 0.3mg/0.3ml</i>	2	
<i>epinephrine inj 0.3mg/0.3ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebu 0.31mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebu 0.63mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebu 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 0.31mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride nebu 1.25mg/3ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT	4	QL (30 GM per 30 days) MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	B/D MO
<i>lofexidine hydrochloride tabs 0.18mg</i>	5	QL (16 EA per 1 days) PA (LUCEMYRA)
<i>midodrine hydrochloride tabs 10mg</i>	2	
<i>midodrine hydrochloride tabs 2.5mg</i>	2	
<i>midodrine hydrochloride tabs 5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate inj 1mg/ml</i>	2	
<i>terbutaline sulfate tabs 2.5mg</i>	2	
<i>terbutaline sulfate tabs 5mg</i>	2	MO
<i>wixela inhub aepb 100mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 250mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>wixela inhub aepb 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
Blood Derivatives		
<i>Blood Derivatives</i>		
ARALAST NP INJ 1000MG	5	PA (ARALAST) LA
ARALAST NP INJ 500MG	5	PA (ARALAST) LA
PROLASTIN-C INJ 1000MG/20ML	5	PA (ZEMAIRA/PROLASTIN) LA
ZEMAIRA INJ 1000MG	5	PA (ZEMAIRA/PROLASTIN) LA
ZEMAIRA INJ 4000MG	5	PA (ZEMAIRA/PROLASTIN) LA
ZEMAIRA INJ 5000MG	5	PA (ZEMAIRA/PROLASTIN) LA
Blood Formation,Coagulation & Thrombosis Agents		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid inj 1000mg/10ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tranexamic acid tabs 650mg</i>	2	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride caps 0.5mg</i>	2	MO
<i>anagrelide hydrochloride caps 1mg</i>	4	MO
<i>argatroban inj 250mg/2.5ml</i>	5	
<i>aspirin/dipyridamole er cp12 25mg; 200mg</i>	2	MO
<i>aspirin/dipyridamole cp12 25mg; 200mg</i>	2	MO
CABLIVI INJ 11MG	5	QL (1 EA per 1 days) PA (CABLIVI)
<i>cilostazol tabs 100mg</i>	2	MO
<i>cilostazol tabs 50mg</i>	2	MO
<i>clopidogrel tabs 75mg</i>	1	MO
<i>dabigatran etexilate caps 110mg</i>	2	QL (2 EA per 1 days) MO
<i>dabigatran etexilate caps 150mg</i>	2	QL (2 EA per 1 days) MO
<i>dabigatran etexilate caps 75mg</i>	2	QL (2 EA per 1 days) MO
<i>dipyridamole tabs 25mg</i>	2	MO
<i>dipyridamole tabs 50mg</i>	2	MO
<i>dipyridamole tabs 75mg</i>	2	MO
ELIQUIS STARTER PACK TBPK 5MG	3	QL (74 EA per 180 days) MO
ELIQUIS CPSP 0.15MG	3	QL (4 EA per 1 days) PA (ELIQUIS) MO
ELIQUIS TABS 2.5MG	3	QL (2 EA per 1 days) MO
ELIQUIS TABS 5MG	3	QL (4 EA per 1 days) MO
ELIQUIS TBSO 0.5MG	3	PA (ELIQUIS)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TBSO 0.5MG	3	PA (ELIQUIS) MO
<i>enoxaparin sodium inj 100mg/ml</i>	2	
<i>enoxaparin sodium inj 120mg/0.8ml</i>	2	
<i>enoxaparin sodium inj 150mg/ml</i>	2	
<i>enoxaparin sodium inj 300mg/3ml</i>	2	
<i>enoxaparin sodium inj 30mg/0.3ml</i>	2	
<i>enoxaparin sodium inj 40mg/0.4ml</i>	2	
<i>enoxaparin sodium inj 60mg/0.6ml</i>	2	
<i>enoxaparin sodium inj 80mg/0.8ml</i>	2	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	QL (0.8 ML per 1 days)
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	QL (0.5 ML per 1 days)
<i>fondaparinux sodium inj 5mg/0.4ml</i>	5	QL (0.4 ML per 1 days)
<i>fondaparinux sodium inj 7.5mg/0.6ml</i>	5	QL (0.6 ML per 1 days)
HEPARIN SODIUM/D5W INJ 5%; 100UNIT/ML	4	
HEPARIN SODIUM/D5W INJ 5%; 25000UNIT/500ML	4	
HEPARIN SODIUM/D5W INJ 5%; 40UNIT/ML	4	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/250ML	4	
HEPARIN SODIUM/DEXTROSE INJ 5%; 25000UNIT/500ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 12500UNIT/250ML; 0.45%	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML; 0.45%	4	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%</i>	2	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/250ML; 0.45%	4	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/500ML; 0.45%	4	
<i>heparin sodium inj 10000unit/ml</i>	2	
<i>heparin sodium inj 1000unit/ml</i>	2	
<i>heparin sodium inj 1000unit/ml</i>	2	
<i>heparin sodium inj 20000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/0.5ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>heparin sodium inj 5000unit/ml</i>	2	
<i>jantoven tabs 10mg</i>	1	MO
<i>jantoven tabs 1mg</i>	1	MO
<i>jantoven tabs 2.5mg</i>	1	MO
<i>jantoven tabs 2mg</i>	1	MO
<i>jantoven tabs 3mg</i>	1	MO
<i>jantoven tabs 4mg</i>	1	MO
<i>jantoven tabs 5mg</i>	1	MO
<i>jantoven tabs 6mg</i>	1	MO
<i>jantoven tabs 7.5mg</i>	1	MO
<i>prasugrel hydrochloride tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>prasugrel hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>rivaroxaban susr 1mg/ml</i>	2	PA (RIVAROXABAN SUSPENSION) MO
<i>ticagrelor tabs 60mg</i>	4	QL (2 EA per 1 days)
<i>ticagrelor tabs 90mg</i>	4	QL (2 EA per 1 days)
<i>warfarin sodium tabs 10mg</i>	1	MO
<i>warfarin sodium tabs 1mg</i>	1	MO
<i>warfarin sodium tabs 2.5mg</i>	1	MO
<i>warfarin sodium tabs 2mg</i>	1	MO
<i>warfarin sodium tabs 3mg</i>	1	MO
<i>warfarin sodium tabs 4mg</i>	1	MO
<i>warfarin sodium tabs 5mg</i>	1	MO
<i>warfarin sodium tabs 6mg</i>	1	MO
<i>warfarin sodium tabs 7.5mg</i>	1	MO
XARELTO STARTER PACK TBPK 0	3	QL (51 EA per 180 days)
XARELTO TABS 10MG	3	QL (1 EA per 1 days) MO
XARELTO TABS 15MG	3	MO
XARELTO TABS 2.5MG	3	QL (2 EA per 1 days) MO
XARELTO TABS 20MG	3	MO
<i>Blood Formation, Coagulation, and Thrombosis Agents, Misc.</i>		
AQVESME TABS 100MG	5	QL (2 EA per 1 days) PA (AQVESME)
PYRUKYND TAPER PACK TBPK 0	5	QL (14 EA per 180 days) PA (PYRUKYND)
PYRUKYND TAPER PACK TBPK 0	5	QL (14 EA per 180 days) PA (PYRUKYND)

Drug Name	Drug Tier	Requirements/Limits
PYRUKYND TAPER PACK TBPK 5MG	5	QL (7 EA per 180 days) PA (PYRUKYND)
PYRUKYND TABS 20MG	5	QL (2 EA per 1 days) PA (PYRUKYND)
PYRUKYND TABS 50MG	5	QL (2 EA per 1 days) PA (PYRUKYND)
PYRUKYND TABS 5MG	5	QL (2 EA per 1 days) PA (PYRUKYND)
TAVALISSE TABS 100MG	5	QL (2 EA per 1 days) PA (TAVALISSE) MO
TAVALISSE TABS 150MG	5	QL (2 EA per 1 days) PA (TAVALISSE) MO
WAYRILZ TABS 400MG	5	QL (2 EA per 1 days) PA (WAYRILZ)
<i>Hematopoietic Agents</i>		
DOPTELET SPRINKLE CPSP 10MG	5	QL (1 EA per 1 days) PA (DOPTELET SPRINKLE)
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA (DOPTELET)
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA (DOPTELET)
DOPTELET TABS 20MG	5	QL (3 EA per 1 days) PA (DOPTELET)
<i>eltrombopag olamine pack 12.5mg</i>	5	QL (6 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine pack 25mg</i>	5	QL (6 EA per 1 days) PA (ELTROMBOPAG) MO

Drug Name	Drug Tier	Requirements/Limits
<i>eltrombopag olamine tabs 12.5mg</i>	5	QL (1 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 25mg</i>	5	QL (1 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 50mg</i>	5	QL (2 EA per 1 days) PA (ELTROMBOPAG) MO
<i>eltrombopag olamine tabs 75mg</i>	5	QL (2 EA per 1 days) PA (ELTROMBOPAG) MO
FULPHILA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
GRANIX INJ 300MCG/0.5ML	5	PA (COLONY STIMULATING FACTORS)
GRANIX INJ 300MCG/ML	5	PA (COLONY STIMULATING FACTORS)
GRANIX INJ 480MCG/0.8ML	5	PA (COLONY STIMULATING FACTORS)
LEUKINE INJ 250MCG	5	PA (COLONY STIMULATING FACTORS)
MULPLETA TABS 3MG	5	QL (1 EA per 1 days) PA (MULPLETA)

Drug Name	Drug Tier	Requirements/Limits
NEULASTA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
<i>plerixafor inj 24mg/1.2ml</i>	5	PA (PLERIXAFOR)
PROCRIT INJ 10000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 20000UNIT/ML	5	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 2000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 3000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 40000UNIT/ML	5	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
PROCRIT INJ 4000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 10000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 20000UNIT/2ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 20000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 2000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 3000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 40000UNIT/ML	5	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
RETACRIT INJ 4000UNIT/ML	4	PA (ERYTHROPOIESIS-STIMULATING AGENTS)
STIMUFEND INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
UDENYCA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
UDENYCA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
XOLREMDI CAPS 100MG	5	QL (120 EA per 30 days) PA (XOLREMDI)
ZARXIO INJ 300MCG/0.5ML	5	PA (COLONY STIMULATING FACTORS)
ZARXIO INJ 480MCG/0.8ML	5	PA (COLONY STIMULATING FACTORS)
<i>Hemorrhologic Agents</i>		
<i>pentoxifylline er tbc 400mg</i>	1	MO
Cardiovascular Drugs		
<i>alpha-Adrenergic Blocking Agents</i>		
<i>doxazosin mesylate tabs 1mg</i>	1	MO
<i>doxazosin mesylate tabs 2mg</i>	1	MO
<i>doxazosin mesylate tabs 4mg</i>	1	MO
<i>doxazosin mesylate tabs 8mg</i>	1	MO
<i>doxazosin tabs 2mg</i>	1	MO
<i>prazosin hydrochloride caps 1mg</i>	1	MO
<i>prazosin hydrochloride caps 2mg</i>	1	MO
<i>prazosin hydrochloride caps 5mg</i>	1	MO
<i>terazosin hcl caps 10mg</i>	1	MO
<i>terazosin hcl caps 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl caps 5mg</i>	1	MO
<i>terazosin hydrochloride caps 10mg</i>	1	MO
<i>terazosin hydrochloride caps 1mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
<i>terazosin hydrochloride caps 5mg</i>	1	MO
<i>Antilipemic Agents</i>		
<i>atorvastatin calcium tabs 10mg</i>	6	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs 20mg</i>	6	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs 40mg</i>	6	QL (1 EA per 1 days) MO
<i>atorvastatin calcium tabs 80mg</i>	6	QL (1 EA per 1 days) MO
<i>cholestyramine light pack 4gm</i>	4	MO
<i>cholestyramine light powd 4gm/dose</i>	4	MO
<i>cholestyramine pack 4gm</i>	2	MO
<i>cholestyramine powd 4gm/dose</i>	2	MO
<i>colesevelam hydrochloride pack 3.75gm</i>	2	MO
<i>colesevelam hydrochloride tabs 625mg</i>	2	MO
<i>colestipol hydrochloride gran 5gm</i>	2	MO
<i>colestipol hydrochloride pack 5gm</i>	2	MO
<i>colestipol hydrochloride tabs 1gm</i>	2	MO
<i>ezetimibe/simvastatin tabs 10mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>ezetimibe/simvastatin tabs 10mg; 80mg</i>	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe tabs 10mg</i>	2	QL (1 EA per 1 days) MO
<i>fenofibrate micronized caps 134mg</i>	2	MO
<i>fenofibrate micronized caps 200mg</i>	2	MO
<i>fenofibrate micronized caps 67mg</i>	2	MO
<i>fenofibrate caps 130mg</i>	2	MO
<i>fenofibrate caps 134mg</i>	2	MO
<i>fenofibrate caps 200mg</i>	2	MO
<i>fenofibrate caps 43mg</i>	2	MO
<i>fenofibrate caps 67mg</i>	2	MO
<i>fenofibrate tabs 145mg</i>	2	MO
<i>fenofibrate tabs 160mg</i>	2	MO
<i>fenofibrate tabs 48mg</i>	2	MO
<i>fenofibrate tabs 54mg</i>	2	MO
<i>fenofibric acid dr cpdr 135mg</i>	2	MO
<i>fenofibric acid dr cpdr 45mg</i>	2	MO
<i>gemfibrozil tabs 600mg</i>	2	MO
<i>icosapent ethyl caps 0.5gm</i>	2	QL (8 EA per 1 days) MO
<i>icosapent ethyl caps 1gm</i>	4	QL (4 EA per 1 days) MO
JUXTAPID CAPS 10MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
JUXTAPID CAPS 20MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
JUXTAPID CAPS 30MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
JUXTAPID CAPS 5MG	5	QL (2 EA per 1 days) PA (JUXTAPID) MO
<i>lovastatin tabs 10mg</i>	6	MO
<i>lovastatin tabs 20mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin tabs 40mg</i>	6	MO
NEXLETOL TABS 180MG	4	QL (1 EA per 1 days) PA (BEMPEDOIC ACID)
NEXLIZET TABS 180MG; 10MG	4	QL (1 EA per 1 days) PA (BEMPEDOIC ACID) MO
<i>niacin er tbc 1000mg</i>	2	MO
<i>niacin er tbc 500mg</i>	2	MO
<i>niacin er tbc 750mg</i>	2	MO
<i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i>	2	MO
PRALUENT INJ 150MG/ML	3	QL (2 ML per 28 days) PA (PRALUENT) MO
PRALUENT INJ 75MG/ML	3	QL (2 ML per 28 days) PA (PRALUENT) MO
<i>pravastatin sodium tabs 10mg</i>	6	MO
<i>pravastatin sodium tabs 20mg</i>	6	MO
<i>pravastatin sodium tabs 40mg</i>	6	MO
<i>pravastatin sodium tabs 80mg</i>	6	MO
<i>prevalite pack 4gm</i>	4	MO
<i>prevalite powd 4gm/dose</i>	4	MO
REDEMPLO INJ 25MG/0.5ML	5	QL (0.5 ML per 84 days) PA (REDEMPLO)
REPATHA SURECLICK INJ 140MG/ML	3	QL (3 ML per 30 days) PA (REPATHA) MO
REPATHA INJ 140MG/ML	3	QL (3 ML per 30 days) PA (REPATHA) MO
<i>rosuvastatin calcium tabs 10mg</i>	6	MO
<i>rosuvastatin calcium tabs 20mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tabs 40mg</i>	6	MO
<i>rosuvastatin calcium tabs 5mg</i>	6	MO
<i>simvastatin tabs 10mg</i>	6	MO
<i>simvastatin tabs 20mg</i>	6	MO
<i>simvastatin tabs 40mg</i>	6	MO
<i>simvastatin tabs 5mg</i>	6	MO
<i>simvastatin tabs 80mg</i>	6	MO
TRYNGOLZA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA (TRYNGOLZA)
<i>beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride caps 200mg</i>	2	MO
<i>acebutolol hydrochloride caps 400mg</i>	2	MO
<i>atenolol/chlorthalidone tabs 100mg; 25mg</i>	2	MO
<i>atenolol/chlorthalidone tabs 50mg; 25mg</i>	2	MO
<i>atenolol tabs 100mg</i>	1	MO
<i>atenolol tabs 25mg</i>	1	MO
<i>atenolol tabs 50mg</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg</i>	2	MO
<i>bisoprolol fumarate tabs 10mg</i>	2	MO
<i>bisoprolol fumarate tabs 5mg</i>	2	MO
<i>carvedilol tabs 12.5mg</i>	1	MO
<i>carvedilol tabs 25mg</i>	1	MO
<i>carvedilol tabs 3.125mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol tabs 6.25mg</i>	1	MO
LABETALOL HYDROCHLORIDE INJ 10MG/2ML	4	
<i>labetalol hydrochloride inj 5mg/ml</i>	2	
<i>labetalol hydrochloride tabs 100mg</i>	2	MO
<i>labetalol hydrochloride tabs 200mg</i>	2	MO
<i>labetalol hydrochloride tabs 300mg</i>	2	MO
<i>metoprolol succinate er tb24 100mg</i>	1	MO
<i>metoprolol succinate er tb24 200mg</i>	1	MO
<i>metoprolol succinate er tb24 25mg</i>	1	MO
<i>metoprolol succinate er tb24 50mg</i>	1	MO
<i>metoprolol tartrate inj 5mg/5ml</i>	2	
<i>metoprolol tartrate tabs 100mg</i>	1	MO
<i>metoprolol tartrate tabs 25mg</i>	1	MO
<i>metoprolol tartrate tabs 37.5mg</i>	1	MO
<i>metoprolol tartrate tabs 50mg</i>	1	MO
<i>metoprolol tartrate tabs 75mg</i>	1	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 100mg</i>	2	MO
<i>metoprolol/hydrochlorothiazide tabs 25mg; 50mg</i>	2	MO
<i>metoprolol/hydrochlorothiazide tabs 50mg; 100mg</i>	2	MO
<i>nadolol tabs 20mg</i>	2	MO
<i>nadolol tabs 40mg</i>	2	MO
<i>nadolol tabs 80mg</i>	2	MO
<i>nebivolol hydrochloride tabs 10mg</i>	2	QL (3 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 2.5mg</i>	2	QL (5 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>nebivolol hydrochloride tabs 20mg</i>	2	QL (2 EA per 1 days) MO
<i>nebivolol hydrochloride tabs 5mg</i>	2	QL (2 EA per 1 days) MO
<i>pindolol tabs 10mg</i>	2	MO
<i>pindolol tabs 5mg</i>	2	MO
PROPRANOLOL HCL SOLN 40MG/5ML	4	MO
<i>propranolol hcl tabs 40mg</i>	1	MO
<i>propranolol hcl tabs 60mg</i>	1	MO
<i>propranolol hydrochloride er cp24 120mg</i>	2	MO
<i>propranolol hydrochloride er cp24 160mg</i>	2	MO
<i>propranolol hydrochloride er cp24 60mg</i>	2	MO
<i>propranolol hydrochloride er cp24 80mg</i>	2	MO
PROPRANOLOL HYDROCHLORIDE SOLN 20MG/5ML	4	MO
<i>propranolol hydrochloride tabs 10mg</i>	1	MO
<i>propranolol hydrochloride tabs 20mg</i>	1	MO
<i>propranolol hydrochloride tabs 40mg</i>	1	MO
<i>propranolol hydrochloride tabs 60mg</i>	1	MO
<i>propranolol hydrochloride tabs 80mg</i>	1	MO
<i>sotalol hcl (af) tabs 120mg</i>	1	MO
<i>sotalol hcl (af) tabs 80mg</i>	1	MO
<i>sotalol hcl af tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 120mg</i>	1	MO
<i>sotalol hcl tabs 160mg</i>	1	MO
<i>sotalol hcl tabs 240mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 120mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hydrochloride (af) tabs 160mg</i>	1	MO
<i>sotalol hydrochloride (af) tabs 80mg</i>	1	MO
<i>sotalol hydrochloride af tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 120mg</i>	1	MO
<i>sotalol hydrochloride tabs 160mg</i>	1	MO
<i>sotalol hydrochloride tabs 240mg</i>	1	MO
<i>sotalol hydrochloride tabs 80mg</i>	1	MO
SOTYLIZE SOLN 5MG/ML	4	PA (SOTYLIZE) MO
<i>timolol maleate tabs 10mg</i>	2	MO
<i>timolol maleate tabs 20mg</i>	2	MO
<i>timolol maleate tabs 5mg</i>	2	MO
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg</i>	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hcl caps 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 160mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 10mg; 320mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 160mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate/valsartan tabs 5mg; 320mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine besylate tabs 10mg</i>	1	MO
<i>amlodipine besylate tabs 2.5mg</i>	1	MO
<i>amlodipine besylate tabs 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine/olmesartan medoxomil tabs 10mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/olmesartan medoxomil tabs 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	6	MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg</i>	6	MO
<i>diltiazem hcl er cp24 300mg</i>	2	MO
<i>diltiazem hcl inj 25mg/5ml</i>	2	MO
<i>felodipine er tb24 10mg</i>	2	MO
<i>felodipine er tb24 2.5mg</i>	2	MO
<i>felodipine er tb24 5mg</i>	2	MO
<i>nicardipine hcl caps 20mg</i>	2	MO
<i>nicardipine hcl caps 30mg</i>	2	MO
<i>nicardipine hydrochloride caps 20mg</i>	2	MO
<i>nicardipine hydrochloride caps 30mg</i>	2	MO
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er tb24 30mg</i>	2	MO
<i>nifedipine er tb24 30mg</i>	2	MO
<i>nifedipine er tb24 60mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine er tb24 60mg</i>	2	MO
<i>nifedipine er tb24 90mg</i>	2	MO
<i>nifedipine er tb24 90mg</i>	2	MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 10mg; 25mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide tabs 5mg; 25mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 10mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 10mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/amlodipine tabs 5mg; 80mg</i>	6	QL (1 EA per 1 days) MO
Cardiac Drugs		
<i>amiodarone hcl tabs 400mg</i>	2	MO
<i>amiodarone hydrochloride inj 150mg/3ml</i>	2	
<i>amiodarone hydrochloride inj 50mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hydrochloride inj 900mg/18ml</i>	2	
<i>amiodarone hydrochloride tabs 100mg</i>	2	MO
<i>amiodarone hydrochloride tabs 200mg</i>	1	MO
<i>amiodarone hydrochloride tabs 400mg</i>	2	MO
ATTRUBY TBPK 356MG	5	QL (4 EA per 1 days) PA (ATTRUBY)
CAMZYOS CAPS 10MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CAMZYOS CAPS 15MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CAMZYOS CAPS 2.5MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CAMZYOS CAPS 5MG	5	QL (1 EA per 1 days) PA (CAMZYOS)
CARDAMYST SOLN 70MG/DOSE	4	QL (2 EA per 30 days) PA (CARDAMYST)
<i>cartia xt cp24 120mg</i>	2	MO
<i>cartia xt cp24 180mg</i>	2	MO
<i>cartia xt cp24 240mg</i>	2	MO
<i>cartia xt cp24 300mg</i>	2	MO
CORLANOR SOLN 5MG/5ML	4	PA (IVABRADINE SOLUTION) MO
<i>digoxin inj 0.25mg/ml</i>	2	
DIGOXIN SOLN 0.05MG/ML	4	MO
<i>digoxin tabs 125mcg</i>	2	MO
<i>digoxin tabs 250mcg</i>	2	MO
<i>dilt-xr cp24 120mg</i>	2	MO
<i>dilt-xr cp24 180mg</i>	2	MO
<i>dilt-xr cp24 240mg</i>	2	MO
<i>diltiazem hcl cd cp24 360mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp12 120mg</i>	2	MO
<i>diltiazem hcl er cp12 60mg</i>	2	MO
<i>diltiazem hcl er cp12 90mg</i>	2	MO
<i>diltiazem hcl er cp24 120mg</i>	2	MO
<i>diltiazem hcl er cp24 180mg</i>	2	MO
<i>diltiazem hcl er cp24 240mg</i>	2	MO
<i>diltiazem hcl er cp24 420mg</i>	2	MO
<i>diltiazem hcl er tb24 240mg</i>	2	MO
<i>diltiazem hcl er tb24 300mg</i>	2	MO
<i>diltiazem hcl er tb24 360mg</i>	2	MO
<i>diltiazem hcl er tb24 420mg</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 50mg/10ml</i>	2	
<i>diltiazem hcl tabs 30mg</i>	2	MO
<i>diltiazem hcl tabs 60mg</i>	2	MO
<i>diltiazem hydrochloride er cp12 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp12 60mg</i>	2	MO
<i>diltiazem hydrochloride er cp12 90mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 120mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 180mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 240mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 300mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er cp24 360mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 120mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 180mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hydrochloride er tb24 240mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 300mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 360mg</i>	2	MO
<i>diltiazem hydrochloride er tb24 420mg</i>	2	MO
<i>diltiazem hydrochloride inj 125mg/25ml</i>	2	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	2	
<i>diltiazem hydrochloride inj 50mg/10ml</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	MO
<i>diltiazem hydrochloride tabs 30mg</i>	2	MO
<i>diltiazem hydrochloride tabs 60mg</i>	2	MO
<i>diltiazem hydrochloride tabs 90mg</i>	2	MO
<i>disopyramide phosphate caps 100mg</i>	2	MO
<i>disopyramide phosphate caps 150mg</i>	2	MO
<i>dofetilide caps 125mcg</i>	2	MO
<i>dofetilide caps 250mcg</i>	2	MO
<i>dofetilide caps 500mcg</i>	2	MO
<i>flecainide acetate tabs 100mg</i>	2	MO
<i>flecainide acetate tabs 150mg</i>	2	MO
<i>flecainide acetate tabs 50mg</i>	2	MO
<i>ivabradine hydrochloride tabs 5mg</i>	2	QL (2 EA per 1 days) PA (CORLANOR)
<i>ivabradine hydrochloride tabs 7.5mg</i>	2	QL (2 EA per 1 days) PA (CORLANOR)
<i>lidocaine hcl in d5w inj 5%; 4mg/ml</i>	2	
<i>lidocaine hcl in d5w inj 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 8mg/ml</i>	2	
<i>matzim la tb24 180mg</i>	2	MO
<i>matzim la tb24 240mg</i>	2	MO
<i>matzim la tb24 300mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la tb24 360mg</i>	2	MO
<i>matzim la tb24 420mg</i>	2	MO
<i>mexiletine hydrochloride caps 150mg</i>	4	MO
<i>mexiletine hydrochloride caps 200mg</i>	4	MO
<i>mexiletine hydrochloride caps 250mg</i>	2	MO
MULTAQ TABS 400MG	3	PA (MULTAQ) MO
MYQORZO TABS 10MG	5	QL (1 EA per 1 days) PA (MYQORZO)
MYQORZO TABS 15MG	5	QL (1 EA per 1 days) PA (MYQORZO)
MYQORZO TABS 20MG	5	QL (1 EA per 1 days) PA (MYQORZO)
MYQORZO TABS 5MG	5	QL (1 EA per 1 days) PA (MYQORZO)
NORPACE CR CP12 100MG	4	MO
NORPACE CR CP12 150MG	4	MO
<i>pacerone tabs 100mg</i>	2	MO
<i>pacerone tabs 200mg</i>	1	MO
<i>pacerone tabs 400mg</i>	2	MO
<i>procainamide hydrochloride inj 100mg/ml</i>	2	
<i>procainamide hydrochloride inj 500mg/ml</i>	2	
<i>propafenone hcl tabs 150mg</i>	2	MO
<i>propafenone hcl tabs 225mg</i>	2	MO
<i>propafenone hcl tabs 300mg</i>	2	MO
<i>propafenone hydrochloride tabs 150mg</i>	2	MO
<i>propafenone hydrochloride tabs 225mg</i>	2	MO
<i>propafenone hydrochloride tabs 300mg</i>	2	MO
<i>quinidine gluconate cr tbcr 324mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
QUINIDINE SULFATE TABS 200MG	4	MO
QUINIDINE SULFATE TABS 300MG	4	MO
<i>ranolazine er tb12 1000mg</i>	2	MO
<i>ranolazine er tb12 500mg</i>	2	MO
<i>taztia xt cp24 120mg</i>	2	MO
<i>taztia xt cp24 180mg</i>	2	MO
<i>taztia xt cp24 240mg</i>	2	MO
<i>taztia xt cp24 300mg</i>	2	MO
<i>taztia xt cp24 360mg</i>	2	MO
<i>tiadylt er cp24 120mg</i>	2	MO
<i>tiadylt er cp24 180mg</i>	2	MO
<i>tiadylt er cp24 240mg</i>	2	MO
<i>tiadylt er cp24 300mg</i>	2	MO
<i>tiadylt er cp24 360mg</i>	2	MO
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl er cp24 120mg</i>	1	MO
<i>verapamil hcl er cp24 180mg</i>	1	MO
<i>verapamil hcl er cp24 240mg</i>	1	MO
<i>verapamil hcl er tbcr 120mg</i>	1	MO
<i>verapamil hcl sr cp24 120mg</i>	1	MO
<i>verapamil hcl sr cp24 180mg</i>	1	MO
<i>verapamil hcl sr cp24 240mg</i>	1	MO
<i>verapamil hcl sr cp24 360mg</i>	1	MO
<i>verapamil hydrochloride er cp24 100mg</i>	1	MO
<i>verapamil hydrochloride er cp24 200mg</i>	1	MO
<i>verapamil hydrochloride er cp24 300mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 180mg</i>	1	MO
<i>verapamil hydrochloride er tbcr 240mg</i>	1	MO
<i>verapamil hydrochloride sr cp24 240mg</i>	1	MO
<i>verapamil hydrochloride sr cp24 360mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hydrochloride inj 2.5mg/ml</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
<i>verapamil hydrochloride tabs 40mg</i>	1	MO
<i>verapamil hydrochloride tabs 80mg</i>	1	MO
VYNDAMAX CAPS 61MG	5	QL (1 EA per 1 days) PA (VYNDAQEL)
VYNDAQEL CAPS 20MG	5	QL (4 EA per 1 days) PA (VYNDAQEL)
Central alpha-Agonists		
<i>clonidine hydrochloride tabs 0.1mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.2mg</i>	1	MO
<i>clonidine hydrochloride tabs 0.3mg</i>	1	MO
<i>clonidine ptwk 0.1mg/24hr</i>	4	MO
<i>clonidine ptwk 0.2mg/24hr</i>	4	MO
<i>clonidine ptwk 0.3mg/24hr</i>	4	MO
<i>guanfacine hydrochloride tabs 1mg</i>	2	MO
<i>guanfacine hydrochloride tabs 2mg</i>	2	MO
<i>methyldopa tabs 250mg</i>	4	MO
METHYLDOPA TABS 500MG	4	MO
Diuretics		
<i>amiloride hcl tabs 5mg</i>	1	MO
<i>amiloride hydrochloride tabs 5mg</i>	1	MO
<i>bumetanide inj 0.25mg/ml</i>	2	
<i>bumetanide tabs 0.5mg</i>	2	MO
<i>bumetanide tabs 1mg</i>	2	MO
<i>bumetanide tabs 2mg</i>	2	MO
<i>chlorothiazide sodium inj 500mg</i>	2	
<i>chlorthalidone tabs 25mg</i>	1	MO
<i>chlorthalidone tabs 50mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>dichlorphenamide tabs 50mg</i>	5	QL (4 EA per 1 days) PA (KEVEYIS)
<i>furosemide inj 10mg/ml</i>	2	
<i>furosemide soln 10mg/ml</i>	2	MO
FUROSEMIDE SOLN 40MG/5ML	4	MO
<i>furosemide tabs 20mg</i>	1	MO
<i>furosemide tabs 40mg</i>	1	MO
<i>furosemide tabs 80mg</i>	1	MO
<i>hydrochlorothiazide caps 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 12.5mg</i>	1	MO
<i>hydrochlorothiazide tabs 25mg</i>	1	MO
<i>hydrochlorothiazide tabs 50mg</i>	1	MO
<i>indapamide tabs 1.25mg</i>	1	MO
<i>indapamide tabs 2.5mg</i>	1	MO
<i>methazolamide tabs 25mg</i>	4	MO
<i>methazolamide tabs 50mg</i>	4	MO
<i>metolazone tabs 10mg</i>	1	MO
<i>metolazone tabs 2.5mg</i>	1	MO
<i>metolazone tabs 5mg</i>	1	MO
<i>Kallikrein-kinin System Inhibitors</i>		
DAWNZERA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA (DAWNZERA)
EKTERLY TABS 300MG	5	QL (2 EA per 1 days) PA (EKTERLY)
<i>icatibant acetate inj 30mg/3ml</i>	5	PA (ICATIBANT)
TAKHZYRO INJ 150MG/ML	5	QL (4 ML per 28 days) PA (TAKHZYRO)
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA (TAKHZYRO) MO

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA (TAKHZYRO) MO
<i>Renin-Angiotensin-Aldosterone Sys Inhib</i>		
<i>aliskiren tabs 150mg</i>	2	MO
<i>aliskiren tabs 300mg</i>	2	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg</i>	6	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg</i>	6	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg</i>	6	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg</i>	6	MO
<i>benazepril hydrochloride tabs 10mg</i>	6	MO
<i>benazepril hydrochloride tabs 20mg</i>	6	MO
<i>benazepril hydrochloride tabs 40mg</i>	6	MO
<i>benazepril hydrochloride tabs 5mg</i>	6	MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 16mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 32mg</i>	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tabs 4mg</i>	6	QL (1 EA per 1 days) MO
<i>candesartan cilexetil tabs 8mg</i>	6	QL (1 EA per 1 days) MO
<i>captopril tabs 100mg</i>	6	MO
<i>captopril tabs 12.5mg</i>	6	MO
<i>captopril tabs 25mg</i>	6	MO
<i>captopril tabs 50mg</i>	6	MO
<i>enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg</i>	6	MO
<i>enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg</i>	6	MO
<i>enalapril maleate tabs 10mg</i>	6	MO
<i>enalapril maleate tabs 2.5mg</i>	6	MO
<i>enalapril maleate tabs 20mg</i>	6	MO
<i>enalapril maleate tabs 5mg</i>	6	MO
ENTRESTO CPSP 15MG; 16MG	3	
ENTRESTO CPSP 6MG; 6MG	3	
<i>eplerenone tabs 25mg</i>	2	MO
<i>eplerenone tabs 50mg</i>	2	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg</i>	6	MO
<i>fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg</i>	6	MO
<i>fosinopril sodium tabs 10mg</i>	6	MO
<i>fosinopril sodium tabs 20mg</i>	6	MO
<i>fosinopril sodium tabs 40mg</i>	6	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	6	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tabs 150mg</i>	6	MO
<i>irbesartan tabs 300mg</i>	6	MO
<i>irbesartan tabs 75mg</i>	6	MO
KERENDIA TABS 10MG	4	QL (1 EA per 1 days) PA (KERENDIA) MO
KERENDIA TABS 20MG	4	QL (1 EA per 1 days) PA (KERENDIA) MO
KERENDIA TABS 40MG	4	QL (1 EA per 1 days) PA (KERENDIA)
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	6	MO
<i>lisinopril/hydrochlorothiazide tabs 25mg; 20mg</i>	6	MO
<i>lisinopril tabs 10mg</i>	6	MO
<i>lisinopril tabs 2.5mg</i>	6	MO
<i>lisinopril tabs 20mg</i>	6	MO
<i>lisinopril tabs 30mg</i>	6	MO
<i>lisinopril tabs 40mg</i>	6	MO
<i>lisinopril tabs 5mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg</i>	6	MO
<i>losartan potassium/hydrochlorothiazide tabs 25mg; 100mg</i>	6	MO
<i>losartan potassium tabs 100mg</i>	6	MO
<i>losartan potassium tabs 25mg</i>	6	MO
<i>losartan potassium tabs 50mg</i>	6	MO
<i>moexipril hydrochloride tabs 15mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hydrochloride tabs 7.5mg</i>	6	MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 20mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 40mg</i>	6	QL (1 EA per 1 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	6	QL (2 EA per 1 days) MO
<i>perindopril erbumine tabs 2mg</i>	6	MO
<i>perindopril erbumine tabs 4mg</i>	6	MO
<i>perindopril erbumine tabs 8mg</i>	6	MO
<i>quinapril hydrochloride tabs 10mg</i>	6	MO
<i>quinapril hydrochloride tabs 20mg</i>	6	MO
<i>quinapril hydrochloride tabs 40mg</i>	6	MO
<i>quinapril hydrochloride tabs 5mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 10mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tabs 12.5mg; 20mg</i>	6	MO
<i>quinapril/hydrochlorothiazide tabs 25mg; 20mg</i>	6	MO
<i>ramipril caps 1.25mg</i>	6	MO
<i>ramipril caps 10mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ramipril caps 2.5mg</i>	6	MO
<i>ramipril caps 5mg</i>	6	MO
<i>sacubitril/valsartan tabs 24mg; 26mg</i>	2	QL (2 EA per 1 days) MO
<i>sacubitril/valsartan tabs 49mg; 51mg</i>	2	QL (2 EA per 1 days) MO
<i>sacubitril/valsartan tabs 97mg; 103mg</i>	2	QL (2 EA per 1 days) MO
<i>spironolactone/hydrochlorothiazide tabs 25mg; 25mg</i>	2	MO
<i>spironolactone tabs 100mg</i>	1	MO
<i>spironolactone tabs 25mg</i>	1	MO
<i>spironolactone tabs 50mg</i>	1	MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan/hydrochlorothiazide tabs 25mg; 80mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan tabs 20mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan tabs 40mg</i>	6	QL (1 EA per 1 days) MO
<i>telmisartan tabs 80mg</i>	6	QL (1 EA per 1 days) MO
<i>trandolapril tabs 1mg</i>	6	MO
<i>trandolapril tabs 2mg</i>	6	MO
<i>trandolapril tabs 4mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 160mg</i>	6	MO

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 320mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 160mg</i>	6	MO
<i>valsartan/hydrochlorothiazide tabs 25mg; 320mg</i>	6	MO
<i>valsartan tabs 160mg</i>	6	MO
<i>valsartan tabs 320mg</i>	6	MO
<i>valsartan tabs 40mg</i>	6	MO
<i>valsartan tabs 80mg</i>	6	MO
<i>Vasodilating Agents</i>		
<i>hydralazine hydrochloride inj 20mg/ml</i>	2	
<i>hydralazine hydrochloride tabs 100mg</i>	1	MO
<i>hydralazine hydrochloride tabs 10mg</i>	1	MO
<i>hydralazine hydrochloride tabs 25mg</i>	1	MO
<i>hydralazine hydrochloride tabs 50mg</i>	1	MO
<i>isosorbide dinitrate tabs 10mg</i>	2	MO
<i>isosorbide dinitrate tabs 20mg</i>	2	MO
<i>isosorbide dinitrate tabs 30mg</i>	2	MO
<i>isosorbide dinitrate tabs 40mg</i>	2	MO
<i>isosorbide dinitrate tabs 5mg</i>	2	MO
<i>isosorbide mononitrate er tb24 120mg</i>	1	MO
<i>isosorbide mononitrate er tb24 30mg</i>	1	MO
<i>isosorbide mononitrate er tb24 60mg</i>	1	MO
ISOSORBIDE MONONITRATE TABS 10MG	4	MO
ISOSORBIDE MONONITRATE TABS 20MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil tabs 10mg</i>	2	MO
<i>minoxidil tabs 2.5mg</i>	2	MO
<i>nitroglycerin transdermal pt24 0.1mg/hr</i>	4	MO
<i>nitroglycerin transdermal pt24 0.2mg/hr</i>	4	MO
<i>nitroglycerin transdermal pt24 0.4mg/hr</i>	4	MO
<i>nitroglycerin transdermal pt24 0.6mg/hr</i>	2	MO
NITROGLYCERIN INJ 5MG/ML	4	
<i>nitroglycerin soln 0.4mg/spray</i>	4	MO
<i>nitroglycerin subl 0.3mg</i>	1	MO
<i>nitroglycerin subl 0.4mg</i>	1	MO
<i>nitroglycerin subl 0.6mg</i>	1	MO
<i>sildenafil citrate tabs 100mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 25mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil citrate tabs 50mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil tabs 100mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil tabs 25mg</i>	2	QL (6 EA per 30 days) ED
<i>sildenafil tabs 50mg</i>	2	QL (6 EA per 30 days) ED
<i>tadalafil tabs 2.5mg</i>	2	QL (1 EA per 1 days) PA (TADALAFIL (BENIGN PROSTATIC HYPERPLASIA)) MO
<i>tadalafil tabs 5mg</i>	2	QL (1 EA per 1 days) PA (TADALAFIL (BENIGN PROSTATIC HYPERPLASIA)) MO

Drug Name	Drug Tier	Requirements/Limits
VERQUVO TABS 10MG	3	QL (1 EA per 1 days) PA (VERQUVO)
VERQUVO TABS 2.5MG	3	QL (1 EA per 1 days) PA (VERQUVO)
VERQUVO TABS 5MG	3	QL (1 EA per 1 days) PA (VERQUVO)
Central Nervous System Agents		
<i>Amyotrophic Lateral Sclerosis (ALS) Agents</i>		
RADICAVA ORS STARTER KIT SUSP 105MG/5ML	5	QL (70 ML per 180 days) PA (ENDARAVONE)
RADICAVA ORS SUSP 105MG/5ML	5	QL (50 ML per 28 days) PA (ENDARAVONE)
<i>riluzole tabs 50mg</i>	2	MO
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 30mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL (13 EA per 1 days)
ACETAMINOPHEN/CODEINE SOLN 120MG/5ML; 12MG/5ML	4	QL (166 ML per 1 days)
<i>acetaminophen/codeine tabs 300mg; 15mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 30mg</i>	2	QL (13 EA per 1 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL (13 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ascomp/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>bac tabs 325mg; 50mg; 40mg</i>	4	QL (12 EA per 1 days)
BRIXADI INJ 128MG/0.36ML	5	QL (0.36 ML per 28 days)
BRIXADI INJ 16MG/0.32ML	5	QL (1.28 ML per 28 days)
BRIXADI INJ 24MG/0.48ML	5	QL (1.92 ML per 28 days)
BRIXADI INJ 32MG/0.64ML	5	QL (2.56 ML per 28 days)
BRIXADI INJ 64MG/0.18ML	5	QL (0.18 ML per 28 days)
BRIXADI INJ 8MG/0.16ML	5	QL (0.64 ML per 28 days)
BRIXADI INJ 96MG/0.27ML	5	QL (0.27 ML per 28 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL (3 EA per 1 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL (4 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg</i>	1	QL (4 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg</i>	1	QL (3 EA per 1 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride subl 8mg; 2mg</i>	1	QL (4 EA per 1 days)
<i>buprenorphine ptwk 10mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 15mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 20mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 5mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>buprenorphine ptwk 7.5mcg/hr</i>	4	QL (4 EA per 28 days) PA (BUPRENORPHINE PATCH, new starts only)
<i>butalbital/acetaminophen/caffeine/codeine caps 300mg; 50mg; 40mg; 30mg</i>	4	QL (13 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital/acetaminophen/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 300mg; 50mg; 40mg</i>	4	QL (13 EA per 1 days)
<i>butalbital/acetaminophen/caffeine caps 325mg; 50mg; 40mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	4	QL (12 EA per 1 days)
<i>butalbital/aspirin/caffeine/codeine caps 325mg; 50mg; 40mg; 30mg</i>	2	
<i>celecoxib caps 100mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 200mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 400mg</i>	1	QL (2 EA per 1 days) MO
<i>celecoxib caps 50mg</i>	1	
CODEINE SULFATE TABS 30MG	4	
CODEINE SULFATE TABS 60MG	4	
<i>diclofenac potassium tabs 50mg</i>	2	MO
<i>diclofenac sodium dr tbec 25mg</i>	1	MO
<i>diclofenac sodium dr tbec 50mg</i>	1	MO
<i>diclofenac sodium dr tbec 75mg</i>	1	MO
<i>diclofenac sodium er tb24 100mg</i>	4	MO
DURAMORPH INJ 0.5MG/ML	4	
DURAMORPH INJ 1MG/ML	4	
<i>ec-naproxen tbec 375mg</i>	1	
<i>ec-naproxen tbec 500mg</i>	4	MO
<i>endocet tabs 325mg; 10mg</i>	2	QL (12 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet tabs 325mg; 2.5mg</i>	2	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 5mg</i>	2	QL (12 EA per 1 days)
<i>endocet tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
<i>etodolac caps 200mg</i>	2	MO
<i>etodolac caps 300mg</i>	2	MO
<i>etodolac tabs 400mg</i>	2	MO
<i>etodolac tabs 500mg</i>	2	MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 1600mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 400mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 600mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
<i>fentanyl citrate oral transmucosal lpop 800mcg</i>	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl pt72 100mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 12mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 25mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 50mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>fentanyl pt72 75mcg/hr</i>	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
<i>flurbiprofen tabs 100mg</i>	2	MO
<i>flurbiprofen tabs 50mg</i>	2	
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL (184 ML per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg</i>	2	QL (12 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
HYDROCODONE/IBUPROFEN TABS 10MG; 200MG	4	
HYDROCODONE/IBUPROFEN TABS 5MG; 200MG	4	
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	2	
<i>hydromorphone hcl inj 10mg/ml</i>	2	
<i>hydromorphone hcl inj 1mg/ml</i>	2	
HYDROMORPHONE HCL INJ 4MG/ML	4	
<i>hydromorphone hcl tabs 2mg</i>	2	
<i>hydromorphone hcl tabs 4mg</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	
<i>hydromorphone hydrochloride inj 0.2mg/ml</i>	2	
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML	4	
<i>hydromorphone hydrochloride inj 2mg/ml</i>	2	
HYDROMORPHONE HYDROCHLORIDE INJ 2MG/ML	4	
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	4	
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	
<i>ibuprofen susp 100mg/5ml</i>	2	
<i>ibuprofen tabs 400mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tabs 600mg</i>	1	MO
<i>ibuprofen tabs 800mg</i>	1	MO
<i>ibu tabs 400mg</i>	1	MO
<i>ibu tabs 600mg</i>	1	MO
<i>ibu tabs 800mg</i>	1	MO
JOURNAVX TABS 50MG	3	QL (30 EA per 90 days) PA (JOURNAVX)
<i>meloxicam tabs 15mg</i>	1	MO
<i>meloxicam tabs 7.5mg</i>	1	MO
METHADONE HCL SOLN 5MG/5ML	4	
<i>methadone hcl tabs 10mg</i>	2	
<i>methadone hcl tabs 5mg</i>	2	
<i>methadone hydrochloride intencol conc 10mg/ml</i>	4	
<i>methadone hydrochloride conc 10mg/ml</i>	4	
METHADONE HYDROCHLORIDE SOLN 10MG/5ML	4	
<i>methadone hydrochloride soln 5mg/5ml</i>	2	
<i>methadone hydrochloride tabs 10mg</i>	2	
<i>methadone hydrochloride tabs 5mg</i>	2	
METHADOSE SUGAR-FREE CONC 10MG/ML	3	
METHADOSE CONC 10MG/ML	3	
<i>morphine sulfate er tbc 100mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 15mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 200mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 30mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate er tbc 60mg</i>	2	QL (3 EA per 1 days)
<i>morphine sulfate inj 0.5mg/ml</i>	2	
MORPHINE SULFATE INJ 10MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE INJ 10MG/ML	4	
MORPHINE SULFATE INJ 10MG/ML	4	
<i>morphine sulfate inj 1mg/ml</i>	2	
MORPHINE SULFATE INJ 2MG/ML	4	
<i>morphine sulfate inj 4mg/ml</i>	2	
MORPHINE SULFATE INJ 4MG/ML	4	
MORPHINE SULFATE INJ 4MG/ML	4	
MORPHINE SULFATE INJ 50MG/ML	4	
MORPHINE SULFATE INJ 5MG/ML	4	
MORPHINE SULFATE INJ 8MG/ML	4	
<i>morphine sulfate soln 100mg/5ml</i>	2	
MORPHINE SULFATE SOLN 10MG/5ML	4	
MORPHINE SULFATE SOLN 20MG/5ML	4	
<i>morphine sulfate tabs 15mg</i>	2	
<i>morphine sulfate tabs 30mg</i>	2	
<i>nabumetone tabs 500mg</i>	1	
<i>nabumetone tabs 750mg</i>	1	MO
<i>nalbuphine hydrochloride inj 10mg/ml</i>	2	
<i>nalbuphine hydrochloride inj 20mg/ml</i>	2	
<i>naproxen dr tbec 375mg</i>	1	MO
<i>naproxen dr tbec 500mg</i>	4	MO
<i>naproxen susp 125mg/5ml</i>	4	MO
<i>naproxen tabs 250mg</i>	1	MO
<i>naproxen tabs 375mg</i>	1	MO
<i>naproxen tabs 500mg</i>	1	MO
<i>opium tincture tinc 1%</i>	4	QL (2.4 ML per 1 days) PA (OPIUM TINCTURE)

Drug Name	Drug Tier	Requirements/Limits
<i>opium tinc 1%</i>	4	QL (2.4 ML per 1 days) PA (OPIUM TINCTURE)
<i>oxycodone hcl caps 5mg</i>	2	
OXYCODONE HYDROCHLORIDE ER T12A 10MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCODONE HYDROCHLORIDE ER T12A 20MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCODONE HYDROCHLORIDE ER T12A 40MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
<i>oxycodone hydrochloride caps 5mg</i>	2	
<i>oxycodone hydrochloride conc 100mg/5ml</i>	4	
<i>oxycodone hydrochloride soln 5mg/5ml</i>	2	
<i>oxycodone hydrochloride tabs 10mg</i>	2	
<i>oxycodone hydrochloride tabs 15mg</i>	2	
<i>oxycodone hydrochloride tabs 20mg</i>	2	
<i>oxycodone hydrochloride tabs 30mg</i>	2	
<i>oxycodone hydrochloride tabs 5mg</i>	2	
<i>oxycodone/acetaminophen tabs 325mg; 10mg</i>	2	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 2.5mg</i>	2	QL (12 EA per 1 days)
<i>oxycodone/acetaminophen tabs 325mg; 5mg</i>	2	QL (12 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL (12 EA per 1 days)
OXYCONTIN T12A 10MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 15MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 20MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 30MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 40MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 60MG	4	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
OXYCONTIN T12A 80MG	5	QL (3 EA per 1 days) PA (OXYCODONE EXTENDED RELEASE)
<i>piroxicam caps 10mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>piroxicam caps 20mg</i>	2	MO
SUBLOCADE INJ 100MG/0.5ML	5	QL (0.5 ML per 28 days)
SUBLOCADE INJ 300MG/1.5ML	5	QL (1.5 ML per 28 days)
<i>sulindac tabs 150mg</i>	1	MO
<i>sulindac tabs 200mg</i>	1	MO
TENCON TABS 325MG; 50MG	4	QL (12 EA per 1 days)
<i>tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg</i>	2	QL (8 EA per 1 days)
<i>tramadol hydrochloride tabs 50mg</i>	1	QL (8 EA per 1 days)
<i>Anorexigenic Agents and Respiratory and CNS Stimulants</i>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL (2 EA per 1 days) MO
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	2	MO
<i>amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	MO
<i>armodafinil tabs 150mg</i>	4	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
<i>armodafinil tabs 200mg</i>	2	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
<i>armodafinil tabs 250mg</i>	4	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
<i>armodafinil tabs 50mg</i>	2	QL (3 EA per 1 days) PA (ARMODAFINIL) MO
<i>atomoxetine hydrochloride caps 100mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 10mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 18mg</i>	2	QL (5 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 25mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 40mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hydrochloride caps 60mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine hydrochloride caps 80mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 100mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 10mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine caps 18mg</i>	2	QL (5 EA per 1 days) MO
<i>atomoxetine caps 25mg</i>	2	QL (3 EA per 1 days) MO
<i>atomoxetine caps 40mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 60mg</i>	2	QL (1 EA per 1 days) MO
<i>atomoxetine caps 80mg</i>	2	QL (1 EA per 1 days) MO
<i>dexmethylphenidate hcl tabs 10mg</i>	2	MO
<i>dexmethylphenidate hcl tabs 5mg</i>	2	MO
<i>dexmethylphenidate hydrochloride er cp24 10mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 15mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 20mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 30mg</i>	2	QL (2 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hydrochloride er cp24 35mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 40mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride er cp24 5mg</i>	2	QL (2 EA per 1 days)
<i>dexmethylphenidate hydrochloride tabs 10mg</i>	2	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	MO
<i>dexmethylphenidate hydrochloride tabs 5mg</i>	2	MO
<i>dextroamphetamine sulfate er cp24 10mg</i>	4	MO
<i>dextroamphetamine sulfate er cp24 15mg</i>	4	MO
<i>dextroamphetamine sulfate er cp24 5mg</i>	4	MO
<i>dextroamphetamine sulfate tabs 10mg</i>	2	MO
<i>dextroamphetamine sulfate tabs 5mg</i>	2	MO
<i>lisdexamfetamine dimesylate caps 10mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 20mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 30mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate caps 40mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 50mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 60mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>lisdexamfetamine dimesylate caps 70mg</i>	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
<i>methylphenidate hydrochloride er (cd) cpcr 10mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 20mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 30mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 40mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 50mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (cd) cpcr 60mg</i>	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (dif) tbcr 27mg</i>	2	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er (dif) tbc</i> 36mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (dif) tbc</i> 54mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24</i> 10mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24</i> 20mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24</i> 30mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (la) cp24</i> 40mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbc</i> 18mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbc</i> 27mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbc</i> 36mg	2	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er (osm) tbc</i> 54mg	2	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 18MG	4	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 27MG	4	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 36MG	4	QL (2 EA per 1 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TB24 54MG	4	QL (2 EA per 1 days) MO
<i>methylphenidate hydrochloride er tbc</i> 10mg	2	QL (3 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er tbc</i> 20mg	2	QL (3 EA per 1 days) MO
<i>methylphenidate hydrochloride tabs</i> 10mg	1	MO
<i>methylphenidate hydrochloride tabs</i> 20mg	1	MO
<i>methylphenidate hydrochloride tabs</i> 5mg	1	MO
<i>modafinil tabs</i> 100mg	2	QL (1 EA per 1 days) PA (MODAFINIL) MO
<i>modafinil tabs</i> 200mg	2	QL (2 EA per 1 days) PA (MODAFINIL) MO
SODIUM OXYBATE SOLN 500MG/ML	5	PA (XYREM) LA
WAKIX TABS 17.8MG	5	QL (2 EA per 1 days) PA (WAKIX)
WAKIX TABS 4.45MG	5	QL (4 EA per 1 days) PA (WAKIX)
XYREM SOLN 500MG/ML	5	PA (XYREM) LA
<i>Anticonvulsants</i>		
<i>brivaracetam soln</i> 10mg/ml	4	PA (BRIVARACETAM, new starts only) MO
<i>brivaracetam tabs</i> 100mg	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO
<i>brivaracetam tabs</i> 10mg	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
<i>brivaracetam tabs 25mg</i>	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO
<i>brivaracetam tabs 50mg</i>	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO
<i>brivaracetam tabs 75mg</i>	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO
BRIVIACT INJ 50MG/5ML	5	PA (BRIVIACT, new starts only)
<i>carbamazepine er cp12 100mg</i>	2	MO
<i>carbamazepine er cp12 200mg</i>	2	MO
<i>carbamazepine er cp12 300mg</i>	2	MO
<i>carbamazepine er tb12 100mg</i>	2	MO
<i>carbamazepine er tb12 200mg</i>	2	MO
<i>carbamazepine er tb12 400mg</i>	2	MO
<i>carbamazepine chew 100mg</i>	2	MO
CARBAMAZEPINE CHEW 200MG	4	
<i>carbamazepine susp 100mg/5ml</i>	2	MO
<i>carbamazepine tabs 200mg</i>	1	MO
<i>clobazam susp 2.5mg/ml</i>	2	PA (CLOBAZAM, new starts only) MO
<i>clobazam tabs 10mg</i>	2	MO
<i>clobazam tabs 20mg</i>	2	MO
<i>clonazepam odt tbdp 0.125mg</i>	4	MO
<i>clonazepam odt tbdp 0.25mg</i>	4	MO
<i>clonazepam odt tbdp 0.5mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam odt tbdp 1mg</i>	4	MO
<i>clonazepam odt tbdp 2mg</i>	4	MO
<i>clonazepam tabs 0.5mg</i>	1	MO
<i>clonazepam tabs 1mg</i>	1	MO
<i>clonazepam tabs 2mg</i>	1	MO
DIACOMIT CAPS 250MG	5	PA (DIACOMIT, new starts only) MO
DIACOMIT CAPS 500MG	5	PA (DIACOMIT, new starts only) MO
DIACOMIT PACK 250MG	5	PA (DIACOMIT, new starts only) MO
DIACOMIT PACK 500MG	5	PA (DIACOMIT, new starts only) MO
<i>diazepam gel 10mg</i>	4	
DIAZEPAM GEL 2.5MG	4	
<i>diazepam gel 20mg</i>	4	
<i>dilantin infatabs chew 50mg</i>	1	MO
<i>dilantin-125 susp 125mg/5ml</i>	1	MO
<i>dilantin caps 100mg</i>	1	MO
DILANTIN CAPS 30MG	3	MO
<i>divalproex sodium dr csdr 125mg</i>	4	MO
<i>divalproex sodium dr tbec 125mg</i>	1	MO
<i>divalproex sodium dr tbec 250mg</i>	1	MO
<i>divalproex sodium dr tbec 500mg</i>	1	MO
<i>divalproex sodium er tb24 250mg</i>	1	MO
<i>divalproex sodium er tb24 500mg</i>	1	MO
EPIDIOLEX SOLN 100MG/ML	5	PA (EPIDIOLEX, new starts only) MO
<i>epitol tabs 200mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>eslicarbazepine acetate tabs 200mg</i>	5	QL (1 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>eslicarbazepine acetate tabs 400mg</i>	5	QL (1 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>eslicarbazepine acetate tabs 600mg</i>	5	QL (2 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>eslicarbazepine acetate tabs 800mg</i>	5	QL (1 EA per 1 days) PA (ESLICARBAZEPINE, new starts only) MO
<i>ethosuximide caps 250mg</i>	2	MO
<i>ethosuximide soln 250mg/5ml</i>	2	MO
<i>felbamate susp 600mg/5ml</i>	4	MO
<i>felbamate tabs 400mg</i>	4	MO
<i>felbamate tabs 600mg</i>	4	MO
FINTEPLA SOLN 2.2MG/ML	5	QL (11.82 ML per 1 days) PA (FINTEPLA, new starts only)
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	
<i>gabapentin caps 100mg</i>	1	MO
<i>gabapentin caps 300mg</i>	1	MO
<i>gabapentin caps 400mg</i>	1	MO
<i>gabapentin soln 250mg/5ml</i>	2	MO
<i>gabapentin tabs 600mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin tabs 800mg</i>	1	MO
<i>lacosamide inj 200mg/20ml</i>	5	
<i>lacosamide soln 10mg/ml</i>	4	MO
<i>lacosamide tabs 100mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 150mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 200mg</i>	1	QL (2 EA per 1 days) MO
<i>lacosamide tabs 50mg</i>	1	QL (2 EA per 1 days) MO
<i>lamotrigine er tb24 100mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 200mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 250mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 25mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 300mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine er tb24 50mg</i>	4	ST (LAMOTRIGINE ER #2, new starts only)
<i>lamotrigine odt tbdp 100mg</i>	4	MO
<i>lamotrigine odt tbdp 200mg</i>	4	MO
<i>lamotrigine odt tbdp 25mg</i>	4	MO
<i>lamotrigine odt tbdp 50mg</i>	4	MO
<i>lamotrigine starter kit/blue kit 25mg</i>	2	QL (35 EA per 180 days)
<i>lamotrigine starter kit/green kit 0</i>	2	QL (98 EA per 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine starter kit/orange kit 0</i>	2	QL (49 EA per 180 days)
<i>lamotrigine chew 25mg</i>	2	MO
<i>lamotrigine chew 5mg</i>	2	MO
<i>lamotrigine tabs 100mg</i>	1	MO
<i>lamotrigine tabs 150mg</i>	1	MO
<i>lamotrigine tabs 200mg</i>	1	MO
<i>lamotrigine tabs 25mg</i>	1	MO
<i>levetiracetam er tb24 500mg</i>	2	MO
<i>levetiracetam er tb24 750mg</i>	2	MO
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	2	
<i>levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
<i>levetiracetam soln 100mg/ml</i>	2	MO
<i>levetiracetam tabs 1000mg</i>	1	MO
<i>levetiracetam tabs 250mg</i>	1	MO
<i>levetiracetam tabs 500mg</i>	1	MO
<i>levetiracetam tabs 750mg</i>	1	MO
LEVETIRACETAM TB3D 250MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
LEVETIRACETAM TB3D 500MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
<i>magnesium sulfate inj 20gm/500ml</i>	2	
<i>magnesium sulfate inj 2gm/50ml</i>	2	
<i>magnesium sulfate inj 40gm/1000ml</i>	2	
<i>magnesium sulfate inj 4gm/100ml</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>magnesium sulfate inj 50%</i>	2	
<i>methsuximide caps 300mg</i>	2	MO
NAYZILAM SOLN 5MG/0.1ML	4	QL (10 EA per 30 days)
<i>oxcarbazepine susp 300mg/5ml</i>	4	MO
<i>oxcarbazepine tabs 150mg</i>	1	MO
<i>oxcarbazepine tabs 300mg</i>	1	MO
<i>oxcarbazepine tabs 600mg</i>	1	MO
<i>perampanel susp 0.5mg/ml</i>	5	QL (24 ML per 1 days) PA (PERAMPANEL SUSPENSION, new starts only) MO
<i>perampanel tabs 10mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 12mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 2mg</i>	4	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 4mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel tabs 6mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>perampanel tabs 8mg</i>	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
<i>phenytek caps 200mg</i>	1	
<i>phenytek caps 300mg</i>	1	
<i>phenytoin infatabs chew 50mg</i>	1	MO
<i>phenytoin sodium extended caps 100mg</i>	1	MO
<i>phenytoin sodium extended caps 200mg</i>	1	MO
<i>phenytoin sodium extended caps 300mg</i>	1	MO
<i>phenytoin sodium inj 50mg/ml</i>	1	
<i>phenytoin chew 50mg</i>	1	MO
<i>phenytoin susp 125mg/5ml</i>	1	MO
<i>pregabalin caps 100mg</i>	1	MO
<i>pregabalin caps 150mg</i>	1	MO
<i>pregabalin caps 200mg</i>	1	MO
<i>pregabalin caps 225mg</i>	1	MO
<i>pregabalin caps 25mg</i>	1	MO
<i>pregabalin caps 300mg</i>	1	MO
<i>pregabalin caps 50mg</i>	1	MO
<i>pregabalin caps 75mg</i>	1	MO
<i>pregabalin soln 20mg/ml</i>	2	MO
PRIMIDONE TABS 125MG	4	MO
<i>primidone tabs 250mg</i>	2	MO
<i>primidone tabs 50mg</i>	2	MO
<i>roweepra tabs 500mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide susp 40mg/ml</i>	5	PA (RUFINAMIDE SUSPENSION, new starts only) MO
<i>rufinamide tabs 200mg</i>	4	MO
<i>rufinamide tabs 400mg</i>	5	MO
SPRITAM TB3D 1000MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
SPRITAM TB3D 250MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
SPRITAM TB3D 500MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
SPRITAM TB3D 750MG	4	QL (4 EA per 1 days) PA (SPRITAM, new starts only) MO
<i>subvenite susp 10mg/ml</i>	1	
<i>subvenite tabs 100mg</i>	1	MO
<i>subvenite tabs 150mg</i>	1	MO
<i>subvenite tabs 200mg</i>	1	MO
<i>subvenite tabs 25mg</i>	1	MO
SYMPAZAN FILM 10MG	5	QL (2 EA per 1 days) PA (SYMPAZAN, new starts only)
SYMPAZAN FILM 20MG	5	QL (2 EA per 1 days) PA (SYMPAZAN, new starts only)
SYMPAZAN FILM 5MG	5	QL (2 EA per 1 days) PA (SYMPAZAN, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hydrochloride tabs 12mg</i>	2	MO
<i>tiagabine hydrochloride tabs 16mg</i>	2	MO
<i>tiagabine hydrochloride tabs 2mg</i>	2	MO
<i>tiagabine hydrochloride tabs 4mg</i>	2	MO
<i>topiramate csp 15mg</i>	2	MO
<i>topiramate csp 25mg</i>	2	MO
TOPIRAMATE CPSP 50MG	4	MO
<i>topiramate soln 25mg/ml</i>	4	QL (16 ML per 1 days) PA (TOPIRAMATE SOLUTION, new starts only)
<i>topiramate tabs 100mg</i>	1	MO
<i>topiramate tabs 200mg</i>	1	MO
<i>topiramate tabs 25mg</i>	1	MO
<i>topiramate tabs 50mg</i>	1	MO
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps 250mg</i>	1	MO
<i>valproic acid soln 250mg/5ml</i>	1	MO
VALTOCO 10 MG DOSE LIQD 10MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML	5	QL (20 EA per 30 days)
VALTOCO 20 MG DOSE LQPK 10MG/0.1ML	5	QL (20 EA per 30 days)
VALTOCO 5 MG DOSE LIQD 5MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin pack 500mg</i>	5	PA (VIGABATRIN, new starts only) LA MO
<i>vigabatrin tabs 500mg</i>	5	PA (VIGABATRIN, new starts only) LA MO

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE SOLN 100MG/ML	5	PA (VIGABATRIN, new starts only)
<i>vigpoder pack 500mg</i>	5	PA (VIGABATRIN, new starts only)
XCOPRI TABS 100MG	5	QL (1 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 150MG	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 200MG	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 25MG	5	QL (1 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TABS 50MG	5	QL (1 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	4	QL (28 EA per 180 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	5	QL (28 EA per 180 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
XCOPRI TBPK 0	5	QL (28 EA per 180 days) PA (XCOPRI, new starts only)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TBPK 0	5	QL (2 EA per 1 days) PA (XCOPRI, new starts only)
ZONISADE SUSP 100MG/5ML	4	QL (20 ML per 1 days) PA (ZONISADE, new starts only) MO
<i>zonisamide caps 100mg</i>	1	MO
<i>zonisamide caps 25mg</i>	1	MO
<i>zonisamide caps 50mg</i>	1	MO
ZTALMY SUSP 50MG/ML	5	PA (ZTALMY, new starts only) MO
<i>Antimanic Agents</i>		
<i>lithium carbonate er tbc 300mg</i>	2	MO
<i>lithium carbonate er tbc 450mg</i>	2	MO
<i>lithium carbonate caps 150mg</i>	1	MO
<i>lithium carbonate caps 300mg</i>	1	MO
<i>lithium carbonate caps 600mg</i>	1	MO
<i>lithium carbonate tabs 300mg</i>	1	MO
LITHIUM SOLN 8MEQ/5ML	3	PA (LITHIUM SOLUTION, new starts only)
<i>Antimigraine Agents</i>		
AIMOVIG INJ 140MG/ML	3	QL (1 ML per 30 days) PA (AIMOVIG) MO
AIMOVIG INJ 70MG/ML	3	QL (1 ML per 30 days) PA (AIMOVIG) MO
<i>eletriptan hydrobromide tabs 20mg</i>	4	QL (12 EA per 30 days)
<i>eletriptan hydrobromide tabs 40mg</i>	4	QL (12 EA per 30 days)
EMGALITY INJ 100MG/ML	5	PA (EMGALITY)
EMGALITY INJ 120MG/ML	3	PA (EMGALITY)
EMGALITY INJ 120MG/ML	3	PA (EMGALITY)

Drug Name	Drug Tier	Requirements/Limits
MIGERGOT SUPP 100MG; 2MG	5	
<i>naratriptan hcl tabs 1mg</i>	2	QL (9 EA per 30 days)
<i>naratriptan hcl tabs 2.5mg</i>	2	QL (9 EA per 30 days)
NURTEC TBDP 75MG	5	QL (18 EA per 30 days) PA (NURTEC)
REYVOW TABS 100MG	3	QL (8 EA per 30 days) PA (REYVOW)
REYVOW TABS 50MG	3	QL (4 EA per 30 days) PA (REYVOW)
<i>rizatriptan benzoate odt tbdp 10mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate odt tbdp 5mg</i>	1	QL (12 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg</i>	1	QL (18 EA per 30 days)
<i>rizatriptan benzoate tabs 5mg</i>	1	QL (18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 4MG/0.5ML	4	QL (4 ML per 30 days)
SUMATRIPTAN SUCCINATE REFILL INJ 6MG/0.5ML	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate tabs 100mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 25mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan succinate tabs 50mg</i>	1	QL (9 EA per 30 days)
<i>sumatriptan soln 20mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	4	QL (12 EA per 30 days)
UBRELVY TABS 100MG	5	QL (16 EA per 30 days) PA (UBRELVY)
UBRELVY TABS 50MG	5	QL (16 EA per 30 days) PA (UBRELVY)
<i>zolmitriptan odt tbdp 2.5mg</i>	4	QL (12 EA per 30 days)
<i>zolmitriptan odt tbdp 5mg</i>	4	QL (12 EA per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan tabs 2.5mg</i>	2	QL (12 EA per 30 days)
<i>zolmitriptan tabs 5mg</i>	2	QL (12 EA per 30 days)
<i>Antiparkinsonian Agents</i>		
<i>amantadine hcl caps 100mg</i>	2	MO
<i>amantadine hcl soln 50mg/5ml</i>	2	MO
<i>amantadine hcl tabs 100mg</i>	2	MO
<i>amantadine hydrochloride tabs 100mg</i>	2	MO
<i>apomorphine hydrochloride inj 30mg/3ml</i>	5	PA (APOMORPHINE)
<i>benztropine mesylate tabs 0.5mg</i>	1	MO
<i>benztropine mesylate tabs 1mg</i>	1	MO
<i>benztropine mesylate tabs 2mg</i>	1	MO
<i>bromocriptine mesylate caps 5mg</i>	2	MO
<i>bromocriptine mesylate tabs 2.5mg</i>	4	MO
<i>cabergoline tabs 0.5mg</i>	4	
<i>carbidopa/levodopa er tbc 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa er tbc 50mg; 200mg</i>	1	MO
<i>carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg</i>	2	MO
<i>carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa tabs 10mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tabs 25mg; 100mg</i>	1	MO
<i>carbidopa/levodopa tabs 25mg; 250mg</i>	1	MO
<i>carbidopa tabs 25mg</i>	4	MO
EMSAM PT24 12MG/24HR	5	QL (1 EA per 1 days) PA (EMSAM, new starts only) MO
EMSAM PT24 6MG/24HR	5	QL (1 EA per 1 days) PA (EMSAM, new starts only) MO
EMSAM PT24 9MG/24HR	5	QL (1 EA per 1 days) PA (EMSAM, new starts only) MO
<i>entacapone tabs 200mg</i>	2	MO
INBRIJA CAPS 42MG	5	PA (INBRIJA)
ONGENTYS CAPS 25MG	3	QL (1 EA per 1 days) ST (ONGENTYS #2) MO
ONGENTYS CAPS 50MG	3	QL (1 EA per 1 days) ST (ONGENTYS #2) MO
<i>pramipexole dihydrochloride tabs 0.125mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.25mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.5mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 0.75mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1.5mg</i>	1	MO
<i>pramipexole dihydrochloride tabs 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rasagiline mesylate tabs 0.5mg</i>	2	QL (1 EA per 1 days) ST (RASAGILINE #2) MO
<i>rasagiline mesylate tabs 1mg</i>	2	QL (1 EA per 1 days) ST (RASAGILINE #2) MO
<i>ropinirole hcl tabs 0.5mg</i>	1	MO
<i>ropinirole hcl tabs 1mg</i>	1	MO
<i>ropinirole hcl tabs 2mg</i>	1	MO
<i>ropinirole hcl tabs 4mg</i>	1	MO
<i>ropinirole hcl tabs 5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.25mg</i>	1	MO
<i>ropinirole hydrochloride tabs 0.5mg</i>	1	MO
<i>ropinirole hydrochloride tabs 1mg</i>	1	MO
<i>ropinirole hydrochloride tabs 2mg</i>	1	MO
<i>ropinirole hydrochloride tabs 3mg</i>	1	MO
<i>ropinirole hydrochloride tabs 4mg</i>	1	MO
<i>ropinirole hydrochloride tabs 5mg</i>	1	MO
RYTARY CPR 23.75MG; 95MG	4	QL (12 EA per 1 days) PA (RYTARY) MO
RYTARY CPR 36.25MG; 145MG	4	QL (9 EA per 1 days) PA (RYTARY) MO
RYTARY CPR 48.75MG; 195MG	4	QL (12 EA per 1 days) PA (RYTARY) MO
RYTARY CPR 61.25MG; 245MG	4	QL (10 EA per 1 days) PA (RYTARY) MO
<i>selegiline hcl caps 5mg</i>	1	MO
<i>selegiline hcl tabs 5mg</i>	1	MO
<i>selegiline hydrochloride caps 5mg</i>	1	MO
<i>selegiline hydrochloride tabs 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
TRIHXYPHENIDYL HCL SOLN 0.4MG/ML	4	MO
<i>trihexyphenidyl hydrochloride tabs 2mg</i>	4	MO
<i>trihexyphenidyl hydrochloride tabs 5mg</i>	4	MO
<i>Anxiolytics, Sedatives, and Hypnotics</i>		
ALPRAZOLAM INTENSOL CONC 1MG/ML	4	
<i>alprazolam tabs 0.25mg</i>	2	
<i>alprazolam tabs 0.5mg</i>	2	
<i>alprazolam tabs 1mg</i>	2	
<i>alprazolam tabs 2mg</i>	2	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 10mg</i>	1	
<i>bupirone hydrochloride tabs 15mg</i>	1	
<i>bupirone hydrochloride tabs 30mg</i>	1	
<i>bupirone hydrochloride tabs 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	1	
<i>chlordiazepoxide hcl caps 10mg</i>	4	
<i>chlordiazepoxide hcl caps 5mg</i>	4	
<i>chlordiazepoxide hydrochloride caps 10mg</i>	4	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	4	
<i>chlordiazepoxide hydrochloride caps 5mg</i>	4	
<i>clorazepate dipotassium tabs 15mg</i>	2	
<i>clorazepate dipotassium tabs 3.75mg</i>	4	
<i>clorazepate dipotassium tabs 7.5mg</i>	4	
<i>diazepam intensol conc 5mg/ml</i>	4	
<i>diazepam conc 5mg/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam inj 5mg/ml</i>	4	
<i>diazepam soln 5mg/5ml</i>	4	
<i>diazepam tabs 10mg</i>	2	
<i>diazepam tabs 2mg</i>	2	
<i>diazepam tabs 5mg</i>	2	
<i>eszopiclone tabs 1mg</i>	2	QL (1 EA per 1 days)
<i>eszopiclone tabs 2mg</i>	2	QL (1 EA per 1 days)
<i>eszopiclone tabs 3mg</i>	2	QL (1 EA per 1 days)
HETLIOZ LQ SUSP 4MG/ML	5	QL (5 ML per 1 days) PA (HETLIOZ)
<i>hydroxyzine hcl tabs 50mg</i>	4	
HYDROXYZINE HYDROCHLORIDE INJ 25MG/ML	4	
HYDROXYZINE HYDROCHLORIDE INJ 50MG/ML	4	
<i>hydroxyzine hydrochloride syrp 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg</i>	4	
<i>hydroxyzine hydrochloride tabs 25mg</i>	4	
<i>hydroxyzine hydrochloride tabs 50mg</i>	4	MO
HYDROXYZINE PAMOATE CAPS 100MG	4	
<i>hydroxyzine pamoate caps 25mg</i>	4	MO
<i>hydroxyzine pamoate caps 50mg</i>	4	MO
<i>lorazepam intensol conc 2mg/ml</i>	4	
<i>lorazepam conc 2mg/ml</i>	4	
<i>lorazepam tabs 0.5mg</i>	2	
<i>lorazepam tabs 1mg</i>	2	
<i>lorazepam tabs 2mg</i>	2	
<i>midazolam hcl inj 10mg/10ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>midazolam hcl inj 10mg/2ml</i>	2	
<i>midazolam hcl inj 25mg/5ml</i>	2	
<i>midazolam hcl inj 50mg/10ml</i>	2	
<i>midazolam hcl inj 5mg/5ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hcl inj 5mg/ml</i>	2	
<i>midazolam hydrochloride +rfid inj 2mg/2ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml</i>	2	
<i>midazolam hydrochloride inj 10mg/2ml</i>	2	
<i>midazolam hydrochloride inj 25mg/5ml</i>	2	
<i>midazolam hydrochloride inj 2mg/2ml</i>	2	
<i>midazolam hydrochloride inj 2mg/2ml</i>	2	
<i>midazolam hydrochloride inj 50mg/10ml</i>	2	
<i>midazolam hydrochloride inj 5mg/5ml</i>	2	
<i>midazolam hydrochloride inj 5mg/5ml</i>	2	
<i>midazolam hydrochloride inj 5mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	MO
<i>phenobarbital tabs 100mg</i>	2	MO
<i>phenobarbital tabs 15mg</i>	2	MO
<i>phenobarbital tabs 16.2mg</i>	2	MO
<i>phenobarbital tabs 30mg</i>	2	MO
<i>phenobarbital tabs 32.4mg</i>	2	MO
<i>phenobarbital tabs 60mg</i>	2	MO
<i>phenobarbital tabs 64.8mg</i>	2	MO
<i>phenobarbital tabs 97.2mg</i>	2	MO
<i>promethazine hcl supp 12.5mg</i>	4	
<i>promethazine hydrochloride supp 25mg</i>	4	
<i>ramelteon tabs 8mg</i>	2	ST (RAMELTEON #2) MO

Drug Name	Drug Tier	Requirements/Limits
<i>tasimelteon caps 20mg</i>	5	QL (1 EA per 1 days) PA (HETLIOZ) MO
<i>temazepam caps 15mg</i>	4	QL (1 EA per 1 days)
<i>temazepam caps 22.5mg</i>	4	QL (1 EA per 1 days)
<i>temazepam caps 30mg</i>	4	QL (1 EA per 1 days)
<i>temazepam caps 7.5mg</i>	4	QL (1 EA per 1 days)
<i>zaleplon caps 10mg</i>	2	QL (1 EA per 1 days)
<i>zaleplon caps 5mg</i>	2	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 10mg</i>	2	QL (1 EA per 1 days)
<i>zolpidem tartrate tabs 5mg</i>	2	QL (1 EA per 1 days)
Central Nervous System Agents, Misc		
DAYBUE STIX PACK 5000MG	5	QL (2 EA per 1 days) PA (DAYBUE)
DAYBUE STIX PACK 6000MG	5	QL (2 EA per 1 days) PA (DAYBUE)
DAYBUE STIX PACK 8000MG	5	QL (2 EA per 1 days) PA (DAYBUE)
DAYBUE SOLN 200MG/ML	5	QL (120 ML per 1 days) PA (DAYBUE)
<i>guanfacine hydrochloride er tb24 1mg</i>	2	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 2mg</i>	2	QL (1 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 3mg</i>	2	QL (2 EA per 1 days) MO
<i>guanfacine hydrochloride er tb24 4mg</i>	2	QL (1 EA per 1 days) MO
<i>memantine hcl titration pak tabs 0</i>	1	
<i>memantine hydrochloride soln 2mg/ml</i>	2	MO
<i>memantine hydrochloride tabs 10mg</i>	1	MO
<i>memantine hydrochloride tabs 5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
NUEDEXTA CAPS 20MG; 10MG	5	QL (2 EA per 1 days) PA (NUEDEXTA) MO
VEOZAH TABS 45MG	3	QL (1 EA per 1 days) PA (VEOZAH) MO
XYWAV SOLN 234MG/ML; 96MG/ML; 130MG/ML; 40MG/ML	5	QL (18 ML per 1 days) PA (XYWAV)
<i>Fibromyalgia Agents</i>		
SAVELLA TITRATION PACK MISC 0	3	QL (55 EA per 180 days) PA (SAVELLA)
SAVELLA TABS 100MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
SAVELLA TABS 12.5MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
SAVELLA TABS 25MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
SAVELLA TABS 50MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
<i>Opioid Antagonists</i>		
KLOXXADO LIQD 8MG/0.1ML	3	
<i>naloxone hcl inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	1	
<i>naloxone hydrochloride inj 2mg/2ml</i>	2	
<i>naloxone hydrochloride inj 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd 4mg/0.1ml</i>	1	
<i>naltrexone hydrochloride tabs 50mg</i>	2	
OPVEE SOLN 2.7MG/0.1ML	3	
VIVITROL INJ 380MG	5	QL (1 EA per 28 days)
ZIMHI INJ 5MG/0.5ML	3	
ZURNAI INJ 1.5MG/0.5ML	3	
<i>Psychotherapeutic Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
ABILIFY ASIMTUFII INJ 720MG/2.4ML	5	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII INJ 960MG/3.2ML	5	QL (3.2 ML per 56 days)
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 300MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MAINTENA INJ 400MG	5	MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 10MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE MAINTENANCE KIT TBPK 15MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 20MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 2MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE MAINTENANCE KIT TBPK 30MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCITE MAINTENANCE KIT TBPK 5MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE STARTER KIT TBPK 10MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only) MO
ABILIFY MYCITE STARTER KIT TBPK 15MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 20MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 2MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 30MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
ABILIFY MYCITE STARTER KIT TBPK 5MG	5	QL (1 EA per 1 days) PA (ABILIFY MYCITE, new starts only)
<i>amitriptyline hcl tabs 100mg</i>	1	MO
<i>amitriptyline hcl tabs 150mg</i>	1	MO
<i>amitriptyline hcl tabs 25mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tabs 75mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 100mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 10mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 150mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 25mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 50mg</i>	1	MO
<i>amitriptyline hydrochloride tabs 75mg</i>	1	MO
<i>amoxapine tabs 100mg</i>	2	MO
<i>amoxapine tabs 150mg</i>	2	MO
<i>amoxapine tabs 25mg</i>	2	MO
<i>amoxapine tabs 50mg</i>	2	MO
<i>aripiprazole odt tbdp 10mg</i>	2	MO
<i>aripiprazole odt tbdp 15mg</i>	2	MO
<i>aripiprazole soln 1mg/ml</i>	4	MO
<i>aripiprazole tabs 10mg</i>	2	MO
<i>aripiprazole tabs 15mg</i>	2	MO
<i>aripiprazole tabs 20mg</i>	2	MO
<i>aripiprazole tabs 2mg</i>	2	MO
<i>aripiprazole tabs 30mg</i>	2	MO
<i>aripiprazole tabs 5mg</i>	2	MO
ARISTADA INITIO INJ 675MG/2.4ML	5	QL (2.4 ML per 180 days) PA (ARISTADA, new starts only)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 60 days) PA (ARISTADA, new starts only) MO
ARISTADA INJ 441MG/1.6ML	5	PA (ARISTADA, new starts only) MO
ARISTADA INJ 662MG/2.4ML	5	PA (ARISTADA, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3.2ML	5	PA (ARISTADA, new starts only) MO
<i>asenapine maleate sl subl 10mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>asenapine maleate sl subl 2.5mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>asenapine maleate sl subl 5mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
AUVELITY TBCR 105MG; 45MG	5	QL (2 EA per 1 days) PA (AUVELITY, new starts only) MO
<i>bupropion hydrochloride er (sr) tb12 100mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	1	MO
<i>bupropion hydrochloride er (sr) tb12 200mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 150mg</i>	1	MO
<i>bupropion hydrochloride er (xl) tb24 300mg</i>	1	MO
<i>bupropion hydrochloride tabs 100mg</i>	1	MO
<i>bupropion hydrochloride tabs 75mg</i>	1	MO
CAPLYTA CAPS 10.5MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
CAPLYTA CAPS 21MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO
CAPLYTA CAPS 42MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 12.5MG; 5MG	4	MO
CHLORDIAZEPOXIDE/AMITRIPTYLINE TABS 25MG; 10MG	4	MO
<i>chlorpromazine hcl inj 25mg/ml</i>	2	
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hydrochloride inj 25mg/ml</i>	2	
<i>chlorpromazine hydrochloride tabs 100mg</i>	4	MO
<i>chlorpromazine hydrochloride tabs 10mg</i>	2	MO
<i>chlorpromazine hydrochloride tabs 200mg</i>	4	MO
<i>chlorpromazine hydrochloride tabs 25mg</i>	4	MO
<i>chlorpromazine hydrochloride tabs 50mg</i>	4	MO
<i>citalopram hydrobromide soln 10mg/5ml</i>	4	MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (1.5 EA per 1 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (1 EA per 1 days) PA (CITALOPRAM 40MG, new starts only) MO
<i>clomipramine hcl caps 25mg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>clomipramine hcl caps 50mg</i>	4	MO
<i>clomipramine hcl caps 75mg</i>	4	MO
<i>clomipramine hydrochloride caps 25mg</i>	4	MO
<i>clomipramine hydrochloride caps 50mg</i>	4	MO
<i>clomipramine hydrochloride caps 75mg</i>	4	MO
<i>clozapine odt tbdp 100mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
CLOZAPINE ODT TBDP 12.5MG	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine odt tbdp 150mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine odt tbdp 200mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine odt tbdp 25mg</i>	4	ST (CLOZAPINE ODT #2, new starts only)
<i>clozapine tabs 100mg</i>	1	
<i>clozapine tabs 200mg</i>	1	
<i>clozapine tabs 25mg</i>	1	
<i>clozapine tabs 50mg</i>	1	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL (56 EA per 180 days) PA (COBENFY, new starts only)
COBENFY CAPS 20MG; 100MG	5	QL (2 EA per 1 days) PA (COBENFY, new starts only) MO
COBENFY CAPS 20MG; 50MG	5	QL (2 EA per 1 days) PA (COBENFY, new starts only) MO
COBENFY CAPS 30MG; 125MG	5	QL (2 EA per 1 days) PA (COBENFY, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
<i>compro supp 25mg</i>	4	
<i>desipramine hcl tabs 100mg</i>	4	MO
<i>desipramine hcl tabs 10mg</i>	4	MO
<i>desipramine hcl tabs 150mg</i>	2	MO
<i>desipramine hcl tabs 25mg</i>	4	MO
<i>desipramine hcl tabs 50mg</i>	4	MO
<i>desipramine hcl tabs 75mg</i>	4	MO
<i>desipramine hydrochloride tabs 100mg</i>	4	MO
<i>desipramine hydrochloride tabs 10mg</i>	4	MO
<i>desipramine hydrochloride tabs 150mg</i>	2	MO
<i>desipramine hydrochloride tabs 25mg</i>	4	MO
<i>desipramine hydrochloride tabs 50mg</i>	4	MO
<i>desipramine hydrochloride tabs 75mg</i>	4	MO
<i>desvenlafaxine er tb24 100mg</i>	2	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 25mg</i>	2	QL (1 EA per 1 days) MO
<i>desvenlafaxine er tb24 50mg</i>	2	QL (1 EA per 1 days) MO
<i>doxepin hcl caps 75mg</i>	1	MO
<i>doxepin hcl conc 10mg/ml</i>	1	MO
<i>doxepin hydrochloride caps 100mg</i>	1	MO
<i>doxepin hydrochloride caps 10mg</i>	1	MO
<i>doxepin hydrochloride caps 150mg</i>	1	MO
<i>doxepin hydrochloride caps 25mg</i>	1	MO
<i>doxepin hydrochloride caps 50mg</i>	1	MO
<i>doxepin hydrochloride tabs 3mg</i>	1	QL (1 EA per 1 days) ST (DOXEPIN #2) MO
<i>doxepin hydrochloride tabs 6mg</i>	1	QL (1 EA per 1 days) ST (DOXEPIN #2) MO

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE CSDR 20MG	4	QL (2 EA per 1 days) PA (DRIZALMA, new starts only) MO
DRIZALMA SPRINKLE CSDR 30MG	4	QL (1 EA per 1 days) PA (DRIZALMA, new starts only) MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (1 EA per 1 days) PA (DRIZALMA, new starts only) MO
DRIZALMA SPRINKLE CSDR 60MG	4	QL (2 EA per 1 days) PA (DRIZALMA, new starts only) MO
<i>duloxetine hydrochloride dr cpep 20mg</i>	1	MO
<i>duloxetine hydrochloride dr cpep 30mg</i>	1	MO
<i>duloxetine hydrochloride dr cpep 40mg</i>	1	MO
<i>duloxetine hydrochloride dr cpep 60mg</i>	1	MO
<i>escitalopram oxalate soln 5mg/5ml</i>	4	MO
<i>escitalopram oxalate tabs 10mg</i>	1	MO
<i>escitalopram oxalate tabs 20mg</i>	1	MO
<i>escitalopram oxalate tabs 5mg</i>	1	MO
EXXUA TITRATION PACK TB24 18.2MG	5	QL (32 EA per 180 days) PA (EXXUA, new starts only) MO
EXXUA TB24 18.2MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO
EXXUA TB24 36.3MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
EXXUA TB24 54.5MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO
EXXUA TB24 72.6MG	5	QL (1 EA per 1 days) PA (EXXUA, new starts only) MO
FANAPT TITRATION PACK A TABS 0	4	QL (8 EA per 180 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TITRATION PACK B TABS 0	4	QL (12 EA per 180 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TITRATION PACK C TABS 0	4	QL (8 EA per 180 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 10MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 12MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 1MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TABS 2MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 4MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 6MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FANAPT TABS 8MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
FETZIMA TITRATION PACK C4PK 0	4	PA (FETZIMA, new starts only)
FETZIMA CP24 120MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FETZIMA CP24 20MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FETZIMA CP24 40MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FETZIMA CP24 80MG	4	QL (1 EA per 1 days) PA (FETZIMA, new starts only) MO
FLUOXETINE DR CPDR 90MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride caps 10mg</i>	1	MO
<i>fluoxetine hydrochloride caps 20mg</i>	1	MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	MO
<i>fluoxetine hydrochloride soln 20mg/5ml</i>	4	MO
<i>fluoxetine hydrochloride tabs 10mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 20mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	2	MO
<i>fluphenazine decanoate inj 25mg/ml</i>	2	
FLUPHENAZINE HCL CONC 5MG/ML	4	MO
FLUPHENAZINE HYDROCHLORIDE ELIX 2.5MG/5ML	4	MO
FLUPHENAZINE HYDROCHLORIDE INJ 2.5MG/ML	4	
<i>fluphenazine hydrochloride tabs 10mg</i>	2	MO
<i>fluphenazine hydrochloride tabs 1mg</i>	2	MO
<i>fluphenazine hydrochloride tabs 2.5mg</i>	2	MO
<i>fluphenazine hydrochloride tabs 5mg</i>	2	MO
<i>fluvoxamine maleate tabs 100mg</i>	1	MO
<i>fluvoxamine maleate tabs 25mg</i>	1	MO
<i>fluvoxamine maleate tabs 50mg</i>	1	MO
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 100mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol decanoate inj 50mg/ml</i>	2	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	MO
<i>haloperidol tabs 0.5mg</i>	2	MO
<i>haloperidol tabs 10mg</i>	2	MO
<i>haloperidol tabs 1mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs 20mg</i>	2	MO
<i>haloperidol tabs 2mg</i>	2	MO
<i>haloperidol tabs 5mg</i>	2	MO
<i>imipramine hcl tabs 10mg</i>	4	MO
<i>imipramine hcl tabs 25mg</i>	4	MO
<i>imipramine hcl tabs 50mg</i>	4	MO
<i>imipramine hydrochloride tabs 10mg</i>	4	MO
<i>imipramine hydrochloride tabs 25mg</i>	4	MO
<i>imipramine hydrochloride tabs 50mg</i>	4	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL (3.5 ML per 180 days) PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 180 days) PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA SUSTENNA INJ 117MG/0.75ML	5	
INVEGA SUSTENNA INJ 156MG/ML	5	
INVEGA SUSTENNA INJ 234MG/1.5ML	5	
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 78MG/0.5ML	5	

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJ 273MG/0.88ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA TRINZA INJ 410MG/1.32ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA TRINZA INJ 546MG/1.75ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
INVEGA TRINZA INJ 819MG/2.63ML	5	PA (PALIPERIDONE EXTENDED RELEASE INJECTION, new starts only)
<i>loxapine succinate caps 10mg</i>	4	MO
<i>loxapine succinate caps 25mg</i>	4	MO
<i>loxapine succinate caps 50mg</i>	4	MO
<i>loxapine succinate caps 5mg</i>	4	MO
<i>loxapine caps 10mg</i>	4	MO
<i>loxapine caps 25mg</i>	4	MO
<i>loxapine caps 50mg</i>	4	MO
<i>loxapine caps 5mg</i>	4	MO
<i>lurasidone hydrochloride tabs 120mg</i>	4	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 20mg</i>	4	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 40mg</i>	4	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hydrochloride tabs 60mg</i>	4	QL (1 EA per 1 days) MO
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL (2 EA per 1 days) MO
LYBALVI TABS 10MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
LYBALVI TABS 15MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
LYBALVI TABS 20MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
LYBALVI TABS 5MG; 10MG	5	QL (1 EA per 1 days) PA (LYBALVI, new starts only) MO
MARPLAN TABS 10MG	4	MO
<i>mirtazapine odt tbdp 15mg</i>	4	MO
<i>mirtazapine odt tbdp 30mg</i>	4	MO
<i>mirtazapine odt tbdp 45mg</i>	4	MO
<i>mirtazapine tabs 15mg</i>	1	MO
<i>mirtazapine tabs 30mg</i>	1	MO
<i>mirtazapine tabs 45mg</i>	1	MO
<i>mirtazapine tabs 7.5mg</i>	1	MO
MOLINDONE HYDROCHLORIDE TABS 10MG	4	MO
MOLINDONE HYDROCHLORIDE TABS 25MG	4	MO
MOLINDONE HYDROCHLORIDE TABS 5MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE TABS 100MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 150MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 200MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 250MG	4	MO
NEFAZODONE HYDROCHLORIDE TABS 50MG	4	MO
<i>nortriptyline hcl caps 25mg</i>	1	MO
<i>nortriptyline hcl caps 75mg</i>	1	MO
<i>nortriptyline hcl soln 10mg/5ml</i>	1	MO
<i>nortriptyline hydrochloride caps 10mg</i>	1	MO
<i>nortriptyline hydrochloride caps 25mg</i>	1	MO
<i>nortriptyline hydrochloride caps 50mg</i>	1	MO
<i>nortriptyline hydrochloride caps 75mg</i>	1	MO
NUPLAZID CAPS 34MG	5	QL (1 EA per 1 days) PA (NUPLAZID, new starts only) MO
NUPLAZID TABS 10MG	5	QL (1 EA per 1 days) PA (NUPLAZID, new starts only) MO
<i>olanzapine odt tbdp 10mg</i>	4	MO
<i>olanzapine odt tbdp 15mg</i>	4	MO
<i>olanzapine odt tbdp 20mg</i>	4	MO
<i>olanzapine odt tbdp 5mg</i>	4	MO
<i>olanzapine/fluoxetine caps 25mg; 12mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 25mg; 3mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine/fluoxetine caps 25mg; 6mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 12mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine/fluoxetine caps 50mg; 6mg</i>	2	QL (1 EA per 1 days) MO
<i>olanzapine inj 10mg</i>	4	
<i>olanzapine tabs 10mg</i>	4	MO
<i>olanzapine tabs 15mg</i>	4	MO
<i>olanzapine tabs 2.5mg</i>	4	MO
<i>olanzapine tabs 20mg</i>	4	MO
<i>olanzapine tabs 5mg</i>	4	MO
<i>olanzapine tabs 7.5mg</i>	4	MO
OPIPZA FILM 10MG	5	QL (3 EA per 1 days) PA (OPIPZA, new starts only)
OPIPZA FILM 2MG	5	QL (1 EA per 1 days) PA (OPIPZA, new starts only)
OPIPZA FILM 5MG	5	QL (3 EA per 1 days) PA (OPIPZA, new starts only)
<i>paliperidone er tb24 1.5mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>paliperidone er tb24 3mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>paliperidone er tb24 6mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er tb24 9mg</i>	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
<i>paroxetine hcl tabs 30mg</i>	4	MO
<i>paroxetine hcl tabs 40mg</i>	4	MO
<i>paroxetine hydrochloride susp 10mg/5ml</i>	2	PA (PAROXETINE SUSPENSION, new starts only) MO
<i>paroxetine hydrochloride tabs 10mg</i>	4	MO
<i>paroxetine hydrochloride tabs 20mg</i>	4	MO
<i>paroxetine hydrochloride tabs 30mg</i>	4	MO
<i>paroxetine hydrochloride tabs 40mg</i>	4	MO
<i>paroxetine caps 7.5mg</i>	4	QL (1 EA per 1 days) MO
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 2MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 10MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 2MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 50MG; 4MG	4	MO
<i>perphenazine tabs 16mg</i>	4	MO
<i>perphenazine tabs 2mg</i>	4	MO
<i>perphenazine tabs 4mg</i>	4	MO
<i>perphenazine tabs 8mg</i>	4	MO
PHENELZINE SULFATE TABS 15MG	4	MO
PIMOZIDE TABS 1MG	4	MO
PIMOZIDE TABS 2MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	
<i>prochlorperazine maleate tabs 10mg</i>	4	MO
<i>prochlorperazine maleate tabs 5mg</i>	4	MO
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl tabs 10mg</i>	2	MO
<i>protriptyline hcl tabs 5mg</i>	2	MO
<i>quetiapine fumarate er tb24 150mg</i>	2	MO
<i>quetiapine fumarate er tb24 200mg</i>	2	MO
<i>quetiapine fumarate er tb24 300mg</i>	2	MO
<i>quetiapine fumarate er tb24 400mg</i>	2	MO
<i>quetiapine fumarate er tb24 50mg</i>	2	MO
<i>quetiapine fumarate tabs 100mg</i>	1	MO
<i>quetiapine fumarate tabs 150mg</i>	1	MO
<i>quetiapine fumarate tabs 200mg</i>	1	MO
<i>quetiapine fumarate tabs 25mg</i>	1	MO
<i>quetiapine fumarate tabs 300mg</i>	1	MO
<i>quetiapine fumarate tabs 400mg</i>	1	MO
<i>quetiapine fumarate tabs 50mg</i>	1	MO
RALDESY SOLN 10MG/ML	5	QL (40 ML per 1 days) PA (RALDESY, new starts only)
REXULTI TABS 0.25MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 0.5MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 1MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 2MG	5	QL (1 EA per 1 days) MO
REXULTI TABS 3MG	5	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 4MG	5	QL (1 EA per 1 days) MO
<i>risperidone er inj 12.5mg</i>	4	
<i>risperidone er inj 25mg</i>	4	
<i>risperidone er inj 37.5mg</i>	5	
<i>risperidone er inj 50mg</i>	5	
<i>risperidone odt tbdp 0.25mg</i>	2	MO
<i>risperidone odt tbdp 0.5mg</i>	2	MO
<i>risperidone odt tbdp 1mg</i>	2	MO
<i>risperidone odt tbdp 2mg</i>	2	MO
<i>risperidone odt tbdp 3mg</i>	2	MO
<i>risperidone odt tbdp 4mg</i>	2	MO
<i>risperidone soln 1mg/ml</i>	2	MO
<i>risperidone tabs 0.25mg</i>	1	MO
<i>risperidone tabs 0.5mg</i>	1	MO
<i>risperidone tabs 1mg</i>	1	MO
<i>risperidone tabs 2mg</i>	1	MO
<i>risperidone tabs 3mg</i>	1	MO
<i>risperidone tabs 4mg</i>	1	MO
SECUADO PT24 3.8MG/24HR	5	QL (1 EA per 1 days) PA (SECUADO, new starts only)
SECUADO PT24 5.7MG/24HR	5	QL (1 EA per 1 days) PA (SECUADO, new starts only)
SECUADO PT24 7.6MG/24HR	5	QL (1 EA per 1 days) PA (SECUADO, new starts only)
<i>sertraline hcl conc 20mg/ml</i>	4	MO
<i>sertraline hcl tabs 50mg</i>	1	MO
<i>sertraline hydrochloride conc 20mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hydrochloride tabs 100mg</i>	1	MO
<i>sertraline hydrochloride tabs 25mg</i>	1	MO
<i>sertraline hydrochloride tabs 50mg</i>	1	MO
SPRAVATO 56MG DOSE SOPK 0	5	PA (SPRAVATO, new starts only)
SPRAVATO 84MG DOSE SOPK 0	5	PA (SPRAVATO, new starts only)
<i>thioridazine hydrochloride tabs 100mg</i>	2	MO
<i>thioridazine hydrochloride tabs 10mg</i>	2	MO
<i>thioridazine hydrochloride tabs 25mg</i>	2	MO
<i>thioridazine hydrochloride tabs 50mg</i>	2	MO
<i>thiothixene caps 10mg</i>	2	MO
<i>thiothixene caps 1mg</i>	2	MO
<i>thiothixene caps 2mg</i>	2	MO
<i>thiothixene caps 5mg</i>	2	MO
<i>tranylcypromine sulfate tabs 10mg</i>	1	MO
<i>trazodone hydrochloride tabs 100mg</i>	1	MO
<i>trazodone hydrochloride tabs 150mg</i>	1	MO
<i>trazodone hydrochloride tabs 300mg</i>	1	MO
<i>trazodone hydrochloride tabs 50mg</i>	1	MO
<i>trifluoperazine hcl tabs 10mg</i>	2	MO
<i>trifluoperazine hcl tabs 1mg</i>	2	MO
<i>trifluoperazine hcl tabs 2mg</i>	2	MO
<i>trifluoperazine hcl tabs 5mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 10mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 2mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 5mg</i>	2	MO
<i>trimipramine maleate caps 100mg</i>	2	MO
<i>trimipramine maleate caps 25mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate caps 50mg</i>	2	MO
TRINTELLIX TABS 10MG	4	QL (1 EA per 1 days) PA (TRINTELLIX, new starts only) MO
TRINTELLIX TABS 20MG	4	QL (1 EA per 1 days) PA (TRINTELLIX, new starts only) MO
TRINTELLIX TABS 5MG	4	QL (1 EA per 1 days) PA (TRINTELLIX, new starts only) MO
UZEDY INJ 100MG/0.28ML	5	QL (0.28 ML per 30 days) PA (UZEDY, new starts only)
UZEDY INJ 125MG/0.35ML	5	QL (0.35 ML per 30 days) PA (UZEDY, new starts only)
UZEDY INJ 150MG/0.42ML	5	QL (0.42 ML per 56 days) PA (UZEDY, new starts only)
UZEDY INJ 200MG/0.56ML	5	QL (0.56 ML per 56 days) PA (UZEDY, new starts only)
UZEDY INJ 250MG/0.7ML	5	QL (0.7 ML per 56 days) PA (UZEDY, new starts only)
UZEDY INJ 50MG/0.14ML	5	QL (0.14 ML per 30 days) PA (UZEDY, new starts only)
UZEDY INJ 75MG/0.21ML	5	QL (0.21 ML per 30 days) PA (UZEDY, new starts only)

Drug Name	Drug Tier	Requirements/Limits
VENLAFAXINE BESYLATE ER TB24 112.5MG	4	QL (1 EA per 1 days) MO
<i>venlafaxine hydrochloride er cp24 150mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	MO
<i>venlafaxine hydrochloride er tb24 225mg</i>	4	QL (1 EA per 1 days) MO
<i>venlafaxine hydrochloride tabs 100mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 25mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 37.5mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 50mg</i>	1	MO
<i>venlafaxine hydrochloride tabs 75mg</i>	1	MO
VERSACLOZ SUSP 50MG/ML	5	PA (VERSACLOZ, new starts only)
<i>vilazodone hydrochloride tabs 10mg</i>	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
<i>vilazodone hydrochloride tabs 20mg</i>	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
<i>vilazodone hydrochloride tabs 40mg</i>	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
VRAYLAR CAPS 0.5MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 0.75MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 1.5MG	5	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS 3MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 4.5MG	5	QL (1 EA per 1 days) MO
VRAYLAR CAPS 6MG	5	QL (1 EA per 1 days) MO
<i>ziprasidone hcl caps 20mg</i>	1	MO
<i>ziprasidone hcl caps 40mg</i>	1	MO
<i>ziprasidone hcl caps 60mg</i>	1	MO
<i>ziprasidone hcl caps 80mg</i>	1	MO
<i>ziprasidone mesylate inj 20mg</i>	2	
ZURZUVAE CAPS 20MG	5	QL (2 EA per 1 days) PA (ZURZUVAE, new starts only) MO
ZURZUVAE CAPS 25MG	5	QL (2 EA per 1 days) PA (ZURZUVAE, new starts only) MO
ZURZUVAE CAPS 30MG	5	QL (1 EA per 1 days) PA (ZURZUVAE, new starts only) MO
ZYPREXA RELPREVV INJ 210MG	4	PA (ZYPREXA RELPREVV, new starts only)
ZYPREXA RELPREVV INJ 300MG	5	PA (ZYPREXA RELPREVV, new starts only)
ZYPREXA RELPREVV INJ 405MG	5	PA (ZYPREXA RELPREVV, new starts only)
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO TABS 12MG	5	QL (4 EA per 1 days) PA (AUSTEDO) MO
AUSTEDO TABS 6MG	5	QL (2 EA per 1 days) PA (AUSTEDO) MO
AUSTEDO TABS 9MG	5	QL (4 EA per 1 days) PA (AUSTEDO) MO
INGREZZA CAPS 40MG	5	QL (1 EA per 1 days) PA (INGREZZA) MO
INGREZZA CAPS 60MG	5	QL (1 EA per 1 days) PA (INGREZZA) MO
INGREZZA CAPS 80MG	5	QL (1 EA per 1 days) PA (INGREZZA) MO
INGREZZA CPPK 0	5	QL (28 EA per 180 days) PA (INGREZZA) MO
INGREZZA CPSP 40MG	5	QL (1 EA per 1 days) PA (INGREZZA)
INGREZZA CPSP 60MG	5	QL (1 EA per 1 days) PA (INGREZZA)
INGREZZA CPSP 80MG	5	QL (1 EA per 1 days) PA (INGREZZA)
<i>tetrabenazine tabs 12.5mg</i>	4	QL (8 EA per 1 days) PA (TETRABENAZINE) MO
<i>tetrabenazine tabs 25mg</i>	5	QL (4 EA per 1 days) PA (TETRABENAZINE) MO
Dental Agents		
<i>Dental Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>fraiche 5000 dental gel 1.1%</i>	2	
<i>sodium fluoride 5000 ppm pste 1.1%</i>	2	
Nutritional supplement		
<i>dentagel gel 1.1%</i>	2	
<i>fluoride chew 1mg</i>	2	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
<i>sf 5000 plus crea 1.1%</i>	2	
<i>sf gel 1.1%</i>	2	
<i>sodium fluoride 5000 plus crea 1.1%</i>	2	
<i>sodium fluoride 5000 ppm dry mouth gel 1.1%</i>	2	
<i>sodium fluoride 5000 ppm crea 1.1%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	MO
<i>sodium fluoride crea 1.1%</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
Devices		
Devices		
ALCOHOL PREP PADS PADS 70%	3	PA (INSULIN ADMINISTRATION SUPPLIES)
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	3	QL (200 EA per 30 days) PA (INSULIN ADMINISTRATION SUPPLIES)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	3	PA (INSULIN ADMINISTRATION SUPPLIES)
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD 5 LIBRE2 PLUS G6 INTRO GEN 5 KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH INTRO KIT (GEN 4) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD DASH PDM KIT (GEN 4) KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD DASH PODS (GEN 4) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
Diagnostic Agents		
<i>Pheochromocytoma</i>		
<i>metirosine caps 250mg</i>	5	PA (METYROSINE)
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er tbc 1080mg</i>	2	
<i>potassium citrate er tbc 15meq</i>	2	
<i>potassium citrate er tbc 540mg</i>	2	
<i>sodium bicarbonate inj 4.2%</i>	2	
<i>sodium bicarbonate inj 7.5%</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid tbso 200mg</i>	5	PA (CARBAGLU) LA MO
<i>constulose soln 10gm/15ml</i>	2	MO
<i>enulose soln 10gm/15ml</i>	2	MO
<i>generlac soln 10gm/15ml</i>	2	MO
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	5	PA (GLYCEROL PHENYL BUTYRATE) MO
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>lactulose soln 10gm/15ml</i>	2	MO
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	PA (SODIUM PHENYL BUTYRATE) MO

Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate tabs 500mg</i>	5	PA (SODIUM PHENYLBUTYRATE) MO
Caloric Agents		
<i>aminosyn ii inj 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 405mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 750mg/100ml</i>	2	B/D
AMINOSYN II INJ 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	B/D
AMINOSYN-PF INJ 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	3	B/D
CLINIMIX 4.25%/DEXTROSE 10% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5% INJ 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 15% INJ 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJ 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 2.75%/DEXTROSE 5% INJ 570MG/100ML; 316MG/100ML; 33MG/100ML; 5GM/100ML; 515MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 159MG/100ML; 51MG/100ML; 110MG/100ML; 454MG/100ML; 154MG/100ML; 261MG/100ML; 187MG/100ML; 138MG/100ML; 217MG/100ML; 112MG/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/DEXTROSE 5% INJ 880MG/100ML; 489MG/100ML; 33MG/100ML; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 51MG/100ML; 170MG/100ML; 702MG/100ML; 238MG/100ML; 261MG/100ML; 289MG/100ML; 213MG/100ML; 297MG/100ML; 77MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX E 5%/DEXTROSE 15% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20% INJ 1035MG/100ML; 575MG/100ML; 33MG/100ML; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 51MG/100ML; 200MG/100ML; 826MG/100ML; 280MG/100ML; 261MG/100ML; 340MG/100ML; 250MG/100ML; 340MG/100ML; 59MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
<i>clinisol sf 15% inj 151meq/l;</i> <i>2170mg/100ml; 1470mg/100ml;</i> <i>434mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml;</i> <i>749mg/100ml; 1040mg/100ml;</i> <i>1180mg/100ml; 749mg/100ml;</i> <i>1040mg/100ml; 894mg/100ml;</i> <i>592mg/100ml; 749mg/100ml;</i> <i>250mg/100ml; 39mg/100ml;</i> <i>960mg/100ml</i>	2	B/D
CLINOLIPID INJ 1.2GM/100ML; 2.25GM/100ML; 16GM/100ML; 4GM/100ML	5	B/D
DEXTROSE 10% INJ 10%	4	
DEXTROSE 25% INJ 250MG/ML	4	
DEXTROSE 30% INJ 30%	4	
<i>dextrose 5% inj 5%</i>	2	
DEXTROSE 50% INJ 50%	4	
DEXTROSE 70% INJ 70%	4	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE INJ 40%	4	
DOJOLVI LIQD 100%	5	PA (DOJOLVI)
GLUCOSE (DEXTROSE) 50% INJ 50%	4	
GLUCOSE (DEXTROSE) 70% INJ 70%	4	
INTRALIPID INJ 20GM/100ML	3	B/D
NUTRILIPID INJ 20GM/100ML	3	B/D
<i>plenamine inj 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml</i>	2	B/D
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJ 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	3	B/D
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	B/D
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	B/D
Diuretics		

Drug Name	Drug Tier	Requirements/Limits
AMILORIDE/HYDROCHLOROTHIAZIDE TABS 5MG; 50MG	4	MO
<i>tolvaptan tabs 15mg</i>	5	QL (4 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tabs 30mg</i>	5	QL (4 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 0</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
<i>tolvaptan tbpk 15mg</i>	5	QL (2 EA per 1 days) PA (TOLVAPTAN) MO
<i>toremide tabs 100mg</i>	1	MO
<i>toremide tabs 10mg</i>	1	MO
<i>toremide tabs 20mg</i>	1	MO
<i>toremide tabs 5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg</i>	1	MO
<i>triamterene/hydrochlorothiazide tabs 50mg; 75mg</i>	1	MO
<i>Ion-removing Agents</i>		
FOSRENOL PACK 1000MG	5	PA (LANTHANUM) MO

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL PACK 750MG	5	PA (LANTHANUM) MO
<i>kionex susp 15gm/60ml</i>	2	
<i>lanthanum carbonate chew 1000mg</i>	5	PA (LANTHANUM) MO
<i>lanthanum carbonate chew 500mg</i>	5	PA (LANTHANUM) MO
<i>lanthanum carbonate chew 750mg</i>	5	PA (LANTHANUM) MO
LOKELMA PACK 10GM	4	QL (3 EA per 1 days) PA (POTASSIUM BINDERS) MO
LOKELMA PACK 5GM	4	QL (3 EA per 1 days) PA (POTASSIUM BINDERS) MO
<i>sodium polystyrene sulfonate powd 0</i>	2	
<i>sodium polystyrene sulfonate susp 15gm/60ml</i>	2	
<i>sps susp 15gm/60ml</i>	2	
SPS SUSP 15GM/60ML	4	
VELTASSA PACK 16.8GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)
VELTASSA PACK 1GM	4	QL (4 EA per 1 days) PA (POTASSIUM BINDERS)
VELTASSA PACK 25.2GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 8.4GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)
<i>Irrigating Solutions</i>		
<i>argyle sterile water 100ml soln 0</i>	2	
RINGERS IRRIGATION SOLN 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	4	
<i>sodium chloride 0.9% soln 0.9%</i>	2	
<i>sterile water for irrigation soln 0</i>	2	
<i>tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>Replacement Preparations</i>		
<i>calcium acetate caps 667mg</i>	2	MO
<i>calcium acetate tabs 667mg</i>	2	MO
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX INJ 24MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJ 10%; 0.2%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJ 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJ 2.5%; 0.45%	4	
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJ 5%; 0.2%	4	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJ 5%; 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJ 5%; 0.45%	4	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	2	
<i>dextrose/sodium chloride inj 5%; 0.225%</i>	2	
ISOLYTE-P/DEXTROSE 5% INJ 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJ 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	2	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	2	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	2	
<i>klor-con 10 tbc 10meq</i>	1	MO
<i>klor-con 8 tbc 8meq</i>	1	MO
<i>klor-con m10 tbc 10meq</i>	1	MO
<i>klor-con m15 tbc 15meq</i>	1	MO
<i>klor-con m20 tbc 20meq</i>	1	MO
<i>klor-con pack 20meq</i>	2	
LACTATED RINGERS INJ 3MEQ/L; 109MEQ/L; 28MEQ/L; 4MEQ/L; 130MEQ/L	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
MULTIPLE ELECTROLYTES INJECTION TYPE 1 INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
NORMOSOL -R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
NORMOSOL-M/D5W INJ 16MEQ/L; 40MEQ/L; 5%; 3MEQ/L; 13MEQ/L; 40MEQ/L	3	
NORMOSOL-R INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>potassium chloride cr tbc 10meq</i>	1	MO
<i>potassium chloride er cpcr 10meq</i>	1	MO
<i>potassium chloride er cpcr 8meq</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 10meq</i>	1	MO
<i>potassium chloride er tbc 15meq</i>	1	
<i>potassium chloride er tbc 15meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 20meq</i>	1	MO
<i>potassium chloride er tbc 8meq</i>	1	MO
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJ 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.225%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%</i>	2	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	2	
<i>potassium chloride/sodium chloride inj 40meq/l; 0.9%</i>	2	
POTASSIUM CHLORIDE INJ 10MEQ/100ML	4	
POTASSIUM CHLORIDE INJ 20MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	2	
<i>potassium chloride inj 2meq/ml</i>	2	
POTASSIUM CHLORIDE INJ 40MEQ/100ML	4	
<i>potassium chloride pack 20meq</i>	2	
<i>potassium chloride soln 10%</i>	2	
<i>potassium chloride soln 20%</i>	2	
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	2	
<i>sodium chloride 0.45% inj 0.45%</i>	2	
<i>sodium chloride inj 0.45%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
<i>sodium chloride inj 0.9%</i>	2	
<i>sodium chloride inj 2.5meq/ml</i>	2	
<i>sodium chloride inj 3%</i>	2	
<i>sodium chloride inj 5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INJ 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	
ZYCUBO INJ 2.9MG	5	QL (2 EA per 1 days) PA (ZYCUBO)
<i>Uricosuric Agents</i>		
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	MO
<i>probenecid tabs 500mg</i>	1	MO
Enzymes		
<i>Enzyme Cofactors/Chaperones</i>		
GALAFOLD CAPS 123MG	5	QL (0.5 EA per 1 days) PA (GALAFOLD) MO
MIPLYFFA CAPS 124MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
MIPLYFFA CAPS 47MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
MIPLYFFA CAPS 62MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
MIPLYFFA CAPS 93MG	5	QL (3 EA per 1 days) PA (MIPLYFFA)
<i>sapropterin dihydrochloride pack 100mg</i>	5	PA (SAPROPTERIN) MO
<i>sapropterin dihydrochloride pack 500mg</i>	5	PA (SAPROPTERIN) MO
<i>sapropterin dihydrochloride tabs 100mg</i>	5	PA (SAPROPTERIN) MO
SEPHIENCE PACK 1000MG	5	PA (SEPHIENCE)
SEPHIENCE PACK 250MG	5	PA (SEPHIENCE)
<i>zelvysia pack 100mg</i>	5	PA (SAPROPTERIN)

Drug Name	Drug Tier	Requirements/Limits
<i>zelvysia pack 500mg</i>	5	PA (SAPROPTERIN)
<i>Enzyme Inhibitors</i>		
CERDELGA CAPS 84MG	5	QL (2 EA per 1 days) PA (CERDELGA) MO
<i>miglustat caps 100mg</i>	5	PA (ZAVESCA) LA MO
<i>nitisinone caps 10mg</i>	5	PA (ORFADIN) MO
<i>nitisinone caps 20mg</i>	5	PA (ORFADIN) MO
<i>nitisinone caps 2mg</i>	5	PA (ORFADIN) MO
<i>nitisinone caps 5mg</i>	5	PA (ORFADIN) MO
NITYR TABS 10MG	5	PA (NITYR) LA
NITYR TABS 2MG	5	PA (NITYR) LA
NITYR TABS 5MG	5	PA (NITYR) LA
OPFOLDA CAPS 65MG	5	QL (8 EA per 28 days) PA (OPFOLDA)
ORFADIN SUSP 4MG/ML	5	PA (ORFADIN) MO
<i>yargesa caps 100mg</i>	5	PA (ZAVESCA) MO
ZOKINVY CAPS 50MG	5	PA (ZOKINVY)
ZOKINVY CAPS 75MG	5	PA (ZOKINVY)
<i>Enzymes</i>		
ALDURAZYME INJ 2.9MG/5ML	5	PA (ALDURAZYME) LA
CEREZYME INJ 400UNIT	5	PA (CEREZYME)
ELAPRASE INJ 6MG/3ML	5	PA (ELAPRASE) LA
FABRAZYME INJ 35MG	5	PA (FABRAZYME) LA
FABRAZYME INJ 5MG	5	PA (FABRAZYME) LA
LUMIZYME INJ 50MG	5	PA (LUMIZYME) LA
NAGLAZYME INJ 1MG/ML	5	PA (NAGLAZYME) LA

Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ INJ 10MG/0.5ML	5	QL (1 ML per 1 days) PA (PALYNZIQ) MO
PALYNZIQ INJ 2.5MG/0.5ML	5	QL (1 ML per 1 days) PA (PALYNZIQ) MO
PALYNZIQ INJ 20MG/ML	5	QL (2 ML per 1 days) PA (PALYNZIQ) MO
REVCOVI INJ 2.4MG/1.5ML	5	PA (REVCOVI)
STRENSIQ INJ 18MG/0.45ML	5	PA (STRENSIQ) MO
STRENSIQ INJ 28MG/0.7ML	5	PA (STRENSIQ) MO
STRENSIQ INJ 40MG/ML	5	PA (STRENSIQ) MO
STRENSIQ INJ 80MG/0.8ML	5	PA (STRENSIQ) MO
SUCRAID SOLN 8500UNIT/ML	5	PA (SUCRAID) LA MO
VPRIV INJ 400UNIT	5	PA (VPRIV)
Eye, Ear, Nose & Throat Preparations		
<i>Anti-infectives</i>		
<i>bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm</i>	1	
BACITRACIN OINT 500UNIT/GM	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>ciprofloxacin soln 0.2%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin soln 0.5%</i>	2	
<i>gentamicin sulfate soln 0.3%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN SUSP 5%	4	
<i>neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	4	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	4	

Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	4	
<i>ofloxacin soln 0.3%</i>	1	
<i>ofloxacin soln 0.3%</i>	2	
<i>periogard soln 0.12%</i>	1	
<i>polycin oint 500unit/gm; 10000unit/gm</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1	
SULFACETAMIDE SODIUM OINT 10%	4	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	1	
TRIFLURIDINE SOLN 1%	4	
XDEMVI SOLN 0.25%	5	QL (10 ML per 30 days) PA (XDEMVI)
ZIRGAN GEL 0.15%	4	
<i>Anti-inflammatory Agents</i>		
CEQUA SOLN 0.09%	3	QL (2 EA per 1 days)
<i>ciprofloxacin/dexamethasone susp 0.3%; 0.1%</i>	4	
<i>cyclosporine emul 0.05%</i>	2	QL (60 EA per 30 days) MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1%	4	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate emul 0.05%</i>	4	ST (DIFLUPREDNATE #2)
<i>flac oil 0.01%</i>	2	
<i>flunisolide soln 0.025%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide ear drops oil 0.01%</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorometholone susp 0.1%</i>	4	
FLURBIPROFEN SODIUM SOLN 0.03%	4	
<i>fluticasone propionate susp 50mcg/act</i>	1	
FML FORTE SUSP 0.25%	4	
<i>hydrocortisone/acetic acid soln 2%; 1%</i>	4	
<i>ketorolac tromethamine soln 0.4%</i>	2	
<i>ketorolac tromethamine soln 0.5%</i>	2	
MAXIDEX SUSP 0.1%	4	
<i>neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	4	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	4	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP 1%; 3.5MG/ML; 10000UNIT/ML	4	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
OXERVATE SOLN 0.002%	5	QL (1 ML per 1 days) PA (OXERVATE)
PRED MILD SUSP 0.12%	4	
<i>prednisolone acetate susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN 1%	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN 0.23%; 10%	4	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
TOBRADEX OINT 0.1%; 0.3%	4	
<i>tobramycin/dexamethasone susp 0.1%; 0.3%</i>	2	
VERKAZIA EMUL 0.1%	5	QL (4 EA per 1 days) PA (VERKAZIA)
XIIDRA SOLN 5%	3	QL (2 EA per 1 days)
Antiallergic Agents		
<i>azelastine hcl soln 0.05%</i>	2	
<i>azelastine hydrochloride soln 0.1%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl soln 0.05%</i>	4	
Antiglaucoma Agents		
<i>acetazolamide er cp12 500mg</i>	2	MO
<i>acetazolamide tabs 125mg</i>	2	MO
<i>acetazolamide tabs 250mg</i>	2	MO
APRACLONIDINE SOLN 0.5%	4	
BETAXOLOL HCL SOLN 0.5%	4	MO
<i>bimatoprost soln 0.01%</i>	2	ST (BIMATOPROST #2) MO
<i>brimonidine tartrate soln 0.15%</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln 0.2%</i>	4	MO
<i>brinzolamide susp 1%</i>	4	MO
CARTEOLOL HCL SOLN 1%	4	MO
<i>dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml</i>	2	MO
<i>dorzolamide hydrochloride soln 2%</i>	2	MO
IOPIDINE SOLN 1%	4	
<i>latanoprost soln 0.005%</i>	1	MO
LEVOBUNOLOL HCL SOLN 0.5%	4	MO
LUMIGAN SOLN 0.01%	3	ST (BIMATOPROST #2) MO
<i>pilocarpine hcl soln 1%</i>	4	MO
<i>pilocarpine hcl soln 2%</i>	4	MO
<i>pilocarpine hcl soln 4%</i>	4	MO
<i>pilocarpine hydrochloride soln 1%</i>	4	MO
<i>pilocarpine hydrochloride soln 1.25%</i>	2	QL (0.09 ML per 1 days)
<i>pilocarpine hydrochloride soln 2%</i>	4	MO
<i>pilocarpine hydrochloride soln 4%</i>	4	MO
RHOPRESSA SOLN 0.02%	3	ST (RHOPRESSA #2) MO
ROCKLATAN SOLN 0.005%; 0.02%	3	QL (5 ML per 28 days) ST (ROCKLATAN #2) MO
<i>timolol maleate ophthalmic gel forming solg 0.25%</i>	2	MO
<i>timolol maleate ophthalmic gel forming solg 0.5%</i>	4	MO
<i>timolol maleate soln 0.25%</i>	1	MO
<i>timolol maleate soln 0.5%</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>travoprost soln 0.004%</i>	4	ST (TRAVOPROST #2) MO
<i>EENT Drugs, Miscellaneous</i>		
<i>acetic acid soln 2%</i>	1	
TYRVAYA SOLN 0.03MG/ACT	4	QL (8.4 ML per 30 days) ST (TYRVAYA #2)
<i>Local Anesthetics</i>		
<i>lidocaine hydrochloride viscous soln 2%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	
<i>proparacaine hcl soln 0.5%</i>	2	
<i>proparacaine hydrochloride soln 0.5%</i>	2	
<i>Macular Degeneration Agents</i>		
CYSTADROPS SOLN 0.37%	5	QL (20 ML per 28 days) PA (CYSTEAMINE) MO
CYSTARAN SOLN 0.44%	5	PA (CYSTEAMINE) MO
<i>Mydriatics</i>		
<i>atropine sulfate soln 1%</i>	2	MO
<i>cyclopentolate hcl soln 1%</i>	2	
<i>cyclopentolate hydrochloride soln 1%</i>	2	
Eye, Ear, Nose + Throat Preparations		
<i>Anti-infectives</i>		
<i>levofloxacin soln 0.5%</i>	2	
<i>Antiallergic Agents</i>		
<i>azelastine hcl soln 0.15%</i>	2	QL (60 ML per 30 days)
<i>azelastine hydrochloride soln 0.15%</i>	2	QL (60 ML per 30 days)
Gastrointestinal Drugs		
<i>Anti-inflammatory Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hydrochloride tabs 0.5mg</i>	2	PA (ALOSETRON) MO
<i>alosetron hydrochloride tabs 1mg</i>	5	PA (ALOSETRON) MO
<i>balsalazide disodium caps 750mg</i>	4	
DIPENTUM CAPS 250MG	5	MO
<i>mesalamine dr cpdr 400mg</i>	4	MO
<i>mesalamine dr tbec 1.2gm</i>	4	
<i>mesalamine dr tbec 800mg</i>	4	
<i>mesalamine er cpcr 500mg</i>	2	MO
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine kit 4gm</i>	2	
<i>mesalamine supp 1000mg</i>	4	
<i>Antidiarrhea Agents</i>		
<i>diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg</i>	2	
DIPHENOXYLATE/ATROPINE LIQD 0.025MG/5ML; 2.5MG/5ML	4	
<i>loperamide hydrochloride caps 2mg</i>	2	
VIBERZI TABS 100MG	5	QL (2 EA per 1 days) PA (VIBERZI) MO
VIBERZI TABS 75MG	5	QL (2 EA per 1 days) PA (VIBERZI) MO
XERMELO TABS 250MG	5	QL (3 EA per 1 days) PA (XERMELO) MO
<i>Antiemetics</i>		
<i>aprepitant caps 125mg</i>	2	QL (2 EA per 30 days) PA (APREPITANT)
<i>aprepitant caps 40mg</i>	2	QL (1 EA per 30 days) PA (APREPITANT)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 80mg</i>	2	QL (4 EA per 30 days) PA (APREPITANT)
<i>aprepitant cppk 0</i>	2	QL (6 EA per 30 days) PA (APREPITANT)
EMEND SUSR 125MG/5ML	4	QL (2 EA per 30 days) PA (APREPITANT)
<i>granisetron hcl inj 1mg/ml</i>	2	PA (GRANISETRON)
<i>granisetron hydrochloride inj 1mg/ml</i>	2	PA (GRANISETRON)
<i>granisetron hydrochloride tabs 1mg</i>	2	QL (2 EA per 1 days) PA (GRANISETRON)
<i>meclizine hcl tabs 12.5mg</i>	4	
<i>meclizine hcl tabs 25mg</i>	4	
<i>meclizine hydrochloride tabs 12.5mg</i>	4	
<i>meclizine hydrochloride tabs 25mg</i>	4	
<i>ondansetron hcl soln 4mg/5ml</i>	2	
ONDANSETRON HCL TABS 24MG	4	
<i>ondansetron hydrochloride +rfid inj 4mg/2ml</i>	4	
<i>ondansetron hydrochloride +rfid inj 4mg/2ml</i>	2	
<i>ondansetron hydrochloride inj 40mg/20ml</i>	2	
<i>ondansetron hydrochloride inj 4mg/2ml</i>	2	
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	4	
<i>ondansetron hydrochloride soln 4mg/5ml</i>	2	
<i>ondansetron hydrochloride tabs 4mg</i>	1	
<i>ondansetron hydrochloride tabs 8mg</i>	1	
<i>ondansetron odt tbdp 4mg</i>	2	
<i>ondansetron odt tbdp 8mg</i>	2	
<i>Antiulcer Agents and Acid Suppressants</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	MO
<i>cimetidine tabs 200mg</i>	4	
<i>cimetidine tabs 300mg</i>	4	MO
<i>cimetidine tabs 400mg</i>	4	MO
<i>cimetidine tabs 800mg</i>	2	MO
<i>esomeprazole magnesium dr cpdr 20mg</i>	1	
<i>esomeprazole magnesium cpdr 20mg</i>	1	MO
<i>esomeprazole magnesium cpdr 40mg</i>	1	MO
<i>famotidine inj 200mg/20ml</i>	2	
<i>famotidine inj 20mg/2ml</i>	2	
<i>famotidine inj 40mg/4ml</i>	2	
<i>famotidine susr 40mg/5ml</i>	4	
<i>famotidine tabs 20mg</i>	1	MO
<i>famotidine tabs 40mg</i>	1	MO
<i>lansoprazole odt tbdd 15mg</i>	4	MO
<i>lansoprazole odt tbdd 30mg</i>	4	MO
<i>lansoprazole cpdr 15mg</i>	4	MO
<i>lansoprazole cpdr 30mg</i>	4	MO
<i>lansoprazole tbdd 15mg</i>	4	MO
<i>lansoprazole tbdd 30mg</i>	4	MO
<i>misoprostol tabs 100mcg</i>	2	MO
<i>misoprostol tabs 200mcg</i>	2	MO
<i>omeprazole dr cpdr 10mg</i>	1	MO
<i>omeprazole dr cpdr 40mg</i>	1	MO
<i>omeprazole cpdr 10mg</i>	1	MO
<i>omeprazole cpdr 20mg</i>	1	MO
<i>omeprazole cpdr 40mg</i>	1	MO
<i>pantoprazole sodium inj 40mg</i>	2	
<i>pantoprazole sodium tbec 20mg</i>	1	MO
<i>pantoprazole sodium tbec 40mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium tbec 20mg</i>	1	MO
<i>sucralfate susp 1gm/10ml</i>	4	MO
<i>sucralfate tabs 1gm</i>	4	MO
<i>Cathartics and Laxatives</i>		
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	1	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	1	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	4	
<i>Cholelitholytic Agents</i>		
CHENODAL TABS 250MG	5	PA (CHENODAL)
CHOLBAM CAPS 250MG	5	PA (CHOLBAM) MO
CHOLBAM CAPS 50MG	5	PA (CHOLBAM) MO
CTEXLI TABS 250MG	5	QL (3 EA per 1 days) PA (CTEXLI)
IQIRVO TABS 80MG	5	QL (1 EA per 1 days) PA (IQIRVO)

Drug Name	Drug Tier	Requirements/Limits
LIVDELZI CAPS 10MG	5	QL (1 EA per 1 days) PA (LIVDELZI)
LIVMARLI SOLN 9.5MG/ML	5	QL (3 ML per 1 days) PA (LIVMARLI)
LIVMARLI TABS 10MG	5	QL (2 EA per 1 days) PA (LIVMARLI)
LIVMARLI TABS 15MG	5	QL (2 EA per 1 days) PA (LIVMARLI)
LIVMARLI TABS 20MG	5	QL (2 EA per 1 days) PA (LIVMARLI)
LIVMARLI TABS 30MG	5	QL (1 EA per 1 days) PA (LIVMARLI)
OCALIVA TABS 10MG	5	QL (1 EA per 1 days) PA (OCALIVA) MO
OCALIVA TABS 5MG	5	QL (1 EA per 1 days) PA (OCALIVA) MO
<i>ursodiol caps 300mg</i>	4	MO
<i>ursodiol tabs 250mg</i>	1	MO
<i>ursodiol tabs 500mg</i>	1	MO
<i>Constipation Therapy</i>		
LINZESS CAPS 145MCG	3	QL (1 EA per 1 days) MO
LINZESS CAPS 290MCG	3	QL (1 EA per 1 days) MO
LINZESS CAPS 72MCG	3	QL (1 EA per 1 days) MO
<i>lubiprostone caps 24mcg</i>	4	QL (2 EA per 1 days) MO
<i>lubiprostone caps 8mcg</i>	4	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 12.5MG	4	QL (1 EA per 1 days) PA (MOVANTIK) MO
MOVANTIK TABS 25MG	4	QL (1 EA per 1 days) PA (MOVANTIK) MO
RELISTOR INJ 12MG/0.6ML	5	PA (RELISTOR)
RELISTOR INJ 12MG/0.6ML	5	PA (RELISTOR)
RELISTOR INJ 8MG/0.4ML	5	PA (RELISTOR)
RELISTOR TABS 150MG	5	QL (3 EA per 1 days) PA (RELISTOR)
SYMPROIC TABS 0.2MG	4	QL (1 EA per 1 days) PA (SYMPROIC)
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT	3	MO
CREON CPEP 15000UNIT; 3000UNIT; 9500UNIT	3	MO
CREON CPEP 180000UNIT; 36000UNIT; 114000UNIT	3	MO
CREON CPEP 30000UNIT; 6000UNIT; 19000UNIT	3	MO
CREON CPEP 60000UNIT; 12000UNIT; 38000UNIT	3	MO
GATTEX INJ 5MG	5	PA (GATTEX) MO
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	3	MO
ZENPEP CPEP 14000UNIT; 3000UNIT; 10000UNIT	3	MO
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	3	MO
ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	3	MO

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 252600UNIT; 60000UNIT; 189600UNIT	3	
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	3	
ZENPEP CPEP 63000UNIT; 15000UNIT; 47000UNIT	3	MO
ZENPEP CPEP 84000UNIT; 20000UNIT; 63000UNIT	3	MO
<i>GI Drugs, Miscellaneous</i>		
<i>dronabinol caps 10mg</i>	2	QL (4 EA per 1 days) PA (DRONABINOL)
<i>dronabinol caps 2.5mg</i>	4	QL (4 EA per 1 days) PA (DRONABINOL)
<i>dronabinol caps 5mg</i>	4	QL (4 EA per 1 days) PA (DRONABINOL)
LIVMARLI SOLN 19MG/ML	5	QL (2 ML per 1 days) PA (LIVMARLI)
<i>prucalopride tabs 1mg</i>	2	QL (1 EA per 1 days) PA (MOTEGRITY) MO
<i>prucalopride tabs 2mg</i>	2	QL (1 EA per 1 days) PA (MOTEGRITY) MO
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA (SKYRIZI)
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA (SKYRIZI) MO
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 180 days) PA (SKYRIZI)
VOWST CAPS 0	5	QL (4 EA per 1 days) PA (VOWST)
<i>Prokinetic Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl soln 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride +rfid inj 5mg/ml</i>	2	
<i>metoclopramide hydrochloride inj 5mg/ml</i>	2	
<i>metoclopramide hydrochloride soln 10mg/10ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide hydrochloride tabs 5mg</i>	1	
Gold Compounds		
Gold Compounds		
AURANOFIN CAPS 3MG	5	MO
RIDAURA CAPS 3MG	5	MO
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUVRIOR TABS 300MG	5	PA (CUVRIOR)
<i>deferasirox pack 180mg</i>	5	PA (IRON CHELATING AGENTS)
<i>deferasirox pack 360mg</i>	5	PA (IRON CHELATING AGENTS)
<i>deferasirox pack 90mg</i>	5	PA (IRON CHELATING AGENTS)
<i>deferasirox tabs 180mg</i>	2	PA (IRON CHELATING AGENTS) MO

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tabs 360mg</i>	2	PA (IRON CHELATING AGENTS)
<i>deferasirox tabs 90mg</i>	2	PA (IRON CHELATING AGENTS)
<i>deferasirox tbso 125mg</i>	2	PA (IRON CHELATING AGENTS) MO
<i>deferasirox tbso 250mg</i>	5	PA (IRON CHELATING AGENTS) MO
<i>deferasirox tbso 500mg</i>	5	PA (IRON CHELATING AGENTS) MO
<i>deferiprone tabs 1000mg</i>	5	PA (IRON CHELATING AGENTS) MO
<i>deferiprone tabs 500mg</i>	5	PA (IRON CHELATING AGENTS) MO
FERRIPROX SOLN 100MG/ML	5	PA (IRON CHELATING AGENTS) MO
<i>penicillamine tabs 250mg</i>	5	
<i>trientine hydrochloride caps 250mg</i>	5	
Hormones and Synthetic Substitutes		
Adrenals		
AGAMREE SUSP 40MG/ML	5	QL (300 ML per 30 days) PA (AGAMREE)

Drug Name	Drug Tier	Requirements/Limits
ARNUIITY ELLIPTA AEPB 100MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUIITY ELLIPTA AEPB 200MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUIITY ELLIPTA AEPB 50MCG/ACT	3	QL (30 EA per 30 days) MO
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
<i>breyana aero 160mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
<i>breyana aero 80mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act</i>	2	QL (30.6 GM per 30 days) MO
<i>budesonide cpep 3mg</i>	4	
<i>budesonide susp 0.25mg/2ml</i>	2	B/D MO
<i>budesonide susp 0.5mg/2ml</i>	2	B/D MO
<i>budesonide susp 1mg/2ml</i>	2	B/D MO
CORTISONE ACETATE TABS 25MG	5	
<i>deflazacort susp 22.75mg/ml</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 18mg</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 30mg</i>	5	PA (DEFLAZACORT)

Drug Name	Drug Tier	Requirements/Limits
<i>deflazacort tabs 36mg</i>	5	PA (DEFLAZACORT)
<i>deflazacort tabs 6mg</i>	5	PA (DEFLAZACORT)
DEPO-MEDROL INJ 20MG/ML	4	B/D
<i>dexamethasone 10-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 13-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 6-day dose pack tbpk 1.5mg</i>	2	
<i>dexamethasone 6-day therapy pack tbpk 1.5mg</i>	2	
DEXAMETHASONE INTENSOL CONC 1MG/ML	4	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	2	
<i>dexamethasone sodium phosphate inj 120mg/30ml</i>	2	
<i>dexamethasone elix 0.5mg/5ml</i>	2	
DEXAMETHASONE SOLN 0.5MG/5ML	4	
<i>dexamethasone tabs 0.5mg</i>	2	
<i>dexamethasone tabs 0.75mg</i>	2	
<i>dexamethasone tabs 1.5mg</i>	2	
<i>dexamethasone tabs 1mg</i>	2	
<i>dexamethasone tabs 2mg</i>	2	
<i>dexamethasone tabs 4mg</i>	2	
<i>dexamethasone tabs 6mg</i>	2	
EOHILIA SUSP 2MG/10ML	5	QL (20 ML per 1 days) PA (EOHILIA)

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate tabs 0.1mg</i>	2	MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 113MCG/ACT; 14MCG/ACT	4	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 232MCG/ACT; 14MCG/ACT	4	QL (2 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL AEPB 55MCG/ACT; 14MCG/ACT	4	QL (2 EA per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>hydrocortisone sodium succinate inj 100mg</i>	4	
<i>hydrocortisone tabs 10mg</i>	4	
<i>hydrocortisone tabs 20mg</i>	4	
<i>hydrocortisone tabs 5mg</i>	4	
<i>jaythari susp 22.75mg/ml</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 18mg</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 30mg</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 36mg</i>	5	PA (DEFLAZACORT)
<i>jaythari tabs 6mg</i>	5	PA (DEFLAZACORT)
<i>kenalog-10 inj 10mg/ml</i>	2	
<i>kymbee tabs 18mg</i>	5	PA (DEFLAZACORT)
<i>kymbee tabs 30mg</i>	5	PA (DEFLAZACORT)
<i>kymbee tabs 36mg</i>	5	PA (DEFLAZACORT)
<i>kymbee tabs 6mg</i>	5	PA (DEFLAZACORT)
<i>methylprednisolone dose pack tbpk 4mg</i>	2	
<i>methylprednisolone sodium succinate inj 1000mg</i>	2	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succinate inj 125mg</i>	2	B/D
<i>methylprednisolone sodium succinate inj 500mg</i>	2	B/D
<i>methylprednisolone sodiumsuccinate inj 40mg</i>	2	B/D
<i>methylprednisolone tabs 16mg</i>	2	B/D
<i>methylprednisolone tabs 32mg</i>	2	B/D
<i>methylprednisolone tabs 4mg</i>	2	B/D
<i>methylprednisolone tabs 8mg</i>	2	B/D
<i>prednisolone sodium phosphate soln 15mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 25mg/5ml</i>	2	
<i>prednisolone sodium phosphate soln 5mg/5ml</i>	2	
<i>prednisolone soln 15mg/5ml</i>	4	
PREDNISONONE SOLN 5MG/5ML	4	B/D
<i>prednisone tabs 10mg</i>	1	B/D
<i>prednisone tabs 1mg</i>	1	B/D
<i>prednisone tabs 2.5mg</i>	1	B/D
<i>prednisone tabs 20mg</i>	1	B/D
<i>prednisone tabs 50mg</i>	1	B/D
<i>prednisone tabs 5mg</i>	1	B/D
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 10mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>prednisone tbpk 5mg</i>	1	
<i>pyquvi susp 22.75mg/ml</i>	5	PA (DEFLAZACORT)
QVAR REDIHALER AERB 40MCG/ACT	3	QL (10.6 GM per 60 days) MO

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER AERB 80MCG/ACT	3	QL (21.2 GM per 30 days) MO
SOLU-CORTEF INJ 100MG	4	
SOLU-CORTEF INJ 250MG	4	
TARPEYO CPDR 4MG	5	QL (4 EA per 1 days) PA (TARPEYO)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT	3	QL (2 EA per 1 days) MO
TRELEGY ELLIPTA AEPB 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (2 EA per 1 days) MO
<i>triamcinolone acetonide inj 10mg/ml</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
Androgens		
<i>danazol caps 100mg</i>	2	
<i>danazol caps 200mg</i>	2	
<i>danazol caps 50mg</i>	2	
METHITEST TABS 10MG	5	PA (SYSTEMIC TESTOSTERONE) MO
<i>testosterone cypionate inj 100mg/ml</i>	2	
<i>testosterone cypionate inj 200mg/ml</i>	2	
<i>testosterone cypionate inj 200mg/ml</i>	2	
TESTOSTERONE ENANTHATE INJ 200MG/ML	4	
<i>testosterone pump gel 1%</i>	4	MO
<i>testosterone pump gel 1.62%</i>	4	MO
<i>testosterone gel 1.62%</i>	4	MO
TESTOSTERONE GEL 10MG/ACT	4	MO
<i>testosterone gel 20.25mg/1.25gm</i>	4	MO
<i>testosterone gel 25mg/2.5gm</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel 40.5mg/2.5gm</i>	2	MO
<i>testosterone gel 50mg/5gm</i>	4	MO
<i>Antidiabetic Agents</i>		
<i>acarbose tabs 100mg</i>	2	QL (3 EA per 1 days) MO
<i>acarbose tabs 25mg</i>	2	QL (3 EA per 1 days)
<i>acarbose tabs 50mg</i>	2	QL (3 EA per 1 days) MO
ALOGLIPTIN/METFORMIN HCL TABS 12.5MG; 500MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABS 12.5MG; 1000MG	4	QL (2 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 12.5MG; 30MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 25MG; 15MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 25MG; 30MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN/PIOGLITAZONE TABS 25MG; 45MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN TABS 12.5MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN TABS 25MG	4	QL (1 EA per 1 days) MO
ALOGLIPTIN TABS 6.25MG	4	QL (1 EA per 1 days) MO
BASAGLAR KWIKPEN INJ 100UNIT/ML	3	MO
CYCLOSET TABS 0.8MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
DAPAGLIFLOZIN/METFORMIN HYDROCHLORIDE ER TB24 10MG; 1000MG	6	QL (1 EA per 1 days) MO
<i>dapagliflozin/metformin hydrochloride er tb24 10mg; 500mg</i>	6	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN/METFORMIN HYDROCHLORIDE ER TB24 5MG; 1000MG	6	QL (2 EA per 1 days) MO
<i>dapagliflozin/metformin hydrochloride er tb24 5mg; 500mg</i>	6	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN TABS 10MG	6	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN TABS 5MG	6	QL (1 EA per 1 days) MO
FARXIGA TABS 10MG	6	QL (1 EA per 1 days) MO
FARXIGA TABS 5MG	6	QL (1 EA per 1 days) MO
FIASP FLEXTOUCH INJ 100UNIT/ML	3	MO
FIASP PENFILL INJ 100UNIT/ML	3	MO
FIASP INJ 100UNIT/ML	3	MO
<i>glimepiride tabs 1mg</i>	6	QL (8 EA per 1 days) MO
<i>glimepiride tabs 2mg</i>	6	QL (4 EA per 1 days) MO
<i>glimepiride tabs 4mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide er tb24 10mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide er tb24 2.5mg</i>	6	QL (8 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide er tb24 5mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide xl tb24 10mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide xl tb24 2.5mg</i>	6	QL (8 EA per 1 days) MO
<i>glipizide xl tb24 5mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	6	QL (8 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide/metformin hydrochloride tabs 5mg; 500mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide tabs 10mg</i>	6	QL (4 EA per 1 days) MO
<i>glipizide tabs 2.5mg</i>	6	QL (2 EA per 1 days) MO
<i>glipizide tabs 5mg</i>	6	QL (8 EA per 1 days) MO
GLYXAMBI TABS 10MG; 5MG	3	QL (1 EA per 1 days) MO
GLYXAMBI TABS 25MG; 5MG	3	QL (1 EA per 1 days) MO
INSULIN ASPART FLEXPEN INJ 100UNIT/ML	3	MO
INSULIN ASPART PENFILL INJ 100UNIT/ML	3	

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 30%; 70%	3	MO
INSULIN ASPART INJ 100UNIT/ML	3	MO
INSULIN DEGLUDEC FLEXTOUCH INJ 100UNIT/ML	3	
INSULIN DEGLUDEC FLEXTOUCH INJ 200UNIT/ML	3	
INSULIN DEGLUDEC INJ 100UNIT/ML	3	
INSULIN LISPRO JUNIOR KWIKPEN INJ 100UNIT/ML	3	
INSULIN LISPRO KWIKPEN INJ 100UNIT/ML	3	MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
INSULIN LISPRO INJ 100UNIT/ML	3	MO
JANUMET XR TB24 1000MG; 100MG	3	QL (1 EA per 1 days) MO
JANUMET XR TB24 1000MG; 50MG	3	QL (2 EA per 1 days) MO
JANUMET XR TB24 500MG; 50MG	3	QL (1 EA per 1 days) MO
JANUMET TABS 1000MG; 50MG	3	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
JANUMET TABS 500MG; 50MG	3	QL (2 EA per 1 days) MO
JANUVIA TABS 100MG	3	QL (1 EA per 1 days) MO
JANUVIA TABS 25MG	3	QL (1 EA per 1 days) MO
JANUVIA TABS 50MG	3	QL (1 EA per 1 days) MO
JARDIANCE TABS 10MG	3	QL (1 EA per 1 days) MO
JARDIANCE TABS 25MG	3	QL (1 EA per 1 days) MO
LANTUS SOLOSTAR INJ 100UNIT/ML	3	MO
LANTUS INJ 100UNIT/ML	3	MO
<i>liraglutide inj 6mg/ml</i>	2	QL (9 ML per 30 days) PA (LIRAGLUTIDE)
<i>metformin hydrochloride er tb24 500mg</i>	6	QL (4 EA per 1 days) MO
<i>metformin hydrochloride er tb24 750mg</i>	6	QL (2 EA per 1 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	6	QL (2.5 EA per 1 days) MO
<i>metformin hydrochloride tabs 500mg</i>	6	QL (5 EA per 1 days) MO
<i>metformin hydrochloride tabs 850mg</i>	6	QL (3 EA per 1 days) MO
<i>mifepristone tabs 300mg</i>	5	PA (KORLYM)
MIGLITOL TABS 100MG	4	QL (3 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
MIGLITOL TABS 25MG	4	QL (3 EA per 1 days) MO
MIGLITOL TABS 50MG	4	QL (3 EA per 1 days) MO
MOUNJARO INJ 10MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 12.5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 15MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 2.5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
MOUNJARO INJ 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA (MOUNJARO) MO
<i>nateglinide tabs 120mg</i>	6	QL (3 EA per 1 days) MO
<i>nateglinide tabs 60mg</i>	6	QL (3 EA per 1 days) MO
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	MO
NOVOLIN N INJ 100UNIT/ML	3	MO
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	MO
NOVOLIN R INJ 100UNIT/ML	3	MO

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3	MO
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG MIX 70/30 RELION INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	MO
NOVOLOG PENFILL INJ 100UNIT/ML	3	MO
NOVOLOG RELION INJ 100UNIT/ML	3	MO
NOVOLOG INJ 100UNIT/ML	3	MO
OZEMPIC INJ 2MG/3ML	3	QL (3 ML per 28 days) PA (OZEMPIC) MO
OZEMPIC INJ 4MG/3ML	3	QL (3 ML per 28 days) PA (OZEMPIC) MO
OZEMPIC INJ 8MG/3ML	3	QL (3 ML per 28 days) PA (OZEMPIC) MO
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg</i>	6	QL (3 EA per 1 days) MO
<i>pioglitazone hcl/metformin hcl tabs 850mg; 15mg</i>	6	QL (3 EA per 1 days) MO
<i>pioglitazone hcl tabs 45mg</i>	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hydrochloride tabs 15mg</i>	6	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 30mg</i>	6	QL (1 EA per 1 days) MO
<i>pioglitazone hydrochloride tabs 45mg</i>	6	QL (1 EA per 1 days) MO
QTERN TABS 10MG; 5MG	6	QL (1 EA per 1 days) MO
QTERN TABS 5MG; 5MG	6	QL (1 EA per 1 days) MO
<i>repaglinide tabs 0.5mg</i>	6	QL (4 EA per 1 days) MO
<i>repaglinide tabs 1mg</i>	6	QL (4 EA per 1 days) MO
<i>repaglinide tabs 2mg</i>	6	QL (8 EA per 1 days) MO
RYBELSUS TABS 14MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
RYBELSUS TABS 3MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
RYBELSUS TABS 7MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg</i>	1	QL (2 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg</i>	1	QL (1 EA per 1 days) MO
<i>saxagliptin hydrochloride tabs 2.5mg</i>	1	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin hydrochloride tabs 5mg</i>	1	QL (1 EA per 1 days) MO
SYMLINPEN 120 INJ 2700MCG/2.7ML	5	MO
SYMLINPEN 60 INJ 1500MCG/1.5ML	5	MO
SYNJARDY XR TB24 10MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 12.5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (1 EA per 1 days) MO
SYNJARDY XR TB24 5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 12.5MG; 500MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 1000MG	3	QL (2 EA per 1 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (2 EA per 1 days) MO
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	MO
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	MO
TRESIBA FLEXTOUCH INJ 100UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
TRIJARDY XR TB24 10MG; 5MG; 1000MG	3	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG	3	QL (2 EA per 1 days) MO
TRIJARDY XR TB24 25MG; 5MG; 1000MG	3	QL (1 EA per 1 days) MO
TRIJARDY XR TB24 5MG; 2.5MG; 1000MG	3	QL (2 EA per 1 days) MO
TRULICITY INJ 0.75MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
TRULICITY INJ 1.5MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
TRULICITY INJ 3MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
TRULICITY INJ 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA (TRULICITY) MO
XIGDUO XR TB24 10MG; 1000MG	6	QL (1 EA per 1 days) MO
XIGDUO XR TB24 10MG; 500MG	6	QL (1 EA per 1 days) MO
XIGDUO XR TB24 2.5MG; 1000MG	6	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 1000MG	6	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 500MG	6	QL (1 EA per 1 days) MO
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	5	MO
GLUCAGEN HYPOKIT INJ 1MG	4	

Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar inj 1mg</i>	4	
GLUCAGON EMERGENCY KIT INJ 1MG	4	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 1-PACK INJ 1MG/0.2ML	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML	3	
GVOKE HYPOPEN 2-PACK INJ 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 0.5MG/0.1ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
ZEGALOGUE INJ 0.6MG/0.6ML	4	
ZEGALOGUE INJ 0.6MG/0.6ML	4	
Contraceptives		
<i>altavera tabs 30mcg; 0.15mg</i>	1	MO
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>alyacen 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>amethia tabs 0; 0</i>	1	MO
<i>amethyst tabs 20mcg; 90mcg</i>	1	MO
<i>apri tabs 0.15mg; 30mcg</i>	1	MO
<i>aranelle tabs 0; 0</i>	1	MO
<i>ashlyna tabs 0; 0</i>	1	MO
<i>aubra eq tabs 20mcg; 0.1mg</i>	1	MO
<i>aurovela 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>aurovela 1/20 tabs 20mcg; 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>aurovela fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>aviane tabs 20mcg; 0.1mg</i>	1	MO
<i>ayuna tabs 0.03mg; 0.15mg</i>	1	MO
<i>azurette tabs 0; 0</i>	1	MO
<i>balziva tabs 35mcg; 0.4mg</i>	1	MO
<i>blisovi 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>blisovi fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>briellyn tabs 35mcg; 0.4mg</i>	1	MO
<i>camila tabs 0.35mg</i>	1	MO
<i>camrese lo tabs 0; 0</i>	1	MO
<i>camrese tabs 0; 0</i>	1	MO
<i>charlotte 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>chateal eq tabs 30mcg; 0.15mg</i>	1	MO
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	1	
<i>cryselle tabs 30mcg; 0.3mg</i>	1	MO
<i>cyred eq tabs 0.15mg; 30mcg</i>	1	MO
<i>dasetta 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>dasetta 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>daysee tabs 0; 0</i>	1	MO
<i>deblitane tabs 0.35mg</i>	1	MO
<i>delyla tabs 20mcg; 0.1mg</i>	1	MO
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>dolishale tabs 20mcg; 90mcg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	1	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	MO
<i>elinest tabs 30mcg; 0.3mg</i>	1	MO
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>emzahh tabs 0.35mg</i>	1	MO
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>enskyce tabs 0.15mg; 0.03mg</i>	1	MO
<i>errin tabs 0.35mg</i>	1	MO
<i>estarylla tabs 35mcg; 0.25mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 35mcg; 1mg</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol tabs 50mcg; 1mg</i>	1	MO
<i>etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>falmina tabs 20mcg; 0.1mg</i>	1	MO
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>finzala chew 20mcg; 75mg; 1mg</i>	1	MO
<i>galbriela chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>gemmily caps 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>hailey 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>hailey fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>haloette ring 0.015mg/24hr; 0.12mg/24hr</i>	1	MO
<i>heather tabs 0.35mg</i>	1	MO
<i>iclevia tabs 0.03mg; 0.15mg</i>	1	MO
<i>incassia tabs 0.35mg</i>	1	MO
<i>introvale tabs 0.03mg; 0.15mg</i>	1	MO
<i>isibloom tabs 0.15mg; 30mcg</i>	1	MO
<i>jaimiess tabs 0; 0</i>	1	MO
<i>jasmiel tabs 3mg; 0.02mg</i>	1	MO
<i>jencycla tabs 0.35mg</i>	1	MO
<i>jolessa tabs 0.03mg; 0.15mg</i>	1	MO
<i>joyeaux tabs 20mcg; 75mg; 0.1mg</i>	1	
<i>juleber tabs 0.15mg; 30mcg</i>	1	MO
<i>junel 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>junel 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>junel fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>junel fe 24 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>kaitlib fe chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>kalliga tabs 0.15mg; 30mcg</i>	1	MO
<i>kariva tabs 0; 0</i>	1	MO
<i>kelnor 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>kurvelo tabs 0.03mg; 0.15mg</i>	1	MO
KYLEENA IUD 19.5MG	3	QL (1 EA per 365 days)
<i>larin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>larin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>larin 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>larin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>layolis fe chew 25mcg; 75mg; 0.8mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>leena tabs 0; 0</i>	1	MO
<i>lessina tabs 20mcg; 0.1mg</i>	1	MO
<i>levonest tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg</i>	1	MO
<i>levora 0.15/30-28 tabs 0.03mg; 0.15mg</i>	1	MO
LILETTA IUD 20.1MCG/DAY	3	QL (1 EA per 365 days)
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	MO
<i>lo-zumandimine tabs 3mg; 0.02mg</i>	1	MO
<i>lojaimiess tabs 0; 0</i>	1	MO
<i>loryna tabs 3mg; 0.02mg</i>	1	MO
<i>low-ogestrel tabs 30mcg; 0.3mg</i>	1	MO
<i>luizza 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>luizza 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>lutra tabs 20mcg; 0.1mg</i>	1	MO
<i>lyleq tabs 0.35mg</i>	1	MO
<i>lyza tabs 0.35mg</i>	1	MO
<i>marlissa tabs 0.03mg; 0.15mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>meleya tabs 0.35mg</i>	1	MO
<i>merzee caps 20mcg; 75mg; 1mg</i>	1	MO
<i>mibelas 24 fe chew 20mcg; 75mg; 1mg</i>	1	MO
<i>microgestin 1.5/30 tabs 30mcg; 1.5mg</i>	1	MO
<i>microgestin 1/20 tabs 20mcg; 1mg</i>	1	MO
<i>microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>microgestin fe 1/20 tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>mili tabs 35mcg; 0.25mg</i>	1	MO
<i>minzoya tabs 0.02mg; 36.5mg; 0.1mg</i>	1	
MIRENA IUD 21MCG/DAY	3	QL (1 EA per 365 days)
<i>mono-linyah tabs 35mcg; 0.25mg</i>	1	MO
NATAZIA TABS 0; 0	4	MO
<i>necon 0.5/35-28 tabs 35mcg; 0.5mg</i>	1	MO
NEXPLANON INJ 68MG	3	QL (1 EA per 365 days)
<i>nikki tabs 3mg; 0.02mg</i>	1	MO
<i>nora-be tabs 0.35mg</i>	1	MO
<i>norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 30mcg; 75mg; 1.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tabs 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate chew 35mcg; 0; 0.4mg</i>	1	MO
<i>norethindrone tabs 0.35mg</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	1	MO
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	1	MO
<i>norlyroc tabs 0.35mg</i>	1	MO
<i>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>nylia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>nylia 7/7/7 tabs 35mcg; 0</i>	1	MO
<i>ocella tabs 3mg; 0.03mg</i>	1	MO
<i>orquidea tabs 0.35mg</i>	1	MO
<i>philith tabs 35mcg; 0.4mg</i>	1	MO
<i>pimtrea tabs 0; 0</i>	1	MO
<i>portia-28 tabs 0.03mg; 0.15mg</i>	1	MO
<i>reclipsen tabs 0.15mg; 0.03mg</i>	1	MO
<i>rivelsa tabs 0; 0</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>rosyrah tabs 0; 0</i>	1	MO
<i>setlakin tabs 0.03mg; 0.15mg</i>	1	MO
<i>sharobel tabs 0.35mg</i>	1	MO
<i>simliya tabs 0; 0</i>	1	MO
<i>simpesse tabs 0; 0</i>	1	MO
SKYLA IUD 13.5MG	3	QL (1 EA per 365 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	1	MO
<i>sronyx tabs 20mcg; 0.1mg</i>	1	MO
<i>syeda tabs 3mg; 0.03mg</i>	1	MO
<i>tarina 24 fe tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	1	MO
<i>taysofy caps 20mcg; 75mg; 1mg</i>	1	MO
<i>tilia fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-estarylla tabs 0; 0</i>	1	MO
<i>tri-legest fe tabs 0; 75mg; 1mg</i>	1	MO
<i>tri-linyah tabs 0; 0</i>	1	MO
<i>tri-lo-estarylla tabs 0; 0</i>	1	MO
<i>tri-lo-marzia tabs 0; 0</i>	1	MO
<i>tri-lo-mili tabs 0; 0</i>	1	MO
<i>tri-lo-sprintec tabs 0; 0</i>	1	MO
<i>tri-mili tabs 0; 0</i>	1	MO
<i>tri-nymyo tabs 0; 0</i>	1	MO
<i>tri-sprintec tabs 0; 0</i>	1	MO
<i>tri-vylibra lo tabs 0; 0</i>	1	MO
<i>tri-vylibra tabs 0; 0</i>	1	MO
<i>turqoz tabs 30mcg; 0.3mg</i>	1	MO
TYBLUME CHEW 20MCG; 0.1MG	4	MO
<i>tydemy tabs 3mg; 0.03mg; 0.451mg</i>	1	MO
<i>valtya 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>valtya 1/50 tabs 50mcg; 1mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>velivet tabs 0; 0</i>	1	MO
<i>vestura tabs 3mg; 0.02mg</i>	1	MO
<i>vienva tabs 20mcg; 0.1mg</i>	1	MO
<i>viorele tabs 0; 0</i>	1	MO
<i>volnea tabs 0; 0</i>	1	MO
<i>vyfemla tabs 35mcg; 0.4mg</i>	1	MO
<i>vylibra tabs 35mcg; 0.25mg</i>	1	MO
<i>wera tabs 35mcg; 0.5mg</i>	1	MO
<i>wymzya fe chew 35mcg; 0; 0.4mg</i>	1	MO
<i>xarah fe tabs 0; 75mg; 1mg</i>	1	MO
<i>xelria fe chew 35mcg; 75mg; 0.4mg</i>	1	MO
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	1	MO
<i>zovia 1/35 tabs 35mcg; 1mg</i>	1	MO
<i>zumandimine tabs 3mg; 0.03mg</i>	1	MO
<i>Estrogens, Antiestrogens & Estrogen Agonist-Antagonists</i>		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	1	MO
<i>abigale tabs 1mg; 0.5mg</i>	1	MO
<i>amabelz tabs 0.5mg; 0.1mg</i>	2	MO
<i>amabelz tabs 1mg; 0.5mg</i>	2	MO
<i>anastrozole tabs 1mg</i>	1	MO
<i>dotti pttw 0.025mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>dotti pttw 0.0375mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>dotti pttw 0.05mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>dotti pttw 0.075mg/24hr</i>	4	QL (16 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>dotti pttw 0.1mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol valerate inj 10mg/ml</i>	4	
<i>estradiol valerate inj 20mg/ml</i>	4	
<i>estradiol valerate inj 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg</i>	2	MO
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	MO
<i>estradiol crea 0.1mg/gm</i>	1	MO
<i>estradiol gel 0.06%</i>	2	
<i>estradiol gel 0.25mg/0.25gm</i>	2	QL (1 EA per 1 days) MO
<i>estradiol gel 0.5mg/0.5gm</i>	2	QL (1 EA per 1 days) MO
<i>estradiol gel 0.75mg/0.75gm</i>	2	QL (1 EA per 1 days) MO
<i>estradiol gel 1.25mg/1.25gm</i>	2	QL (1.25 GM per 1 days) MO
<i>estradiol gel 1mg/gm</i>	2	QL (1 GM per 1 days) MO
<i>estradiol pttw 0.025mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.0375mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.05mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.075mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>estradiol pttw 0.1mg/24hr</i>	4	QL (16 EA per 28 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol ptwk 0.025mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.05mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.06mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.075mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 0.1mg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol ptwk 37.5mcg/24hr</i>	4	QL (4 EA per 28 days) MO
<i>estradiol tabs 0.5mg</i>	1	MO
<i>estradiol tabs 1mg</i>	1	MO
<i>estradiol tabs 2mg</i>	1	MO
<i>estradiol tabs 10mcg</i>	1	MO
ESTRING RING 7.5MCG/24HR	4	MO
<i>exemestane tabs 25mg</i>	4	MO
FEMRING RING 0.05MG/24HR	4	QL (1 EA per 90 days) ST (FEMRING #2)
FEMRING RING 0.1MG/24HR	4	QL (1 EA per 90 days) ST (FEMRING #2)
KISQALI FEMARA 200 DOSE TBPK 2.5MG; 200MG	5	QL (49 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	QL (70 EA per 28 days) PA (CANCER DRUGS, new starts only)
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	5	QL (91 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
<i>letrozole tabs 2.5mg</i>	1	MO
<i>lyllana pttw 0.025mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.0375mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.05mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.075mg/24hr</i>	4	QL (16 EA per 28 days) MO
<i>lyllana pttw 0.1mg/24hr</i>	4	QL (16 EA per 28 days) MO
MENEST TABS 0.3MG	4	MO
MENEST TABS 0.625MG	4	MO
MENEST TABS 1.25MG	4	MO
<i>mimvey tabs 1mg; 0.5mg</i>	2	MO
PREMARIN CREA 0.625MG/GM	4	MO
<i>raloxifene hydrochloride tabs 60mg</i>	2	MO
SOLTAMOX SOLN 10MG/5ML	5	PA (SOLTAMOX, new starts only) MO
<i>tamoxifen citrate tabs 10mg</i>	2	MO
<i>tamoxifen citrate tabs 20mg</i>	2	MO
<i>toremifene citrate tabs 60mg</i>	5	PA (CANCER DRUGS, new starts only) MO
<i>yuvafem tabs 10mcg</i>	1	MO
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD INJ 22.5MG	3	PA (LEUPROLIDE, new starts only)
ELIGARD INJ 30MG	3	PA (LEUPROLIDE, new starts only)
ELIGARD INJ 45MG	3	PA (LEUPROLIDE, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ELIGARD INJ 7.5MG	3	PA (LEUPROLIDE, new starts only)
FIRMAGON INJ 120MG/VIAL	5	PA (CANCER DRUGS, new starts only)
FIRMAGON INJ 80MG	4	PA (CANCER DRUGS, new starts only)
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	PA (LEUPROLIDE, new starts only)
LEUPROLIDE ACETATE INJ 22.5MG	4	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (1-MONTH) INJ 3.75MG	5	PA (LEUPROLIDE)
LUPRON DEPOT (1-MONTH) INJ 7.5MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (3-MONTH) INJ 11.25MG	5	PA (LEUPROLIDE)
LUPRON DEPOT (3-MONTH) INJ 22.5MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (4-MONTH) INJ 30MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT (6-MONTH) INJ 45MG	5	PA (LEUPROLIDE, new starts only)
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG	5	PA (LEUPROLIDE)
LUPRON DEPOT-PED (1-MONTH) INJ 15MG	5	PA (LEUPROLIDE)
LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG	5	PA (LEUPROLIDE)
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG	5	PA (LEUPROLIDE)

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) INJ 30MG	5	PA (LEUPROLIDE)
MYFEMBREE TABS 1MG; 0.5MG; 40MG	5	QL (1 EA per 1 days) PA (MYFEMBREE)
ORGOVYX TABS 120MG	5	PA (ORGOVYX, new starts only)
ORIAHNN CPPK 300MG; 1MG; 0.5MG	5	QL (2 EA per 1 days) PA (ORIAHNN)
ORILISSA TABS 150MG	5	QL (1 EA per 1 days) PA (ORILISSA)
ORILISSA TABS 200MG	5	QL (2 EA per 1 days) PA (ORILISSA)
SYNAREL SOLN 2MG/ML	5	PA (SYNAREL)
TRELSTAR MIXJECT INJ 11.25MG	3	PA (CANCER DRUGS, new starts only)
TRELSTAR MIXJECT INJ 22.5MG	3	PA (CANCER DRUGS, new starts only)
TRELSTAR MIXJECT INJ 3.75MG	3	PA (CANCER DRUGS, new starts only)
<i>Leptins</i>		
MYALEPT INJ 11.3MG	5	PA (MYALEPT) MO
<i>Parathyroid and Antiparathyroid Agents</i>		
BONSITY INJ 560MCG/2.24ML	5	QL (2.48 ML per 28 days) PA (TERIPARATIDE)
<i>calcitonin salmon inj 200unit/ml</i>	5	
<i>calcitonin salmon soln 200unit/act</i>	2	MO
<i>calcitonin-salmon soln 200unit/act</i>	2	MO
<i>cinacalcet hydrochloride tabs 30mg</i>	2	MO
<i>cinacalcet hydrochloride tabs 60mg</i>	2	MO
<i>cinacalcet hydrochloride tabs 90mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
TERIPARATIDE INJ 560MCG/2.24ML	5	QL (2.48 ML per 28 days) PA (TERIPARATIDE) MO
TYMLOS INJ 3120MCG/1.56ML	5	QL (1.56 ML per 30 days) PA (TYMLOS) MO
YORVIPATH INJ 168MCG/0.56ML	5	QL (1.12 ML per 28 days) PA (YORVIPATH)
YORVIPATH INJ 294MCG/0.98ML	5	QL (1.96 ML per 28 days) PA (YORVIPATH)
YORVIPATH INJ 420MCG/1.4ML	5	QL (2.8 ML per 28 days) PA (YORVIPATH)
<i>Pituitary</i>		
ACTHAR INJ 80UNIT/ML	5	PA (ACTHAR HP)
CORTROPHIN INJ 40UNIT/0.5ML	5	PA (CORTROPHIN)
CORTROPHIN INJ 80UNIT/ML	5	PA (ACTHAR HP)
CORTROPHIN INJ 80UNIT/ML	5	PA (CORTROPHIN)
CRENESSITY CAPS 100MG	5	QL (2 EA per 1 days) PA (CRENESSITY)
CRENESSITY CAPS 25MG	5	QL (2 EA per 1 days) PA (CRENESSITY)
CRENESSITY CAPS 50MG	5	QL (2 EA per 1 days) PA (CRENESSITY)
CRENESSITY SOLN 50MG/ML	5	QL (4 ML per 1 days) PA (CRENESSITY)
<i>desmopressin acetate inj 4mcg/ml</i>	5	
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
<i>desmopressin acetate soln 0.01%</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate soln 0.01%</i>	2	MO
<i>desmopressin acetate tabs 0.1mg</i>	2	MO
<i>desmopressin acetate tabs 0.2mg</i>	2	MO
<i>Progestins</i>		
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
<i>gallifrey tabs 5mg</i>	1	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	
<i>medroxyprogesterone acetate tabs 10mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 2.5mg</i>	1	MO
<i>medroxyprogesterone acetate tabs 5mg</i>	1	MO
<i>megestrol acetate susp 40mg/ml</i>	4	
MEGESTROL ACETATE SUSP 625MG/5ML	4	
<i>megestrol acetate tabs 20mg</i>	4	
<i>megestrol acetate tabs 40mg</i>	4	
<i>norethindrone acetate tabs 5mg</i>	1	MO
<i>progesterone caps 100mg</i>	2	MO
<i>progesterone caps 200mg</i>	2	MO
<i>Somatostatin Agonists and Antagonists</i>		
<i>lanreotide acetate inj 120mg/0.5ml</i>	5	PA (SOMATULINE DEPOT, new starts only)
MYCAPSSA CPDR 20MG	5	QL (4 EA per 1 days) PA (MYCAPSSA)
<i>octreotide acetate inj 1000mcg/ml</i>	5	MO
<i>octreotide acetate inj 100mcg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 10mg</i>	5	PA (SANDOSTATIN LAR)
<i>octreotide acetate inj 200mcg/ml</i>	4	MO
<i>octreotide acetate inj 20mg</i>	5	PA (SANDOSTATIN LAR)
<i>octreotide acetate inj 30mg</i>	5	PA (SANDOSTATIN LAR)
<i>octreotide acetate inj 500mcg/ml</i>	5	MO
<i>octreotide acetate inj 50mcg/ml</i>	4	MO
SIGNIFOR INJ 0.3MG/ML	5	PA (SIGNIFOR) MO
SIGNIFOR INJ 0.6MG/ML	5	PA (SIGNIFOR) MO
SIGNIFOR INJ 0.9MG/ML	5	PA (SIGNIFOR) MO
SOMATULINE DEPOT INJ 60MG/0.2ML	5	PA (SOMATULINE DEPOT)
SOMATULINE DEPOT INJ 90MG/0.3ML	5	PA (SOMATULINE DEPOT)
<i>Somatotropin Agonists and Antagonists</i>		
EGRIFTA SV INJ 2MG	5	QL (1 EA per 1 days) PA (EGRIFTA)
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 0.4MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 0.6MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 0.8MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.2MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.4MG	5	PA (SOMATROPINS) MO

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1.8MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 1MG	5	PA (SOMATROPINS) MO
GENOTROPIN MINIQUICK INJ 2MG	5	PA (SOMATROPINS) MO
GENOTROPIN INJ 12MG	5	PA (SOMATROPINS) MO
GENOTROPIN INJ 5MG	5	PA (SOMATROPINS) MO
HUMATROPE INJ 12MG	5	PA (SOMATROPINS) MO
HUMATROPE INJ 24MG	5	PA (SOMATROPINS) MO
HUMATROPE INJ 6MG	5	PA (SOMATROPINS) MO
INCRELEX INJ 40MG/4ML	5	PA (INCRELEX) LA MO
NORDITROPIN FLEXPRO INJ 10MG/1.5ML	5	PA (SOMATROPINS) MO
NORDITROPIN FLEXPRO INJ 15MG/1.5ML	5	PA (SOMATROPINS) MO
NORDITROPIN FLEXPRO INJ 30MG/3ML	5	PA (SOMATROPINS) MO
NORDITROPIN FLEXPRO INJ 5MG/1.5ML	5	PA (SOMATROPINS) MO
NUTROPIN AQ NUSPIN 10 INJ 10MG/2ML	5	PA (SOMATROPINS) MO

Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 20 INJ 20MG/2ML	5	PA (SOMATROPINS) MO
NUTROPIN AQ NUSPIN 5 INJ 5MG/2ML	5	PA (SOMATROPINS) MO
OMNITROPE INJ 10MG/1.5ML	5	PA (SOMATROPINS) MO
OMNITROPE INJ 5.8MG	5	PA (SOMATROPINS) MO
OMNITROPE INJ 5MG/1.5ML	5	PA (SOMATROPINS) MO
SOMAVERT INJ 10MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 15MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 20MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 25MG	5	PA (SOMAVERT) LA MO
SOMAVERT INJ 30MG	5	PA (SOMAVERT) LA MO
ZORBTIVE INJ 8.8MG	5	PA (SOMATROPINS) LA MO
<i>Thyroid and Antithyroid Agents</i>		
ADTHYZA TABS 120MG	4	MO
ADTHYZA TABS 15MG	4	MO
ADTHYZA TABS 30MG	4	MO
ADTHYZA TABS 60MG	4	MO
ADTHYZA TABS 90MG	4	MO
ARMOUR THYROID TABS 120MG	4	MO
ARMOUR THYROID TABS 15MG	4	MO
ARMOUR THYROID TABS 180MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS 240MG	4	MO
ARMOUR THYROID TABS 300MG	4	MO
ARMOUR THYROID TABS 30MG	4	MO
ARMOUR THYROID TABS 60MG	4	MO
ARMOUR THYROID TABS 90MG	4	MO
EVEXITHROID TABS 120MG	4	MO
EVEXITHROID TABS 15MG	4	MO
EVEXITHROID TABS 180MG	4	MO
EVEXITHROID TABS 30MG	4	MO
EVEXITHROID TABS 45MG	4	MO
EVEXITHROID TABS 60MG	4	MO
EVEXITHROID TABS 75MG	4	MO
EVEXITHROID TABS 90MG	4	MO
<i>levo-t tabs 100mcg</i>	1	MO
<i>levo-t tabs 112mcg</i>	1	MO
<i>levo-t tabs 125mcg</i>	1	MO
<i>levo-t tabs 137mcg</i>	1	MO
<i>levo-t tabs 150mcg</i>	1	MO
<i>levo-t tabs 175mcg</i>	1	MO
<i>levo-t tabs 200mcg</i>	1	MO
<i>levo-t tabs 25mcg</i>	1	MO
<i>levo-t tabs 300mcg</i>	1	MO
<i>levo-t tabs 50mcg</i>	1	MO
<i>levo-t tabs 75mcg</i>	1	MO
<i>levo-t tabs 88mcg</i>	1	MO
<i>levothyroxine sodium inj 100mcg</i>	4	
<i>levothyroxine sodium inj 200mcg</i>	4	
<i>levothyroxine sodium inj 500mcg</i>	4	
<i>levothyroxine sodium tabs 100mcg</i>	1	MO
<i>levothyroxine sodium tabs 112mcg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tabs 125mcg</i>	1	MO
<i>levothyroxine sodium tabs 137mcg</i>	1	MO
<i>levothyroxine sodium tabs 150mcg</i>	1	MO
<i>levothyroxine sodium tabs 175mcg</i>	1	MO
<i>levothyroxine sodium tabs 200mcg</i>	1	MO
<i>levothyroxine sodium tabs 25mcg</i>	1	MO
<i>levothyroxine sodium tabs 300mcg</i>	1	MO
<i>levothyroxine sodium tabs 50mcg</i>	1	MO
<i>levothyroxine sodium tabs 75mcg</i>	1	MO
<i>levothyroxine sodium tabs 88mcg</i>	1	MO
<i>levoxyl tabs 100mcg</i>	4	MO
<i>levoxyl tabs 112mcg</i>	4	MO
<i>levoxyl tabs 125mcg</i>	4	MO
<i>levoxyl tabs 137mcg</i>	4	MO
<i>levoxyl tabs 150mcg</i>	4	MO
<i>levoxyl tabs 175mcg</i>	4	MO
<i>levoxyl tabs 200mcg</i>	4	MO
<i>levoxyl tabs 25mcg</i>	4	MO
<i>levoxyl tabs 50mcg</i>	4	MO
<i>levoxyl tabs 75mcg</i>	4	MO
<i>levoxyl tabs 88mcg</i>	4	MO
<i>liothyronine sodium tabs 25mcg</i>	2	MO
<i>liothyronine sodium tabs 50mcg</i>	2	MO
<i>liothyronine sodium tabs 5mcg</i>	2	MO
<i>methimazole tabs 10mg</i>	2	MO
<i>methimazole tabs 5mg</i>	2	MO
NP THYROID 120 TABS 120MG	4	MO
NP THYROID 15 TABS 15MG	4	MO
NP THYROID 30 TABS 30MG	4	MO
NP THYROID 60 TABS 60MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
NP THYROID 90 TABS 90MG	4	MO
<i>propylthiouracil tabs 50mg</i>	4	MO
RENTHYROID TABS 120MG	4	MO
RENTHYROID TABS 15MG	4	MO
RENTHYROID TABS 30MG	4	MO
RENTHYROID TABS 45MG	4	MO
RENTHYROID TABS 60MG	4	MO
RENTHYROID TABS 75MG	4	MO
RENTHYROID TABS 90MG	4	MO
REZDIFFRA TABS 100MG	5	QL (1 EA per 1 days) PA (REZDIFFRA)
REZDIFFRA TABS 60MG	5	QL (1 EA per 1 days) PA (REZDIFFRA)
REZDIFFRA TABS 80MG	5	QL (1 EA per 1 days) PA (REZDIFFRA)
SYNTHROID TABS 100MCG	3	MO
SYNTHROID TABS 112MCG	3	MO
SYNTHROID TABS 125MCG	3	MO
SYNTHROID TABS 137MCG	3	MO
SYNTHROID TABS 150MCG	3	MO
SYNTHROID TABS 175MCG	3	MO
SYNTHROID TABS 200MCG	3	MO
SYNTHROID TABS 25MCG	3	MO
SYNTHROID TABS 300MCG	3	MO
SYNTHROID TABS 50MCG	3	MO
SYNTHROID TABS 75MCG	3	MO
SYNTHROID TABS 88MCG	3	MO
TIROSINT-SOL SOLN 100MCG/ML	4	PA (TIROSINT SOLUTION) MO

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLN 112MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 125MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 137MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 13MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 150MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 175MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 200MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 25MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 37.5MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 44MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 50MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 62.5MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 75MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 88MCG/ML	4	PA (TIROSINT SOLUTION) MO
<i>unithroid tabs 100mcg</i>	4	MO
<i>unithroid tabs 112mcg</i>	4	MO
<i>unithroid tabs 125mcg</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>unithroid tabs 137mcg</i>	4	MO
<i>unithroid tabs 150mcg</i>	4	MO
<i>unithroid tabs 175mcg</i>	4	MO
<i>unithroid tabs 200mcg</i>	4	MO
<i>unithroid tabs 25mcg</i>	4	MO
<i>unithroid tabs 300mcg</i>	4	MO
<i>unithroid tabs 50mcg</i>	4	MO
<i>unithroid tabs 75mcg</i>	4	MO
<i>unithroid tabs 88mcg</i>	4	MO
Immunomodulatory Agents		
<i>Bone-modifying Agents</i>		
EVENITY INJ 105MG/1.17ML	5	QL (2.34 ML per 28 days) PA (EVENITY)
JUBBONTI INJ 60MG/ML	3	QL (1 ML per 180 days)
OSENVELT INJ 120MG/1.7ML	5	PA (OSENVELT)
STOBOCLO INJ 60MG/ML	3	QL (1 ML per 180 days)
WYOST INJ 120MG/1.7ML	5	PA (WYOST)
XGEVA INJ 120MG/1.7ML	5	PA (XGEVA)
<i>Complement Inhibitor Agents</i>		
FABHALTA CAPS 200MG	5	QL (2 EA per 1 days) PA (FABHALTA)
TAVNEOS CAPS 10MG	5	QL (6 EA per 1 days) PA (TAVNEOS)
<i>Disease-modifying Antirheumatic Drugs</i>		
ACTEMRA ACTPEN INJ 162MG/0.9ML	5	PA (TOCILIZUMAB)
ACTEMRA INJ 162MG/0.9ML	5	PA (TOCILIZUMAB)
ADALIMUMAB-AATY 1-PEN KIT INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 1-PEN KIT INJ 80MG/0.8ML	5	QL (3 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 2-PEN KIT INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 2-SYRINGE INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY 2-SYRINGE INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 10MG/0.2ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 20MG/0.4ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.4ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
AVSOLA INJ 100MG	5	PA (INFLIXIMAB)
BENLYSTA INJ 120MG	5	PA (BENLYSTA)
BENLYSTA INJ 200MG/ML	5	QL (8 ML per 28 days) PA (BENLYSTA) MO
BENLYSTA INJ 200MG/ML	5	QL (8 ML per 28 days) PA (BENLYSTA) MO
BENLYSTA INJ 400MG	5	PA (BENLYSTA)
CIMZIA STARTER KIT INJ 200MG/ML	5	QL (3 EA per 180 days) PA (CIMZIA) MO

Drug Name	Drug Tier	Requirements/Limits
CIMZIA INJ 200MG/ML	5	QL (1 EA per 28 days) PA (CIMZIA) MO
CIMZIA INJ 200MG	5	QL (1 EA per 28 days) PA (CIMZIA)
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX UNOREADY INJ 300MG/2ML	5	PA (COSENTYX)
COSENTYX INJ 125MG/5ML	5	PA (COSENTYX)
COSENTYX INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX INJ 150MG/ML	5	PA (COSENTYX) MO
COSENTYX INJ 75MG/0.5ML	5	PA (COSENTYX) MO
ENBREL MINI INJ 50MG/ML	5	QL (8 ML per 28 days) PA (ENBREL) MO
ENBREL SURECLICK INJ 50MG/ML	5	QL (8 ML per 28 days) PA (ENBREL) MO
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA (ENBREL) MO
ENBREL INJ 25MG/0.5ML	5	QL (4 ML per 28 days) PA (ENBREL)
ENBREL INJ 50MG/ML	5	QL (8 ML per 28 days) PA (ENBREL) MO
ENTYVIO PEN INJ 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA (ENTYVIO)
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0	5	QL (2 EA per 180 days) PA (ADALIMUMAB) MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-CD/UC/HS STARTER INJ 40MG/0.8ML	5	QL (6 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL (3 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-PEDIATRIC UC STARTER PACK INJ 80MG/0.8ML	5	QL (4 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL (3 EA per 180 days) PA (ADALIMUMAB) MO
HUMIRA PEN INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA PEN INJ 40MG/0.8ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA PEN INJ 80MG/0.8ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 10MG/0.1ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 20MG/0.2ML	5	QL (2 EA per 28 days) PA (ADALIMUMAB) MO

Drug Name	Drug Tier	Requirements/Limits
HUMIRA INJ 40MG/0.4ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
HUMIRA INJ 40MG/0.8ML	5	QL (4 EA per 28 days) PA (ADALIMUMAB) MO
INFLECTRA INJ 100MG	5	PA (INFLIXIMAB)
KINERET INJ 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA (KINERET) MO
<i>leflunomide tabs 10mg</i>	2	MO
<i>leflunomide tabs 20mg</i>	2	MO
LUPKYNIS CAPS 7.9MG	5	QL (6 EA per 1 days) PA (LUPKYNIS)
ORENCIA CLICKJECT INJ 125MG/ML	5	PA (ORENCIA) MO
ORENCIA INJ 125MG/ML	5	PA (ORENCIA) MO
ORENCIA INJ 250MG	5	PA (ORENCIA) MO
ORENCIA INJ 50MG/0.4ML	5	PA (ORENCIA) MO
ORENCIA INJ 87.5MG/0.7ML	5	PA (ORENCIA) MO
OTEZLA XR TB24 75MG	5	QL (1 EA per 1 days) PA (OTEZLA) MO
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TBPK 0	5	QL (41 EA per 180 days) PA (OTEZLA)
OTEZLA TABS 20MG	5	QL (2 EA per 1 days) PA (OTEZLA)
OTEZLA TABS 30MG	5	QL (60 EA per 30 days) PA (OTEZLA) MO
OTEZLA TBPK 0	5	QL (110 EA per 365 days) PA (OTEZLA)

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TBPK 0	5	QL (55 EA per 180 days) PA (OTEZLA)
RINVOQ LQ SOLN 1MG/ML	5	QL (12 ML per 1 days) PA (RINVOQ)
RINVOQ TB24 15MG	5	QL (1 EA per 1 days) PA (RINVOQ) MO
RINVOQ TB24 30MG	5	QL (1 EA per 1 days) PA (RINVOQ) MO
RINVOQ TB24 45MG	5	QL (1 EA per 1 days) PA (RINVOQ) MO
SAPHNELO INJ 300MG/2ML	5	PA (SAPHNELO)
SIMPONI ARIA INJ 50MG/4ML	5	PA (SIMPONI) MO
SIMPONI INJ 100MG/ML	5	QL (1 ML per 28 days) PA (SIMPONI) MO
SIMPONI INJ 100MG/ML	5	QL (1 ML per 28 days) PA (SIMPONI) MO
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 30 days) PA (SIMPONI) MO
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 30 days) PA (SIMPONI) MO
STELARA INJ 130MG/26ML	5	QL (104 ML per 84 days) PA (USTEKINUMAB)
STELARA INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
STELARA INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
STEQEYMA INJ 130MG/26ML	5	QL (104 ML per 180 days) PA (USTEKINUMAB)
STEQEYMA INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
STEQEYMA INJ 45MG/0.5ML	3	QL (3 ML per 84 days) PA (USTEKINUMAB)
STEQEYMA INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
TALTZ INJ 20MG/0.25ML	5	PA (TALTZ)
TALTZ INJ 40MG/0.5ML	5	PA (TALTZ)
TALTZ INJ 80MG/ML	5	PA (TALTZ) MO
TALTZ INJ 80MG/ML	5	PA (TALTZ) MO
USTEKINUMAB INJ 130MG/26ML	5	QL (104 ML per 84 days) PA (USTEKINUMAB)
USTEKINUMAB INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
USTEKINUMAB INJ 45MG/0.5ML	5	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
USTEKINUMAB INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
XELJANZ XR TB24 11MG	5	QL (1 EA per 1 days) PA (XELJANZ)
XELJANZ XR TB24 22MG	5	QL (1 EA per 1 days) PA (XELJANZ)

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1MG/ML	5	PA (XELJANZ)
XELJANZ TABS 10MG	5	QL (2 EA per 1 days) PA (XELJANZ)
XELJANZ TABS 5MG	5	QL (2 EA per 1 days) PA (XELJANZ)
YESINTEK INJ 130MG/26ML	5	QL (104 ML per 180 days) PA (USTEKINUMAB)
YESINTEK INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
YESINTEK INJ 45MG/0.5ML	3	QL (1.5 ML per 84 days) PA (USTEKINUMAB)
YESINTEK INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)
<i>Immunomodulatory Agents</i>		
<i>everolimus tabs 0.25mg</i>	4	B/D MO
<i>everolimus tabs 0.5mg</i>	5	B/D MO
<i>everolimus tabs 0.75mg</i>	5	B/D MO
<i>everolimus tabs 1mg</i>	5	B/D MO
<i>Immunosuppressive Therapy</i>		
ASTAGRAF XL CP24 0.5MG	4	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CP24 1MG	4	PA (ASTAGRAF, new starts only) MO
ASTAGRAF XL CP24 5MG	5	PA (ASTAGRAF, new starts only) MO
ATGAM INJ 50MG/ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN, new starts only)

Drug Name	Drug Tier	Requirements/Limits
AZATHIOPRINE INJ 100MG	5	B/D
<i>azathioprine tabs 100mg</i>	2	B/D MO
<i>azathioprine tabs 50mg</i>	2	B/D MO
<i>azathioprine tabs 75mg</i>	2	B/D MO
<i>cyclosporine modified caps 100mg</i>	2	B/D MO
<i>cyclosporine modified caps 25mg</i>	2	
<i>cyclosporine modified caps 50mg</i>	2	B/D MO
<i>cyclosporine modified soln 100mg/ml</i>	2	B/D MO
<i>cyclosporine caps 100mg</i>	2	B/D MO
<i>cyclosporine caps 25mg</i>	2	B/D MO
<i>engraf caps 100mg</i>	2	B/D MO
<i>engraf caps 25mg</i>	2	MO
<i>engraf soln 100mg/ml</i>	2	B/D MO
<i>mycophenolate mofetil caps 250mg</i>	2	B/D MO
NULOJIX INJ 250MG	5	PA (NULOJIX, new starts only)
PROGRAF PACK 0.2MG	4	B/D MO
PROGRAF PACK 1MG	4	B/D MO
<i>sirolimus soln 1mg/ml</i>	4	B/D MO
<i>sirolimus tabs 0.5mg</i>	4	B/D MO
<i>sirolimus tabs 1mg</i>	2	B/D MO
<i>sirolimus tabs 2mg</i>	4	B/D MO
<i>tacrolimus caps 0.5mg</i>	2	B/D MO
<i>tacrolimus caps 1mg</i>	2	B/D MO
<i>tacrolimus caps 5mg</i>	2	B/D MO
THYMOGLOBULIN INJ 25MG	5	PA (INTRAVENOUS IMMUNE GLOBULIN, new starts only)
VOYXACT INJ 400MG/2ML	5	QL (2 ML per 28 days) PA (VOYXACT)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR INJ 150MG/ML	5	PA (XOLAIR)
XOLAIR INJ 150MG/ML	5	PA (XOLAIR) LA
XOLAIR INJ 150MG	5	PA (XOLAIR) LA
XOLAIR INJ 300MG/2ML	5	PA (XOLAIR)
XOLAIR INJ 300MG/2ML	5	PA (XOLAIR)
XOLAIR INJ 75MG/0.5ML	5	PA (XOLAIR)
XOLAIR INJ 75MG/0.5ML	5	PA (XOLAIR) LA
<i>Multiple Sclerosis Agents</i>		
AVONEX PEN INJ 30MCG/0.5ML	5	QL (4 EA per 28 days) MO
AVONEX INJ 30MCG/0.5ML	5	QL (1 EA per 28 days) MO
BETASERON INJ 0.3MG	5	QL (14 EA per 28 days) MO
<i>fingolimod hydrochloride caps 0.5mg</i>	5	QL (1 EA per 1 days) PA (FINGOLIMOD) MO
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (1 ML per 1 days) MO
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) MO
<i>glatopa inj 20mg/ml</i>	5	QL (1 ML per 1 days) MO
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) MO
MAYZENT STARTER PACK TBPK 0.25MG	3	QL (7 EA per 180 days) PA (MAYZENT)
MAYZENT STARTER PACK TBPK 0.25MG	5	QL (12 EA per 180 days) PA (MAYZENT)
MAYZENT TABS 0.25MG	5	QL (4 EA per 1 days) PA (MAYZENT) MO

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TABS 1MG	5	QL (1 EA per 1 days) PA (MAYZENT)
MAYZENT TABS 2MG	5	QL (1 EA per 1 days) PA (MAYZENT) MO
<i>teriflunomide tabs 14mg</i>	5	PA (TERIFLUNOMIDE) MO
<i>teriflunomide tabs 7mg</i>	5	PA (TERIFLUNOMIDE) MO
<i>Myasthenia Gravis Agents</i>		
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	QL (20 ML per 28 days) PA (VYVGART HYTRULO)
ZILBRYSQ INJ 16.6MG/0.416ML	5	QL (0.42 ML per 1 days) PA (ZILBRYSQ)
ZILBRYSQ INJ 23MG/0.574ML	5	QL (0.58 ML per 1 days) PA (ZILBRYSQ)
ZILBRYSQ INJ 32.4MG/0.81ML	5	QL (0.81 ML per 1 days) PA (ZILBRYSQ)
<i>Neuromyelitis Optica Spectrum Disorder Agents</i>		
ENSPRYNG INJ 120MG/ML	5	QL (3 ML per 28 days) PA (ENSPRYNG)
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride caps 0.5mg</i>	2	MO
<i>finasteride tabs 5mg</i>	1	MO
<i>Antigout Agents</i>		
<i>allopurinol tabs 100mg</i>	1	MO
<i>allopurinol tabs 300mg</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat tabs 40mg</i>	2	QL (1 EA per 1 days) MO
<i>febuxostat tabs 80mg</i>	2	QL (1 EA per 1 days) MO
<i>Antisense Oligonucleotides</i>		
EXONDYS 51 INJ 100MG/2ML	5	PA (EXONDYS)
EXONDYS 51 INJ 500MG/10ML	5	PA (EXONDYS)
TEGSEDI INJ 284MG/1.5ML	5	QL (6 ML per 28 days) PA (TEGSEDI) MO
WAINUA INJ 45MG/0.8ML	5	QL (0.8 ML per 28 days) PA (WAINUA)
<i>Bone Resorption Inhibitors</i>		
<i>alendronate sodium soln 70mg/75ml</i>	4	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
<i>alendronate sodium tabs 35mg</i>	1	QL (4 EA per 28 days) MO
<i>alendronate sodium tabs 5mg</i>	1	QL (1 EA per 1 days)
<i>alendronate sodium tabs 70mg</i>	1	QL (4 EA per 28 days) MO
<i>ibandronate sodium inj 3mg/3ml</i>	2	
<i>ibandronate sodium tabs 150mg</i>	1	QL (1 EA per 28 days) MO
<i>pamidronate disodium inj 30mg/10ml</i>	2	PA (PARENTERAL BISPHOSPHONATES)
PAMIDRONATE DISODIUM INJ 6MG/ML	4	PA (PARENTERAL BISPHOSPHONATES)
<i>pamidronate disodium inj 90mg/10ml</i>	2	PA (PARENTERAL BISPHOSPHONATES)

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 30mg</i>	2	QL (1 EA per 1 days) PA (RISEDRONATE)
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 35mg</i>	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO
<i>risedronate sodium tabs 5mg</i>	2	QL (1 EA per 1 days) PA (RISEDRONATE) MO
ZOLEDRONIC ACID INJ 4MG/100ML	4	PA (PARENTERAL BISPHOSPHONATES, new starts only)
<i>zoledronic acid inj 4mg/5ml</i>	2	PA (PARENTERAL BISPHOSPHONATES, new starts only)
<i>zoledronic acid inj 5mg/100ml</i>	2	PA (PARENTERAL BISPHOSPHONATES)
<i>Immunomodulatory Agents</i>		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA (ACTIMMUNE, new starts only) LA MO
<i>dimethyl fumarate starterpack cdpk 0</i>	4	
<i>dimethyl fumarate cpdr 120mg</i>	2	MO
<i>dimethyl fumarate cpdr 240mg</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
JOENJA TABS 70MG	5	QL (2 EA per 1 days) PA (JOENJA)
OCREVUS ZUNOVO INJ 23000UNIT/23ML; 920MG/23ML	5	QL (23 ML per 180 days) PA (OCREVUS)
OCREVUS INJ 300MG/10ML	5	QL (20 ML per 180 days) PA (OCREVUS)
THALOMID CAPS 100MG	5	PA (THALOMID, new starts only) MO
THALOMID CAPS 150MG	5	PA (THALOMID, new starts only) MO
THALOMID CAPS 200MG	5	PA (THALOMID, new starts only) MO
THALOMID CAPS 50MG	5	PA (THALOMID, new starts only) MO
TYSABRI INJ 300MG/15ML	5	PA (TYSABRI) LA
<i>Immunosuppressive Agents</i>		
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D MO
<i>mycophenolate mofetil tabs 500mg</i>	2	B/D MO
<i>mycophenolic acid dr tbec 180mg</i>	2	B/D MO
<i>mycophenolic acid dr tbec 360mg</i>	2	B/D MO
MYHIBBIN SUSP 200MG/ML	5	B/D
<i>Kallikrein-Kinin System Inhibitors</i>		
EMPAVELI INJ 1080MG/20ML	5	QL (160 ML per 30 days) PA (EMPAVELI)
HAEGARDA INJ 2000UNIT	5	PA (HAEGARDA)
HAEGARDA INJ 3000UNIT	5	PA (HAEGARDA)
VOYDEYA TABS 100MG	5	QL (6 EA per 1 days) PA (VOYDEYA)
VOYDEYA TBPK 0	5	QL (6 EA per 1 days) PA (VOYDEYA)
<i>Other Miscellaneous Therapeutic Agents</i>		

Drug Name	Drug Tier	Requirements/Limits
AQNEURSA PACK 1GM	5	PA (AQNEURSA)
<i>betaine anhydrous powd 0</i>	5	PA (CYSTADANE) MO
BOTOX INJ 100UNIT	4	PA (BOTULINUM TOXINS)
BOTOX INJ 200UNIT	4	PA (BOTULINUM TOXINS)
CYSTAGON CAPS 150MG	4	LA MO
CYSTAGON CAPS 50MG	4	LA MO
DUVYZAT SUSP 8.86MG/ML	5	QL (12 ML per 1 days) PA (DUVYZAT)
ELMIRON CAPS 100MG	5	PA (PENTOSAN POLYSULFATE SODIUM)
EVRYSDI SOLR 0.75MG/ML	5	QL (6.67 ML per 1 days) PA (EVRYSDI)
EVRYSDI TABS 5MG	5	QL (1 EA per 1 days) PA (EVRYSDI)
<i>l-glutamine pack 5gm</i>	5	PA (ENDARI)
<i>levocarnitine sf soln 1gm/10ml</i>	4	MO
<i>levocarnitine soln 1gm/10ml</i>	4	MO
<i>levocarnitine tabs 330mg</i>	4	MO
LODOCO TABS 0.5MG	4	QL (1 EA per 1 days) PA (LODOCO) MO
REZUROCK TABS 200MG	5	QL (2 EA per 1 days) PA (REZUROCK)
RIVFLOZA INJ 128MG/0.8ML	5	QL (0.8 ML per 28 days) PA (RIVFLOZA)
RIVFLOZA INJ 160MG/ML	5	QL (1 ML per 28 days) PA (RIVFLOZA)

Drug Name	Drug Tier	Requirements/Limits
RIVFLOZA INJ 80MG/0.5ML	5	QL (1 ML per 28 days) PA (RIVFLOZA)
SKYCLARYS CAPS 50MG	5	QL (3 EA per 1 days) PA (SKYCLARYS)
SOHONOS CAPS 1.5MG	4	QL (2 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 10MG	4	QL (2 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 1MG	5	QL (4 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 2.5MG	4	QL (1 EA per 1 days) PA (SOHONOS)
SOHONOS CAPS 5MG	4	QL (1 EA per 1 days) PA (SOHONOS)
TYBOST TABS 150MG	3	MO
VIJOICE PACK 50MG	5	QL (1 EA per 1 days) PA (VIJOICE)
VIJOICE TBPK 0	5	QL (2 EA per 1 days) PA (VIJOICE)
VIJOICE TBPK 125MG	5	QL (1 EA per 1 days) PA (VIJOICE)
VIJOICE TBPK 50MG	5	QL (1 EA per 1 days) PA (VIJOICE)
VOXZOGO INJ 0.4MG	5	QL (1 EA per 1 days) PA (VOXZOGO)
VOXZOGO INJ 0.56MG	5	QL (1 EA per 1 days) PA (VOXZOGO)
VOXZOGO INJ 1.2MG	5	QL (1 EA per 1 days) PA (VOXZOGO)
XEOMIN INJ 100UNIT	5	PA (BOTULINUM TOXINS)

Drug Name	Drug Tier	Requirements/Limits
XEOMIN INJ 200UNIT	5	PA (BOTULINUM TOXINS)
XEOMIN INJ 50UNIT	5	PA (BOTULINUM TOXINS)
<i>Protective Agents</i>		
<i>dalfampridine er tb12 10mg</i>	2	QL (2 EA per 1 days) PA (DALFAMPRIDINE) MO
<i>mesna tabs 400mg</i>	5	
Oxytocics		
<i>Oxytocics</i>		
<i>mifepristone tabs 200mg</i>	2	QL (1 EA per 1 days)
Respiratory Tract Agents		
<i>Anti-inflammatory Agents</i>		
ARCALYST INJ 220MG	5	PA (ARCALYST) LA MO
BRINSUPRI TABS 10MG	5	QL (1 EA per 1 days) PA (BRINSUPRI)
BRINSUPRI TABS 25MG	5	QL (1 EA per 1 days) PA (BRINSUPRI)
<i>cromolyn sodium conc 100mg/5ml</i>	4	MO
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
FASENRA PEN INJ 30MG/ML	5	PA (FASENRA)
FASENRA INJ 10MG/0.5ML	4	PA (FASENRA)
FASENRA INJ 30MG/ML	5	PA (FASENRA)
<i>montelukast sodium chew 4mg</i>	2	QL (1 EA per 1 days) MO
<i>montelukast sodium chew 5mg</i>	2	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium pack 4mg</i>	2	QL (1 EA per 1 days) MO
<i>montelukast sodium tabs 10mg</i>	1	QL (1 EA per 1 days) MO
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA (NUCALA) MO
NUCALA INJ 100MG/ML	5	QL (3 ML per 28 days) PA (NUCALA) MO
NUCALA INJ 100MG	5	QL (3 EA per 28 days) PA (NUCALA) MO
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA (NUCALA) MO
<i>zafirlukast tabs 10mg</i>	4	QL (2 EA per 1 days) MO
<i>zafirlukast tabs 20mg</i>	4	QL (2 EA per 1 days) MO
<i>Antifibrotic Agents</i>		
<i>nintedanib esylate caps 100mg</i>	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>nintedanib esylate caps 150mg</i>	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
OFEV CAPS 100MG	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS 150MG	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>pirfenidone caps 267mg</i>	5	QL (9 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>pirfenidone tabs 267mg</i>	5	QL (6 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
PIRFENIDONE TABS 534MG	5	QL (3 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>pirfenidone tabs 801mg</i>	5	QL (3 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
<i>Antitussives</i>		
<i>promethazine dm syrp 15mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine hydrochloride/dextromethorphan hydrobromide syrp 15mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine vc/codeine syrp 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>promethazine/codeine soln 10mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine/dextromethorphan syrup</i> <i>15mg/5ml; 6.25mg/5ml</i>	2	QL (420 ML per 30 days) ED
<i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i>		
ALYFTREK TABS 125MG; 50MG; 10MG	5	QL (2 EA per 1 days) PA (ALYFTREK)
ALYFTREK TABS 50MG; 20MG; 4MG	5	QL (3 EA per 1 days) PA (ALYFTREK)
KALYDECO PACK 13.4MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 25MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 5.8MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 50MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO PACK 75MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
KALYDECO TABS 150MG	5	QL (2 EA per 1 days) PA (KALYDECO) MO
ORKAMBI PACK 125MG; 100MG	5	QL (2 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI PACK 188MG; 150MG	5	QL (2 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI PACK 94MG; 75MG	5	QL (2 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI TABS 125MG; 100MG	5	QL (4 EA per 1 days) PA (ORKAMBI) MO
ORKAMBI TABS 125MG; 200MG	5	QL (4 EA per 1 days) PA (ORKAMBI) MO

Drug Name	Drug Tier	Requirements/Limits
SYMDEKO TBPK 150MG; 100MG	5	QL (2 EA per 1 days) PA (SYMDEKO) MO
SYMDEKO TBPK 75MG; 50MG	5	QL (2 EA per 1 days) PA (SYMDEKO) MO
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (3 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA TBPK 50MG; 0; 25MG	5	QL (3 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA THPK 100MG; 0; 50MG	5	QL (2 EA per 1 days) PA (TRIKAFTA) MO
TRIKAFTA THPK 80MG; 0; 40MG	5	QL (2 EA per 1 days) PA (TRIKAFTA) MO
<i>Mucolytic Agents</i>		
PULMOZYME SOLN 2.5MG/2.5ML	5	QL (150 ML per 30 days) B/D MO
<i>Phosphodiesterase Type 4 Inhibitors</i>		
<i>roflumilast tabs 250mcg</i>	2	QL (1 EA per 1 days) MO
<i>roflumilast tabs 500mcg</i>	2	QL (1 EA per 1 days) MO
<i>Respiratory Tract Agents, Miscellaneous</i>		
BRONCHITOL CAPS 40MG	5	QL (560 EA per 28 days) PA (BRONCHITOL)
WINREVAIR INJ 0	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 0	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 45MG	5	QL (1 EA per 21 days) PA (WINREVAIR)

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR INJ 60MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
<i>Vasodilating Agents</i>		
ADEMPAS TABS 0.5MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 1.5MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 1MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 2.5MG	5	PA (RIOCIGUAT) MO
ADEMPAS TABS 2MG	5	PA (RIOCIGUAT) MO
<i>alyq tabs 20mg</i>	4	QL (2 EA per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
<i>ambrisentan tabs 10mg</i>	5	PA (AMBRISENTAN) LA MO
<i>ambrisentan tabs 5mg</i>	5	PA (AMBRISENTAN) LA MO
<i>bosentan tabs 125mg</i>	5	PA (BOSENTAN) LA MO
<i>bosentan tabs 62.5mg</i>	5	PA (BOSENTAN) LA MO
<i>bosentan tbso 32mg</i>	5	QL (4 EA per 1 days) PA (BOSENTAN) MO
FILSPARI TABS 200MG	5	QL (1 EA per 1 days) PA (FILSPARI)
FILSPARI TABS 400MG	5	QL (2 EA per 1 days) PA (FILSPARI)
OPSUMIT TABS 10MG	5	QL (1 EA per 1 days) PA (OPSUMIT) MO

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	4	QL (336 EA per 365 days) PA (ORENITRAM)
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	4	QL (672 EA per 365 days) PA (ORENITRAM)
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	4	QL (504 EA per 365 days) PA (ORENITRAM)
ORENITRAM TBCR 0.125MG	4	PA (ORENITRAM)
ORENITRAM TBCR 0.25MG	4	PA (ORENITRAM)
ORENITRAM TBCR 1MG	4	PA (ORENITRAM)
ORENITRAM TBCR 2.5MG	4	PA (ORENITRAM)
ORENITRAM TBCR 5MG	4	PA (ORENITRAM)
<i>sildenafil citrate susr 10mg/ml</i>	5	QL (6 ML per 1 days) PA (SILDENAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
<i>sildenafil citrate tabs 20mg</i>	2	QL (3 EA per 1 days) PA (SILDENAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil tabs 20mg</i>	4	QL (2 EA per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
TADLIQ SUSP 20MG/5ML	5	QL (10 ML per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION))
<i>treprostinil inj 100mg/20ml</i>	5	PA (TREPROSTINIL) LA
<i>treprostinil inj 200mg/20ml</i>	5	PA (TREPROSTINIL) LA
<i>treprostinil inj 20mg/20ml</i>	5	PA (TREPROSTINIL) LA
<i>treprostinil inj 50mg/20ml</i>	5	PA (TREPROSTINIL) LA
TRYVIO TABS 12.5MG	4	QL (1 EA per 1 days) PA (TRYVIO) MO
VANRAFIA TABS 0.75MG	5	QL (1 EA per 1 days) PA (VANRAFIA)
YUTREPIA CAPS 106MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
YUTREPIA CAPS 26.5MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
YUTREPIA CAPS 53MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)
YUTREPIA CAPS 79.5MCG	5	QL (5 EA per 1 days) PA (YUTREPIA)

Drug Name	Drug Tier	Requirements/Limits
Skin and Mucous Membrane Agents		
<i>Anti-infectives</i>		
<i>acyclovir crea 5%</i>	4	PA (TOPICAL ANTIVIRALS)
<i>acyclovir oint 5%</i>	4	PA (TOPICAL ANTIVIRALS)
<i>ciclodan soln 8%</i>	2	
<i>ciclopirox nail lacquer soln 8%</i>	2	
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	2	
<i>ciclopirox susp 0.77%</i>	2	
<i>clindamycin phosphate (once-daily) gel 1%</i>	2	
<i>clindamycin phosphate (twice-daily) gel 1%</i>	2	
<i>clindamycin phosphate crea 2%</i>	4	
<i>clindamycin phosphate lotn 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	2	
<i>clotrimazole/betamethasone dipropionate crea 0.05%; 1%</i>	1	
CLOTRIMAZOLE/BETAMETHASON E DIPROPIONATE LOTN 0.05%; 1%	4	
<i>clotrimazole crea 1%</i>	1	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troc 10mg</i>	2	
<i>econazole nitrate crea 1%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>ketconazole crea 2%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole sham 2%</i>	2	
<i>klayesta powd 100000unit/gm</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	4	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	1	
MICONAZOLE 3 SUPP 200MG	4	
<i>mupirocin oint 2%</i>	1	
<i>nyamyc powd 100000unit/gm</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop powd 100000unit/gm</i>	2	
<i>penciclovir crea 1%</i>	2	PA (TOPICAL ANTIVIRALS)
<i>permethrin crea 5%</i>	2	
<i>selenium sulfide lotn 2.5%</i>	2	
<i>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
<i>terconazole crea 0.4%</i>	2	
<i>terconazole crea 0.8%</i>	2	
ZELSUVMI GEL 10.3%	5	QL (31 GM per 60 days) PA (ZELSUVMI)
<i>Anti-inflammatory Agents</i>		
ADBRY INJ 300MG/2ML	5	QL (6 ML per 28 days) PA (ADBRY)
<i>ala-cort crea 1%</i>	1	
<i>alclometasone dipropionate crea 0.05%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
ALCLOMETASONE DIPROPIONATE OINT 0.05%	4	
AMCINONIDE LOTN 0.1%	4	
AMCINONIDE OINT 0.1%	4	
ANZUPGO CREA 20MG/GM	5	QL (60 GM per 30 days) PA (ANZUPGO)
<i>betamethasone dipropionate augmented crea 0.05%</i>	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	4	
<i>betamethasone dipropionate augmented lotn 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate crea 0.05%</i>	2	
<i>betamethasone dipropionate lotn 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate crea 0.1%</i>	2	
BETAMETHASONE VALERATE LOTN 0.1%	4	
<i>betamethasone valerate oint 0.1%</i>	2	
<i>brimonidine tartrate/timolol maleate soln 0.2%; 0.5%</i>	4	ST (BRIMONIDINE/TIMOLOL #2) MO
<i>budesonide foam 2mg</i>	2	
<i>clobetasol propionate e crea 0.05%</i>	1	
<i>clobetasol propionate emollient crea 0.05%</i>	1	
<i>clobetasol propionate emollient foam 0.05%</i>	4	
<i>clobetasol propionate crea 0.05%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate crea 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotn 0.05%</i>	4	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate sham 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
<i>clodan sham 0.05%</i>	2	
<i>desonide crea 0.05%</i>	2	
<i>desonide lotn 0.05%</i>	2	
<i>desonide oint 0.05%</i>	2	
<i>diclofenac sodium gel 3%</i>	2	QL (100 GM per 30 days) PA (TOPICAL DICLOFENAC)
<i>diclofenac sodium soln 1.5%</i>	2	PA (TOPICAL DICLOFENAC)
DUPIXENT INJ 200MG/1.14ML	5	PA (DUPIXENT)
DUPIXENT INJ 200MG/1.14ML	5	PA (DUPIXENT) MO
DUPIXENT INJ 300MG/2ML	5	PA (DUPIXENT)
DUPIXENT INJ 300MG/2ML	5	PA (DUPIXENT)
EUCRISA OINT 2%	4	PA (CRISABOROLE)
<i>fluocinolone acetonide body oil 0.01%</i>	2	
<i>fluocinolone acetonide scalp oil 0.01%</i>	2	
<i>fluocinolone acetonide topical oil 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.01%</i>	2	
<i>fluocinolone acetonide crea 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>fluocinonide emulsified base crea 0.05%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	2	
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
<i>halobetasol propionate crea 0.05%</i>	2	
<i>halobetasol propionate oint 0.05%</i>	2	
HYDROCORTISONE BUTYRATE CREA 0.1%	4	
HYDROCORTISONE BUTYRATE OINT 0.1%	4	
HYDROCORTISONE BUTYRATE SOLN 0.1%	4	
<i>hydrocortisone valerate crea 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	4	
<i>hydrocortisone crea 1%</i>	1	
<i>hydrocortisone crea 1%</i>	2	
<i>hydrocortisone crea 2.5%</i>	1	
<i>hydrocortisone crea 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	2	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	QL (100 GM per 30 days)
<i>hydrocortisone oint 2.5%</i>	1	
<i>kourzeq pste 0.1%</i>	2	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	1	
<i>nystatin/triamcinolone acetone crea 100000unit/gm; 1mg/gm</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone acetone oint 100000unit/gm; 0.1%</i>	2	
<i>nystatin/triamcinolone crea 100000unit/gm; 1mg/gm</i>	2	
<i>nystatin/triamcinolone oint 100000unit/gm; 0.1%</i>	2	
<i>oralone dental paste pste 0.1%</i>	2	
<i>procto-med hc crea 2.5%</i>	2	
<i>proctosol hc crea 2.5%</i>	2	
<i>proctozone-hc crea 2.5%</i>	2	
<i>tovet foam 0.05%</i>	4	
<i>triamcinolone acetone dental paste pste 0.1%</i>	2	
<i>triamcinolone acetone crea 0.025%</i>	1	
<i>triamcinolone acetone crea 0.1%</i>	1	
<i>triamcinolone acetone crea 0.5%</i>	1	
<i>triamcinolone acetone lotn 0.025%</i>	2	
<i>triamcinolone acetone lotn 0.1%</i>	2	
<i>triamcinolone acetone oint 0.025%</i>	1	
<i>triamcinolone acetone oint 0.1%</i>	1	
<i>triamcinolone acetone oint 0.5%</i>	1	
<i>triderm crea 0.5%</i>	1	
Antiproliferants		
<i>bexarotene gel 1%</i>	5	PA (CANCER DRUGS, new starts only)
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>imiquimod crea 5%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
PANRETIN GEL 0.1%	5	PA (PANRETIN, new starts only)
VALCHLOR GEL 0.016%	5	PA (CANCER DRUGS, new starts only)
<i>Antipruritics and Local Anesthetics</i>		
<i>doxepin hydrochloride crea 5%</i>	4	QL (90 GM per 30 days)
<i>glydo prsy 2%</i>	2	
<i>lidocaine hcl jelly prsy 2%</i>	2	
<i>lidocaine hcl prsy 2%</i>	2	
LIDOCAINE HYDROCHLORIDE JELLY GEL 2%	4	
<i>lidocaine hydrochloride soln 4%</i>	2	QL (250 ML per 30 days)
<i>lidocaine/prilocaine crea 2.5%; 2.5%</i>	2	QL (60 GM per 30 days)
<i>lidocaine oint 5%</i>	2	QL (70.88 GM per 30 days)
<i>lidocaine ptch 5%</i>	4	QL (3 EA per 1 days) PA (LIDOCAINE PATCH)
<i>phenazopyridine hydrochloride tabs 100mg</i>	2	
<i>phenazopyridine hydrochloride tabs 200mg</i>	2	
<i>premium lidocaine oint 5%</i>	2	QL (70.88 GM per 30 days)
<i>Astringents</i>		
QBREXZA PADS 2.4%	4	QL (1 EA per 1 days) PA (QBREXZA)
<i>Cell Stimulants and Proliferants</i>		
<i>finasteride tabs 1mg</i>	2	QL (1 EA per 1 days) ED

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin crea 0.025%</i>	2	QL (45 GM per 30 days)
<i>tretinoin crea 0.05%</i>	2	QL (45 GM per 30 days)
<i>tretinoin crea 0.1%</i>	2	QL (45 GM per 30 days)
<i>tretinoin gel 0.01%</i>	2	QL (45 GM per 30 days)
<i>tretinoin gel 0.025%</i>	2	QL (45 GM per 30 days)
<i>Depigmenting and Pigmenting Agents</i>		
METHOXSALLEN CAPS 10MG	5	
<i>Emollients, Demulcents, and Protectants</i>		
<i>ammonium lactate crea 12%</i>	2	
<i>ammonium lactate lotn 12%</i>	2	
<i>calcipotriene crea 0.005%</i>	4	QL (120 GM per 30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 GM per 30 days)
CALCIPOTRIENE SOLN 0.005%	4	QL (120 ML per 30 days)
<i>nitroglycerin oint 0.4%</i>	4	QL (30 GM per 30 days)
SANTYL OINT 250UNIT/GM	4	
<i>Keratolytic Agents</i>		
<i>acutane caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>acutane caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>acutane caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>acutane caps 40mg</i>	2	PA (ISOTRETINOIN)
<i>acitretin caps 10mg</i>	2	
<i>acitretin caps 17.5mg</i>	2	
<i>acitretin caps 25mg</i>	2	
<i>adapalene gel 0.1%</i>	2	
<i>adapalene gel 0.3%</i>	2	
<i>amneesteem caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>amneesteem caps 20mg</i>	2	PA (ISOTRETINOIN)

Drug Name	Drug Tier	Requirements/Limits
<i>amneesteem caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>amneesteem caps 40mg</i>	2	PA (ISOTRETINOIN)
<i>claravis caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>isotretinoin caps 40mg</i>	2	PA (ISOTRETINOIN)
PODOFILOX SOLN 0.5%	4	
<i>tazarotene crea 0.1%</i>	4	PA (TAZORAC)
<i>tazarotene gel 0.05%</i>	2	QL (30 GM per 30 days) PA (TAZORAC)
<i>tazarotene gel 0.1%</i>	2	QL (30 GM per 30 days) PA (TAZORAC)
VEREGEN OINT 15%	5	
<i>zenatane caps 10mg</i>	2	PA (ISOTRETINOIN)
<i>zenatane caps 20mg</i>	2	PA (ISOTRETINOIN)
<i>zenatane caps 30mg</i>	2	PA (ISOTRETINOIN)
<i>zenatane caps 40mg</i>	2	PA (ISOTRETINOIN)
<i>Skin and Mucous Membrane Agents, Misc</i>		
ADBRY INJ 150MG/ML	5	QL (6 ML per 28 days) PA (ADBRY) MO
FILSUVEZ GEL 10%	5	PA (FILSUVEZ)
HYFTOR GEL 0.2%	5	PA (HYFTOR)
<i>pimecrolimus crea 1%</i>	4	PA (PIMECROLIMUS)
SKYRIZI PEN INJ 150MG/ML	5	QL (1 ML per 28 days) PA (SKYRIZI) MO
SKYRIZI INJ 150MG/ML	5	QL (1 ML per 28 days) PA (SKYRIZI) MO
<i>tacrolimus oint 0.03%</i>	4	
<i>tacrolimus oint 0.1%</i>	4	

Drug Name	Drug Tier	Requirements/Limits
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>flavoxate hcl tabs 100mg</i>	2	MO
GEMTESA TABS 75MG	4	QL (1 EA per 1 days) PA (GEMTESA) MO
MYRBETRIQ TB24 25MG	3	QL (1 EA per 1 days) MO
MYRBETRIQ TB24 50MG	3	QL (1 EA per 1 days) MO
<i>oxybutynin chloride er tb24 10mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride er tb24 15mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride er tb24 5mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride soln 5mg/5ml</i>	2	PA (OVERACTIVE BLADDER DRUGS) MO
<i>oxybutynin chloride tabs 5mg</i>	4	PA (OVERACTIVE BLADDER DRUGS) MO
<i>solifenacin succinate tabs 10mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tabs 5mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate er cp24 2mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate er cp24 4mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate tabs 1mg</i>	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>tolterodine tartrate tabs 2mg</i>	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>trospium chloride er cp24 60mg</i>	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
<i>trospium chloride tabs 20mg</i>	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
VESICARE LS SUSP 5MG/5ML	4	PA (VESICARE LS) MO
<i>Respiratory Smooth Muscle Relaxants</i>		

Drug Name	Drug Tier	Requirements/Limits
<i>aminophylline inj 25mg/ml</i>	2	
THEO-24 CP24 100MG	4	MO
THEO-24 CP24 200MG	4	MO
THEO-24 CP24 300MG	4	MO
THEO-24 CP24 400MG	4	MO
THEOPHYLLINE ER TB12 100MG	4	MO
THEOPHYLLINE ER TB12 200MG	4	MO
<i>theophylline er tb12 300mg</i>	4	MO
<i>theophylline er tb12 450mg</i>	2	MO
<i>theophylline er tb24 400mg</i>	2	MO
<i>theophylline er tb24 600mg</i>	4	MO
<i>theophylline elix 80mg/15ml</i>	2	MO
<i>theophylline soln 80mg/15ml</i>	2	MO
Vitamins		
<i>Multivitamin Preparations</i>		
PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 250MG; 27MG; 1MG; 20MG; 312MG; 10MG; 4000UNIT; 3MG; 1.84MG; 22MG; 25MG	4	PA (PRENATAL VITAMINS)
PRENATAL TABS 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	4	PA (PRENATAL VITAMINS)
<i>Vitamin D</i>		
<i>calcitriol caps 0.25mcg</i>	2	MO
<i>calcitriol caps 0.5mcg</i>	2	MO
CALCITRIOL INJ 1MCG/ML	4	
<i>calcitriol soln 1mcg/ml</i>	2	MO
DOXERCALCIFEROL CAPS 0.5MCG	4	MO

Drug Name	Drug Tier	Requirements/Limits
DOXERCALCIFEROL CAPS 1MCG	4	MO
DOXERCALCIFEROL CAPS 2.5MCG	4	MO
<i>doxercalciferol inj 4mcg/2ml</i>	2	
<i>paricalcitol caps 1mcg</i>	2	PA (PARICALCITOL) MO
<i>paricalcitol caps 2mcg</i>	2	PA (PARICALCITOL) MO
<i>paricalcitol caps 4mcg</i>	2	PA (PARICALCITOL) MO
<i>paricalcitol inj 2mcg/ml</i>	2	PA (PARICALCITOL)
<i>paricalcitol inj 5mcg/ml</i>	2	PA (PARICALCITOL)

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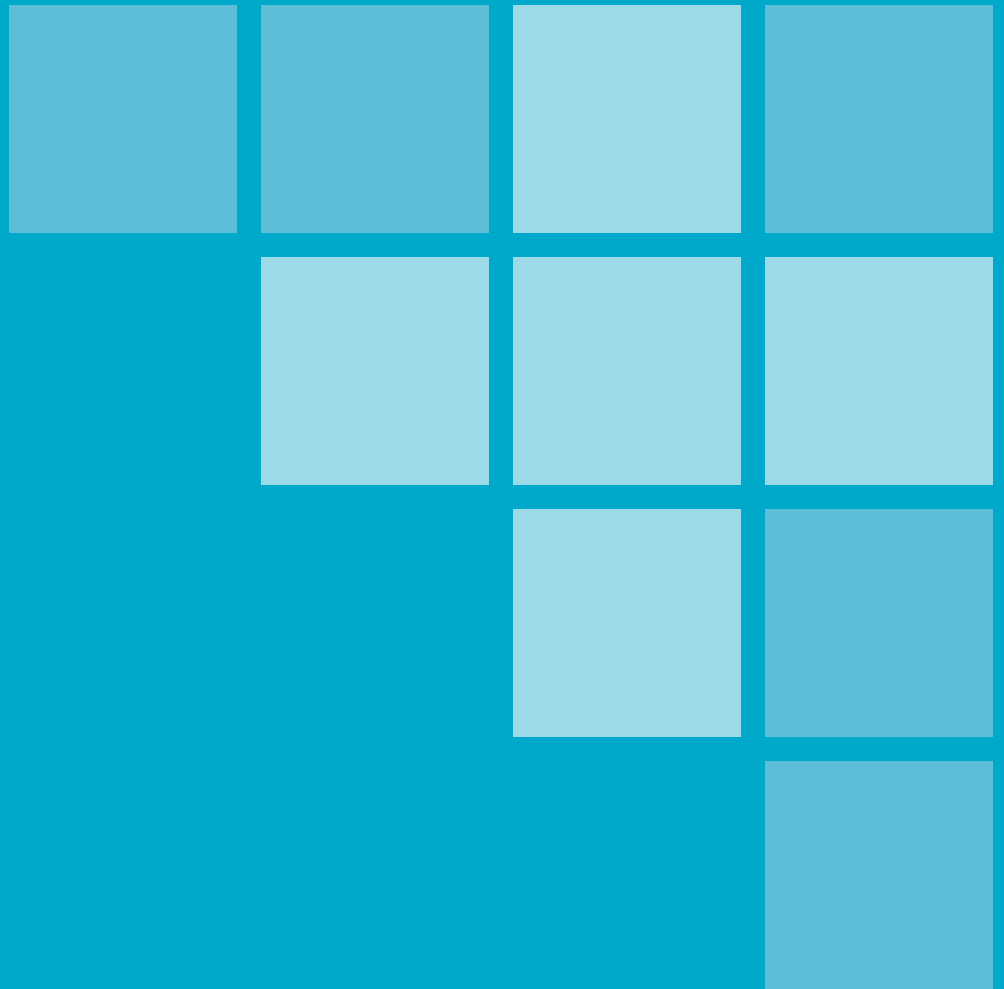
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CareOregon Advantage Customer Service

Call: 503-416-4279 or toll-free 888-712-3258, TTY 711

Hours of operation:

8 a.m. to 8 p.m. seven days a week, October 1 to March 31

8 a.m. to 8 p.m. Monday through Friday, April 1 to September 30