More choice, better care. **That's our Advantage.**

2026

Drug List (Formulary)

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

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

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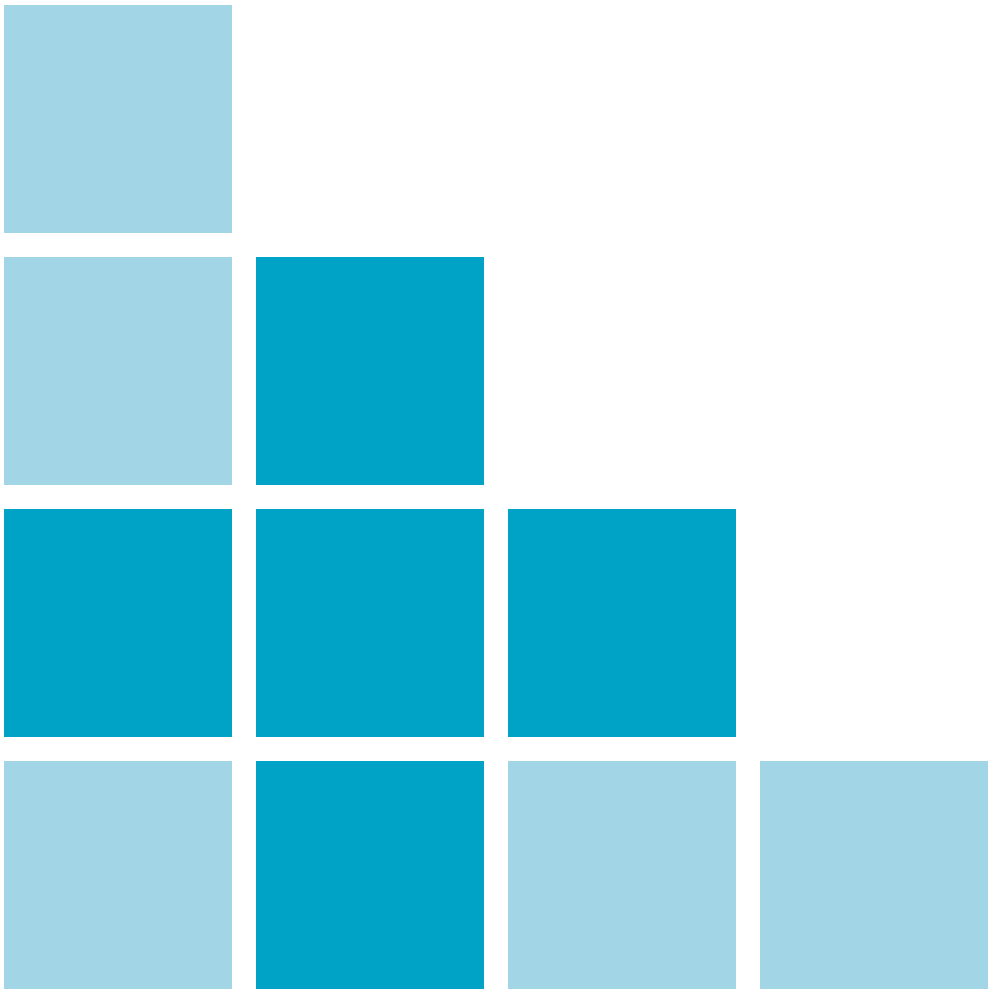

CareOregon® Advantage

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 28

This formulary was updated in November 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 infórmeselo 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 بخطٍ كبير أو بطريقة برايل أو بأي تنسيق تفضله. لديك أيضًا الحق في الحصول على مترجم. يمكنك الحصول على مساعدة مترجم فوري معتمَد 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 میدهید بدست بیاورید. شما همچنان حق دارید که یک ترجمان شفاهی داشته باشید. شما میتوانید از یک ترجمان شفاهی تصدیق شده مراقبت صحی 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 xaq 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)

您可以获得以其他语言、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 TTY711 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 ይንገሩ። 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 អក្សរស្ទាប ឬទម្រង់ដែលអ្នកចង់បាន។
អ្នកក៏មានសិទ្ធិទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ផងដែរ។
អ្នកអាចទទួលបានជំនួយពីអ្នកបកប្រែផ្ទាល់មាត់ផ្នែកថែទាំសុខភាពដែលមានលក្ខណសម្បត្តិគ្រប់គ្រាន់ 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 November 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 November 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	For generic drugs or brand-named drugs treated as generic, you pay: $0/$1.60/$5.10 per prescription For all other drugs, you pay: $0/$4.90/$12.65 per prescription
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 November 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.

COA-251000300-EN-1001

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

Drug Name	Drug Tier	Requirements/Limits
amoxicillin/clavulanate potassium tabs 875mg; 125mg	1	
amoxicillin/potassium clavulanate chew 200mg; 28.5mg	1	
amoxicillin/potassium clavulanate chew 400mg; 57mg	1	
amoxicillin caps 250mg	1	
amoxicillin caps 500mg	1	
amoxicillin chew 125mg	1	
AMOXICILLIN CHEW 250MG	4	
amoxicillin susr 125mg/5ml	1	
amoxicillin susr 200mg/5ml	1	
amoxicillin susr 250mg/5ml	1	
amoxicillin susr 400mg/5ml	1	
amoxicillin tabs 500mg	1	
amoxicillin tabs 875mg	1	
ampicillin sodium inj 10gm	2	
ampicillin sodium inj 125mg	2	
ampicillin sodium inj 1gm	2	
ampicillin sodium inj 1gm	2	
ampicillin sodium inj 250mg	2	
ampicillin sodium inj 2gm	2	
ampicillin sodium inj 2gm	2	
ampicillin sodium inj 500mg	2	
ampicillin-sulbactam inj 10gm; 5gm	2	
ampicillin-sulbactam inj 1gm; 0.5gm	2	
ampicillin-sulbactam inj 2gm; 1gm	2	
ampicillin/sulbactam inj 1gm; 0.5gm	2	
ampicillin/sulbactam inj 2gm; 1gm	2	

Drug Name	Drug Tier	Requirements/Limits
ampicillin caps 500mg	2	
ARIKAYCE SUSP 590MG/8.4ML	5	QL (8.4 ML per 1 days) PA (ARIKAYCE)
azithromycin inj 500mg	2	
azithromycin susr 100mg/5ml	2	
azithromycin susr 200mg/5ml	2	
azithromycin tabs 250mg	1	
azithromycin tabs 250mg	1	
azithromycin tabs 500mg	2	
azithromycin tabs 500mg	2	
azithromycin tabs 600mg	2	
aztreonam inj 1gm	2	
aztreonam inj 2gm	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	
cefadroxil caps 500mg	1	
cefadroxil susr 250mg/5ml	2	
cefadroxil susr 500mg/5ml	2	
cefadroxil tabs 1gm	1	
CEFAZOLIN SODIUM/DEXTROSE INJ 1GM; 4%	4	
CEFAZOLIN SODIUM/DEXTROSE INJ 2GM; 3%	4	

Drug Name	Drug Tier	Requirements/Limits
cefazolin sodium/dextrose inj 3gm; 2%	1	
cefazolin sodium inj 100gm	2	
cefazolin sodium inj 10gm	2	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	4	
cefazolin sodium inj 1gm	2	
cefazolin sodium inj 1gm	2	
cefazolin sodium inj 2gm	2	
cefazolin sodium inj 300gm	2	
cefazolin sodium inj 3gm	2	
cefazolin sodium inj 500mg	2	
CEFAZOLIN/DEXTROSE INJ 3GM/150ML; 4%	4	
cefazolin inj 2gm/100ml; 4%	4	
cefazolin inj 2gm	2	
cefazolin inj 2gm	2	
cefazolin inj 3gm	2	
cefazolin inj 3gm	2	
cefdinir caps 300mg	1	
cefdinir susr 125mg/5ml	2	
cefdinir susr 250mg/5ml	2	
cefepime hydrochloride inj 1gm	4	
cefepime hydrochloride inj 2gm	4	
CEFEPIME/DEXTROSE INJ 1GM/50ML; 5%	4	
CEFEPIME/DEXTROSE INJ 2GM/50ML; 5%	4	
CEFEPIME INJ 1GM/50ML	4	
cefepime inj 1gm	4	

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME INJ 2GM/100ML	4	
cefepime inj 2gm	4	
cefixime caps 400mg	2	
cefixime susr 100mg/5ml	2	
cefixime susr 200mg/5ml	2	
CEFOTAXIME SODIUM INJ 1GM	4	
cefoxitin sodium inj 10gm	2	
cefoxitin sodium inj 1gm	2	
CEFOXITIN SODIUM INJ 1GM; 4%	4	
cefoxitin sodium inj 2gm	2	
CEFOXITIN SODIUM INJ 2GM; 2.2%	4	
CEFPODOXIME PROXETIL SUSR 100MG/5ML	4	
CEFPODOXIME PROXETIL SUSR 50MG/5ML	4	
cefpodoxime proxetil tabs 100mg	2	
cefpodoxime proxetil tabs 200mg	2	
cefprozil susr 125mg/5ml	2	
cefprozil susr 250mg/5ml	2	
cefprozil tabs 250mg	2	
cefprozil tabs 500mg	2	
CEFTAROLINE FOSAMIL INJ 400MG	5	
CEFTAROLINE FOSAMIL INJ 600MG	5	
ceftazidime inj 1gm	2	
ceftazidime inj 2gm	2	
CEFTAZIDIME INJ 6GM	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 20MG/ML; 0	4	

Drug Name	Drug Tier	Requirements/Limits
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE INJ 40MG/ML; 0	4	
ceftriaxone sodium inj 10gm	2	
ceftriaxone sodium inj 1gm	2	
ceftriaxone sodium inj 1gm	2	
ceftriaxone sodium inj 250mg	2	
ceftriaxone sodium inj 2gm	2	
ceftriaxone sodium inj 2gm	2	
ceftriaxone sodium inj 500mg	2	
CEFTRIAXONE/DEXTROSE INJ 1GM; 3.74%	4	
CEFTRIAXONE/DEXTROSE INJ 2GM; 2.22%	4	
cefuroxime axetil tabs 250mg	1	
cefuroxime axetil tabs 500mg	1	
cefuroxime sodium inj 1.5gm	2	
cefuroxime sodium inj 750mg	2	
cephalexin caps 250mg	1	
cephalexin caps 500mg	1	
cephalexin caps 750mg	1	
cephalexin susr 125mg/5ml	2	
cephalexin susr 250mg/5ml	2	
CHLORAMPHENICOL SODIUM SUCCINATE INJ 1GM	4	
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin hydrochloride tabs 250mg	1	
ciprofloxacin hydrochloride tabs 500mg	1	
ciprofloxacin hydrochloride tabs 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN I.V.-IN D5W INJ 200MG/100ML; 5%	4	
ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%	4	
clarithromycin er tb24 500mg	2	
CLARITHROMYCIN SUSR 125MG/5ML	4	
CLARITHROMYCIN SUSR 250MG/5ML	4	
clarithromycin tabs 250mg	2	
clarithromycin tabs 500mg	2	
clindamycin hcl caps 300mg	1	
clindamycin hydrochloride caps 150mg	1	
clindamycin hydrochloride caps 300mg	1	
clindamycin hydrochloride caps 75mg	1	
clindamycin palmitate hydrochloride solr 75mg/5ml	4	
clindamycin phosphate in d5w inj 300mg/50ml; 5%	2	
clindamycin phosphate in d5w inj 600mg/50ml; 5%	2	
clindamycin phosphate in d5w inj 900mg/50ml; 5%	2	
clindamycin phosphate/dextrose inj 300mg/50ml; 5%	2	
clindamycin phosphate/dextrose inj 600mg/50ml; 5%	2	
clindamycin phosphate/dextrose inj 900mg/50ml; 5%	2	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate inj 300mg/2ml	2	
clindamycin phosphate inj 600mg/4ml	2	
clindamycin phosphate inj 9000mg/60ml	2	
clindamycin phosphate inj 900mg/6ml	2	
clindamycin phosphate inj 9gm/60ml	2	
colistimethate sodium inj 150mg	5	
daptomycin inj 350mg	5	
daptomycin inj 500mg	5	
dicloxacillin sodium caps 250mg	2	
dicloxacillin sodium caps 500mg	2	
DIFICID SUSR 40MG/ML	5	QL (10 ML per 1 days) PA (DIFICID)
doxy 100 inj 100mg	2	
doxycycline hyclate caps 100mg	1	
doxycycline hyclate caps 50mg	1	
doxycycline hyclate inj 100mg	2	
doxycycline hyclate tabs 100mg	1	
doxycycline hyclate tabs 20mg	1	
doxycycline monohydrate caps 100mg	1	
doxycycline monohydrate caps 150mg	2	
doxycycline monohydrate caps 50mg	1	
doxycycline monohydrate tabs 100mg	1	
doxycycline monohydrate tabs 50mg	2	
doxycycline monohydrate tabs 75mg	2	
doxycycline susr 25mg/5ml	2	
E.E.S. 400 TABS 400MG	4	
ertapenem sodium inj 1gm	4	
ERYTHROCIN LACTOBIONATE INJ 500MG	4	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN STEARATE TABS 250MG	4	
erythromycin base tabs 250mg	4	
erythromycin base tabs 500mg	4	
ERYTHROMYCIN DR CPEP 250MG	4	
erythromycin dr tbec 250mg	4	
erythromycin dr tbec 333mg	2	
erythromycin dr tbec 500mg	4	
erythromycin ethylsuccinate tabs 400mg	2	
erythromycin lactobionate inj 500mg	2	
fidaxomicin tabs 200mg	5	QL (2 EA per 1 days) PA (FIDAXOMICIN)
gentamicin sulfate pediatric inj 10mg/ml	2	
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 1mg/ml; 0.9%	2	
gentamicin sulfate/0.9% sodium chloride inj 2mg/ml; 0.9%	2	
gentamicin sulfate inj 40mg/ml	2	
IMIPENEM/CILASTATIN INJ 250MG; 250MG	2	
imipenem/cilastatin inj 500mg; 500mg	2	
isotonic gentamicin inj 0.8mg/ml; 0.9%	2	
levofloxacin in d5w inj 5%; 250mg/50ml	2	
levofloxacin in d5w inj 5%; 500mg/100ml	2	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin in d5w inj 5%; 750mg/150ml	2	
LEVOFLOXACIN INJ 25MG/ML	4	
levofloxacin soln 25mg/ml	4	
levofloxacin tabs 250mg	1	
levofloxacin tabs 500mg	1	
levofloxacin tabs 750mg	1	
lincomycin hydrochloride inj 300mg/ml	2	
linezolid inj 600mg/300ml	2	
linezolid susr 100mg/5ml	5	
linezolid tabs 600mg	4	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	4	
MEROPENEM/SODIUM CHLORIDE INJ 500MG; 0.9%	4	
meropenem inj 1gm	1	
MEROPENEM INJ 2GM	4	
meropenem inj 500mg	1	
minocycline hcl caps 75mg	1	
minocycline hcl tabs 100mg	4	
minocycline hcl tabs 75mg	1	
minocycline hydrochloride caps 100mg	1	
minocycline hydrochloride caps 50mg	1	
minocycline hydrochloride tabs 100mg	4	
minocycline hydrochloride tabs 50mg	2	
minocycline hydrochloride tabs 75mg	1	

Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE INJ 400MG/250ML; 0.8%	4	
MOXIFLOXACIN HYDROCHLORIDE INJ 400MG/250ML	4	
moxifloxacin hydrochloride tabs 400mg	2	
nafcillin sodium inj 10gm	4	
nafcillin sodium inj 1gm	2	
nafcillin sodium inj 2gm	2	
NAFCILLIN INJ 5%; 1GM/50ML	5	
NAFCILLIN INJ 5%; 2GM/100ML	5	
neomycin sulfate tabs 500mg	2	
oxacillin sodium inj 10gm	2	
oxacillin sodium inj 1gm	2	
oxacillin sodium inj 2gm	2	
OXACILLIN SODIUM INJ 300MG/50ML; 2GM/50ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 40000UNIT/ML	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJ 0; 60000UNIT/ML	4	
penicillin g potassium inj 20000000unit	2	
penicillin g potassium inj 5000000unit	2	
PENICILLIN G SODIUM INJ 5000000UNIT	5	
penicillin v potassium solr 125mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium solr 250mg/5ml	1	
penicillin v potassium tabs 250mg	1	
penicillin v potassium tabs 500mg	1	
piperacillin sodium/tazobactam sodium/nacl inj 2gm/50ml; 0.45%; 0.25gm/50ml	2	
piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm	2	
piperacillin sodium/tazobactam sodium inj 36gm; 4.5gm	2	
piperacillin sodium/tazobactam sodium inj 3gm; 0.375gm	2	
piperacillin sodium/tazobactam sodium inj 4gm; 0.5gm	2	
SIVEXTRO INJ 200MG	5	
SIVEXTRO TABS 200MG	5	
STREPTOMYCIN SULFATE INJ 1GM	5	
sulfadiazine tabs 500mg	5	
sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg	1	
sulfamethoxazole/trimethoprim inj 400mg/5ml; 80mg/5ml	2	
sulfamethoxazole/trimethoprim susp 200mg/5ml; 40mg/5ml	2	
sulfamethoxazole/trimethoprim tabs 400mg; 80mg	1	
sulfasalazine tabs 500mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
sulfasalazine tbec 500mg	2	MO
tazicef inj 1gm	2	
TAZICEF INJ 1GM	4	
tazicef inj 2gm	2	
TAZICEF INJ 6GM	4	
tetracycline hydrochloride caps 250mg	2	
tetracycline hydrochloride caps 500mg	2	
tigecycline inj 50mg	4	PA (TIGECYCLINE)
tobramycin sulfate inj 1.2gm/30ml	2	
tobramycin sulfate inj 1.2gm	2	
TOBRAMYCIN SULFATE INJ 10MG/ML	4	
TOBRAMYCIN SULFATE INJ 40MG/ML	4	
tobramycin sulfate inj 80mg/2ml	2	
tobramycin nebu 300mg/5ml	5	QL (280 ML per 56 days) B/D
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
vancomycin hcl inj 10gm	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 1GM/200ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 500MG/100ML	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJ 5%; 750MG/150ML	4	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hydrochloride caps 125mg	4	QL (120 EA per 30 days)
vancomycin hydrochloride caps 250mg	4	QL (240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJ 1.75GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 1000MG/200ML	4	
vancomycin hydrochloride inj 10gm	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1500MG/300ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 1750MG/350ML	4	
vancomycin hydrochloride inj 1gm	4	
VANCOMYCIN HYDROCHLORIDE INJ 2000MG/400ML	4	
VANCOMYCIN HYDROCHLORIDE INJ 2GM	4	
VANCOMYCIN HYDROCHLORIDE INJ 500MG/100ML	4	
vancomycin hydrochloride inj 500mg	4	
vancomycin hydrochloride inj 5gm	4	
VANCOMYCIN HYDROCHLORIDE INJ 750MG/150ML	4	
vancomycin hydrochloride inj 750mg	2	
vancomycin hydrochloride solr 250mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
vancomycin hydrochloride solr 25mg/ml	2	
VANCOMYCIN INJ 0.9%; 500MG/100ML	4	
VANCOMYCIN INJ 0.9%; 750MG/150ML	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	
Antifungals		
amphotericin b liposome inj 50mg	5	B/D
AMPHOTERICIN B INJ 50MG	4	B/D
caspofungin acetate inj 50mg	2	
caspofungin acetate inj 70mg	2	
CRESEMBA CAPS 186MG	5	PA (CRESEMBA)
CRESEMBA CAPS 74.5MG	5	PA (CRESEMBA)
CRESEMBA INJ 372MG	5	PA (CRESEMBA)
ERAXIS INJ 100MG	5	
ERAXIS INJ 50MG	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
isoniazid tabs 100mg	1	MO
isoniazid tabs 300mg	1	MO
PRETOMANID TABS 200MG	3	QL (1 EA per 1 days) PA (PRETOMANID)
pyrazinamide tabs 500mg	4	
rifabutin caps 150mg	4	
rifampin caps 150mg	2	
rifampin caps 300mg	2	
rifampin inj 600mg	2	
rifapentine tabs 150mg	4	
SIRTURO TABS 100MG	5	PA (SIRTURO)
SIRTURO TABS 20MG	5	PA (SIRTURO)
Antiprotozoals		
atovaquone/proguanil hcl tabs 62.5mg; 25mg	2	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	4	
atovaquone susp 750mg/5ml	4	
BENZNIDAZOLE TABS 100MG	3	PA (BENZNIDAZOLE)
BENZNIDAZOLE TABS 12.5MG	3	PA (BENZNIDAZOLE)
chloroquine phosphate tabs 250mg	2	MO
chloroquine phosphate tabs 500mg	2	MO
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 200mg	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)

Drug Name	Drug Tier	Requirements/Limits
mefloquine hydrochloride tabs 250mg	2	MO
metronidazole inj 500mg/100ml	2	
metronidazole tabs 250mg	1	
metronidazole tabs 500mg	1	
nitazoxanide tabs 500mg	5	PA (NITAZOXANIDE)
pentamidine isethionate inj 300mg	2	PA (PENTAMIDINE)
PRIMAQUINE PHOSPHATE TABS 26.3MG	4	
pyrimethamine tabs 25mg	5	
quinine sulfate caps 324mg	2	QL (42 EA per 30 days) PA (QUININE SULFATE)
tinidazole tabs 250mg	2	
tinidazole tabs 500mg	2	
Antivirals		
abacavir sulfate/lamivudine tabs 600mg; 300mg	2	MO
abacavir sulfate tabs 300mg	2	MO
abacavir soln 20mg/ml	2	MO
abacavir tabs 300mg	2	MO
acyclovir sodium inj 50mg/ml	2	B/D
acyclovir caps 200mg	1	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg	1	
acyclovir tabs 800mg	1	
adefovir dipivoxil tabs 10mg	2	QL (1 EA per 1 days) MO
APTIVUS CAPS 250MG	5	MO
atazanavir sulfate caps 150mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate caps 200mg	2	MO
atazanavir sulfate caps 300mg	2	MO
atazanavir caps 150mg	2	MO
atazanavir caps 200mg	2	MO
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	
cidofovir inj 75mg/ml	5	
CIMDUO TABS 300MG; 300MG	5	QL (1 EA per 1 days) MO
darunavir tabs 600mg	4	MO
darunavir tabs 800mg	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

Drug Name	Drug Tier	Requirements/Limits
EDURANT PED TBSO 2.5MG	5	QL (6 EA per 1 days) MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg	2	MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg	5	QL (1 EA per 1 days)
efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 600mg; 300mg; 300mg	5	QL (1 EA per 1 days) MO
EFAVIRENZ CAPS 200MG	4	MO
EFAVIRENZ CAPS 50MG	4	MO
efavirenz tabs 600mg	2	MO
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg	5	MO
emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg	4	QL (1 EA per 1 days) MO
emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg	5	QL (1 EA per 1 days) MO
emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg	2	QL (1 EA per 1 days) MO
emtricitabine/tenofovir disoproxil tabs 167mg; 250mg	4	QL (1 EA per 1 days) MO
emtricitabine caps 200mg	2	MO
EMTRIVA SOLN 10MG/ML	4	MO
entecavir tabs 0.5mg	2	MO
entecavir tabs 1mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA PACK 150MG; 37.5MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELPATASVIR)
EPCLUSA PACK 200MG; 50MG	5	QL (1 EA per 1 days) PA (SOFOSBUVIR/VELPATASVIR)
EPCLUSA TABS 200MG; 50MG	5	QL (2 EA per 1 days) PA (SOFOSBUVIR/VELPATASVIR)
etravirine tabs 100mg	5	MO
etravirine tabs 200mg	5	MO
EVOTAZ TABS 300MG; 150MG	5	MO
famciclovir tabs 125mg	2	
famciclovir tabs 250mg	2	
famciclovir tabs 500mg	2	
fosamprenavir calcium tabs 700mg	5	
ganciclovir inj 500mg	2	B/D
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
IDVYNSO TABS 100MG; 0.25MG	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

Drug Name	Drug Tier	Requirements/Limits
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)
lamivudine/zidovudine tabs 150mg; 300mg	2	MO
lamivudine soln 10mg/ml	2	MO
lamivudine tabs 100mg	2	MO
lamivudine tabs 150mg	2	MO
lamivudine tabs 300mg	2	MO
LEXIVA SUSP 50MG/ML	4	MO
LIVTENCITY TABS 200MG	5	QL (12 EA per 1 days) PA (LIVTENCITY)
lopinavir/ritonavir soln 400mg/5ml; 100mg/5ml	2	MO
lopinavir/ritonavir tabs 100mg; 25mg	2	MO
lopinavir/ritonavir tabs 200mg; 50mg	2	MO
maraviroc tabs 150mg	5	QL (2 EA per 1 days) MO
maraviroc tabs 300mg	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)
nevirapine er tb24 400mg	2	MO
NEVIRAPINE SUSP 50MG/5ML	4	MO

Drug Name	Drug Tier	Requirements/Limits
nevirapine tabs 200mg	2	MO
NORVIR PACK 100MG	4	MO
ODEFSEY TABS 200MG; 25MG; 25MG	5	QL (1 EA per 1 days) MO
oseltamivir phosphate caps 30mg	2	
oseltamivir phosphate caps 45mg	2	
oseltamivir phosphate caps 75mg	2	
oseltamivir phosphate susr 6mg/ml	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)
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

Drug Name	Drug Tier	Requirements/Limits
RELENZA DISKHALER AEPB 5MG/BLISTER	4	QL (120 EA per 365 days)
RETROVIR IV INFUSION INJ 10MG/ML	4	
REYATAZ PACK 50MG	5	MO
ribavirin caps 200mg	4	PA (ORAL RIBAVIRIN)
ribavirin tabs 200mg	1	PA (ORAL RIBAVIRIN)
rilpivirine hydrochloride tabs 25mg	5	MO
RIMANTADINE HYDROCHLORIDE TABS 100MG	4	
ritonavir tabs 100mg	2	MO
RUKOBIA TB12 600MG	5	QL (2 EA per 1 days)
SELZENTRY SOLN 20MG/ML	5	MO
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/VELPATASVIR)
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)

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TBPK 300MG	5	QL (5 EA per 180 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL (1 EA per 1 days) MO
tenofovir disoproxil fumarate tabs 300mg	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
valacyclovir hydrochloride tabs 1gm	2	
valacyclovir hydrochloride tabs 500mg	2	
valganciclovir hydrochloride solr 50mg/ml	5	MO
valganciclovir tabs 450mg	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)

Drug Name	Drug Tier	Requirements/Limits
zidovudine caps 100mg	2	MO
zidovudine syrp 50mg/5ml	2	MO
zidovudine tabs 300mg	2	MO
Urinary Anti-infectives		
fosfomycin tromethamine pack 3gm	4	
methenamine hippurate tabs 1gm	4	
nitrofurantoin macrocrystals caps 100mg	1	
nitrofurantoin macrocrystals caps 25mg	1	
nitrofurantoin macrocrystals caps 50mg	1	
nitrofurantoin monohydrate/macrocrystals caps 100mg	1	
nitrofurantoin monohydrate caps 100mg	1	
trimethoprim tabs 100mg	4	
Antidote Therapeutics		
Alcohol Deterrents		
acamprosate calcium dr tbec 333mg	2	MO
disulfiram tabs 250mg	2	MO
disulfiram tabs 500mg	2	MO
Antidotes		
acetylcysteine soln 10%	2	B/D
acetylcysteine soln 20%	2	B/D
dexrazoxane hydrochloride inj 250mg	5	
dexrazoxane hydrochloride inj 500mg	5	
dexrazoxane inj 250mg	5	
dexrazoxane inj 500mg	5	
leucovorin calcium inj 100mg	2	
leucovorin calcium inj 200mg	2	
leucovorin calcium inj 350mg	2	
leucovorin calcium inj 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium inj 50mg	2	
leucovorin calcium tabs 10mg	4	
leucovorin calcium tabs 15mg	2	
leucovorin calcium tabs 25mg	4	
leucovorin calcium tabs 5mg	4	
levoleucovorin calcium inj 175mg/17.5ml	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	
diphenhydramine hydrochloride inj 50mg/ml	4	
promethazine hcl inj 25mg/ml	4	
promethazine hcl inj 50mg/ml	2	
promethazine hcl tabs 50mg	4	
promethazine hydrochloride plain soln 6.25mg/5ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
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)
arsenic trioxide inj 10mg/10ml	5	
arsenic trioxide inj 12mg/6ml	5	
AUGTYRO CAPS 160MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
AUGTYRO CAPS 40MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
azacitidine inj 100mg	5	
BALVERSA TABS 3MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
BALVERSA TABS 4MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
bendamustine hydrochloride inj 100mg	5	PA (CANCER DRUGS, new starts only)
bendamustine hydrochloride inj 25mg	5	PA (CANCER DRUGS, new starts only)
BESREMI PEN INJ 500MCG/0.5ML	5	QL (2 ML per 28 days) PA (CANCER DRUGS, new starts only)
BESREMI INJ 500MCG/ML	5	QL (2 ML per 28 days) PA (CANCER DRUGS, new starts only)
bexarotene caps 75mg	5	PA (CANCER DRUGS, new starts only)
bicalutamide tabs 50mg	2	
bleomycin sulfate inj 15unit	2	
bleomycin sulfate inj 30unit	2	
bortezomib inj 3.5mg	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)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF CAPS 50MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF TABS 100MG	5	PA (CANCER DRUGS, new starts only)
BOSULIF TABS 500MG	5	PA (CANCER DRUGS, new starts only)
bosutinib tabs 100mg	5	PA (CANCER DRUGS, new starts only)
bosutinib tabs 400mg	5	PA (CANCER DRUGS, new starts only)
bosutinib 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)
brukinsa tabs 160mg	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
busulfan inj 6mg/ml	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

Drug Name	Drug Tier	Requirements/Limits
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)
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
carboplatin inj 150mg/15ml	2	
carboplatin inj 450mg/45ml	2	
carboplatin inj 50mg/5ml	2	
carboplatin inj 600mg/60ml	2	
carmustine inj 100mg	5	PA (CANCER DRUGS, new starts only)
CAVHANZA TBDP 60MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
CAVHANZA TBDP 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
cisplatin inj 100mg/100ml	2	
CISPLATIN INJ 200MG/200ML	4	
cisplatin inj 50mg/50ml	2	
cladribine inj 10mg/10ml	5	B/D

Drug Name	Drug Tier	Requirements/Limits
clofarabine inj 1mg/ml	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)
COTELLIC TABS 20MG	5	QL (63 EA per 28 days) PA (CANCER DRUGS, new starts only)
cyclophosphamide caps 25mg	2	B/D
cyclophosphamide caps 50mg	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)
cytarabine aqueous inj 20mg/ml	2	B/D
cytarabine aqueous inj 20mg/ml	2	B/D
cytarabine inj 100mg/ml	2	B/D
cytarabine inj 20mg/ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
dacarbazine inj 100mg	2	
dacarbazine inj 200mg	2	
dactinomycin inj 0.5mg	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)
dasatinib tabs 100mg	5	PA (CANCER DRUGS, new starts only)
dasatinib tabs 140mg	5	PA (CANCER DRUGS, new starts only)
dasatinib tabs 20mg	5	PA (CANCER DRUGS, new starts only)
dasatinib tabs 50mg	5	PA (CANCER DRUGS, new starts only)
dasatinib tabs 70mg	5	PA (CANCER DRUGS, new starts only)
dasatinib tabs 80mg	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
decitabine inj 50mg	5	
DOCETAXEL INJ 160MG/16ML	4	PA (CANCER DRUGS, new starts only)
docetaxel inj 160mg/8ml	5	PA (CANCER DRUGS, new starts only)
DOCETAXEL INJ 20MG/2ML	5	PA (CANCER DRUGS, new starts only)
docetaxel inj 20mg/ml	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
eribulin mesylate inj 1mg/2ml	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)
erlotinib hydrochloride tabs 100mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
erlotinib hydrochloride tabs 150mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
erlotinib hydrochloride tabs 25mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
EULEXIN CAPS 125MG	3	
everolimus tabs 10mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
everolimus tabs 2.5mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
everolimus tabs 5mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
everolimus tabs 7.5mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
everolimus tbso 2mg	5	PA (CANCER DRUGS, new starts only)
everolimus tbso 3mg	5	PA (CANCER DRUGS, new starts only)
everolimus tbso 5mg	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	
fluorouracil inj 1gm/20ml	2	PA (CANCER DRUGS, new starts only)
fluorouracil inj 2.5gm/50ml	2	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
fluorouracil inj 500mg/10ml	2	PA (CANCER DRUGS, new starts only)
fluorouracil inj 5gm/100ml	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)
fulvestrant inj 250mg/5ml	5	PA (CANCER DRUGS, new starts only)
GAVRETO CAPS 100MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
gefitinib tabs 250mg	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
gemcitabine hcl inj 1gm	2	

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl inj 200mg	2	
gemcitabine hcl inj 2gm	2	
gemcitabine hydrochloride inj 1gm/26.3ml	2	
gemcitabine hydrochloride inj 1gm	2	
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML	4	
gemcitabine hydrochloride inj 200mg/5.26ml	2	
gemcitabine hydrochloride inj 200mg	2	
gemcitabine hydrochloride inj 2gm/52.6ml	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)
GOMEKLI TBSO 1MG	4	QL (168 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
HERNEXEOS TABS 60MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)
hydroxyurea caps 500mg	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)
IBTROZI CAPS 200MG	5	QL (3 EA per 1 days) PA (IBTROZI, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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
idarubicin hcl inj 10mg/10ml	5	PA (CANCER DRUGS, new starts only)
idarubicin hcl inj 20mg/20ml	5	PA (CANCER DRUGS, new starts only)
idarubicin hcl inj 5mg/5ml	5	PA (CANCER DRUGS, new starts only)
idarubicin hydrochloride inj 10mg/10ml	5	PA (CANCER DRUGS, new starts only)
idarubicin hydrochloride inj 20mg/20ml	5	PA (CANCER DRUGS, new starts only)
idarubicin hydrochloride inj 5mg/5ml	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)
ifosfamide inj 1gm	2	
imatinib mesylate tabs 100mg	4	PA (CANCER DRUGS, new starts only)
imatinib mesylate tabs 400mg	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)

Drug Name	Drug Tier	Requirements/Limits
IMFINZI INJ 500MG/10ML	5	PA (CANCER DRUGS, new starts only)
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 XR TB24 11MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR TB24 22MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAKAFI XR TB24 33MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAKAFI XR TB24 44MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
JAKAFI XR TB24 55MG	5	QL (1 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)
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)

Drug Name	Drug Tier	Requirements/Limits
JEVTANA INJ 60MG/1.5ML	5	PA (CANCER DRUGS, new starts only)
JIDEYTRO TABS 100MG	5	QL (1 EA per 1 days) PA (JIDEYTRO, new starts only)
JIDEYTRO TABS 25MG	5	QL (3 EA per 1 days) PA (JIDEYTRO, 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)
KOMZIFTI CAPS 200MG	5	QL (3 EA per 1 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)
lapatinib ditosylate tabs 250mg	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)
lenalidomide caps 10mg	5	PA (CANCER DRUGS, new starts only) LA

Drug Name	Drug Tier	Requirements/Limits
lenalidomide caps 15mg	5	PA (CANCER DRUGS, new starts only) LA
lenalidomide caps 2.5mg	5	PA (CANCER DRUGS, new starts only) MO
lenalidomide caps 20mg	5	PA (CANCER DRUGS, new starts only) MO
lenalidomide caps 25mg	5	PA (CANCER DRUGS, new starts only) LA
lenalidomide caps 5mg	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)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
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)
LIFYORLI CPPK 0	5	QL (18 EA per 28 days) PA (CANCER DRUGS, new starts only)
LIFYORLI CPPK 0	5	QL (18 EA per 28 days) PA (CANCER DRUGS, new starts only)
LIFYORLI CPPK 0	5	QL (18 EA per 28 days) PA (CANCER DRUGS, new starts only)
LIFYORLI CPPK 0	5	QL (27 EA per 28 days) PA (CANCER DRUGS, new starts only)
LIFYORLI CPPK 0	5	QL (27 EA per 28 days) PA (CANCER DRUGS, new starts only)
LIFYORLI CPPK 0	5	QL (27 EA per 28 days) PA (CANCER DRUGS, new starts only)
lomustine caps 100mg	5	
lomustine caps 10mg	4	

Drug Name	Drug Tier	Requirements/Limits
lomustine caps 40mg	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)
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	

Drug Name	Drug Tier	Requirements/Limits
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)
melphalan hydrochloride inj 50mg	5	PA (CANCER DRUGS, new starts only)
mercaptopurine susp 2000mg/100ml	5	PA (MERCAPTOPURINE SUSPENSION, new starts only)
mercaptopurine tabs 50mg	2	
methotrexate sodium inj 1gm/40ml	2	
methotrexate sodium inj 1gm	2	

Drug Name	Drug Tier	Requirements/Limits
METHOTREXATE SODIUM INJ 250MG/10ML	4	
methotrexate sodium inj 250mg/10ml	2	
METHOTREXATE SODIUM INJ 50MG/2ML	4	
methotrexate sodium inj 50mg/2ml	2	
methotrexate sodium tabs 2.5mg	2	
methotrexate inj 50mg/2ml	2	
mitomycin inj 20mg	5	PA (CANCER DRUGS, new starts only)
mitomycin inj 40mg	5	PA (CANCER DRUGS, new starts only)
mitomycin inj 5mg	5	PA (CANCER DRUGS, new starts only)
mitoxantrone hydrochloride inj 25mg/12.5ml	2	
mitoxantrone hydrochloride inj 2mg/ml	2	
mitoxantrone hydrochloride inj 2mg/ml	2	
MODEYSO CAPS 125MG	5	QL (20 EA per 28 days) PA (CANCER DRUGS, new starts only) MO
mutamycin inj 20mg	5	PA (CANCER DRUGS, new starts only)
mutamycin inj 40mg	5	PA (CANCER DRUGS, new starts only)
mutamycin inj 5mg	5	PA (CANCER DRUGS, new starts only)
MYLOTARG INJ 4.5MG	5	PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
nelarabine inj 5mg/ml	5	PA (CANCER DRUGS, new starts only)
NERLYNX TABS 40MG	5	QL (6 EA per 1 days) PA (NERLYNX, new starts only)
nilotinib hydrochloride caps 150mg	5	PA (CANCER DRUGS, new starts only)
nilotinib hydrochloride caps 200mg	5	PA (CANCER DRUGS, new starts only)
nilotinib hydrochloride caps 50mg	5	PA (CANCER DRUGS, new starts only)
nilutamide tabs 150mg	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)
ODOMZO CAPS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
OJJAARA TABS 200MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
paclitaxel protein-bound particles inj 900mg; 100mg	5	PA (CANCER DRUGS, new starts only)
PACLITAXEL INJ 150MG/25ML	4	
paclitaxel inj 300mg/50ml	2	
paclitaxel inj 30mg/5ml	2	
paclitaxel inj 6mg/ml	2	
pazopanib hydrochloride tabs 200mg	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
pemetrexed disodium inj 100mg	5	PA (CANCER DRUGS, new starts only)
pemetrexed disodium inj 500mg	5	PA (CANCER DRUGS, new starts only)
pemetrexed inj 100mg	5	PA (CANCER DRUGS, new starts only)
pemetrexed inj 500mg	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 TBPK 150MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
pomalidomide caps 1mg	5	PA (CANCER DRUGS, new starts only)
pomalidomide caps 2mg	5	PA (CANCER DRUGS, new starts only)
pomalidomide caps 3mg	5	PA (CANCER DRUGS, new starts only)
pomalidomide caps 4mg	5	PA (CANCER DRUGS, new starts only)
pralatrexate inj 20mg/ml	5	PA (CANCER DRUGS, new starts only)
pralatrexate inj 40mg/2ml	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)
romidepsin inj 10mg	5	PA (CANCER DRUGS, new starts only)
ROMVIMZA CAPS 14MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
ROMVIMZA CAPS 20MG	5	QL (8 EA per 28 days) PA (CANCER DRUGS, new starts only)
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 PELLET, 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)

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25MG	5	QL (8 EA per 1 days) PA (CANCER DRUGS, new starts only)
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)
sorafenib tosylate tabs 200mg	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
sorafenib tabs 200mg	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
sunitinib malate caps 12.5mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
sunitinib malate caps 25mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
sunitinib malate caps 37.5mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
sunitinib malate caps 50mg	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
temsirolimus inj 25mg/ml	5	PA (CANCER DRUGS, new starts only)
TEPMETKO TABS 225MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
TEVIMBRA INJ 100MG/10ML	5	PA (CANCER DRUGS, new starts only)
thiotepa inj 15mg	5	PA (CANCER DRUGS, new starts only)
TIBSOVO TABS 250MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)
topotecan hcl inj 4mg	5	
topotecan hydrochloride inj 4mg/4ml	5	
tretinoin caps 10mg	5	PA (CANCER DRUGS, new starts only)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50MG	5	QL (4 EA per 1 days) PA (CANCER DRUGS, new starts only)
VEPPANU TABS 100MG	5	QL (1 EA per 1 days) PA (VEPPANU, new starts only)
VEPPANU TABS 200MG	5	QL (1 EA per 1 days) PA (VEPPANU, 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
vinorelbine tartrate inj 10mg/ml	2	
vinorelbine tartrate inj 50mg/5ml	2	
VITRAKVI CAPS 100MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
WELIREG TABS 40MG	5	QL (3 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
XPOVIO TBPK 10MG	5	QL (16 EA per 28 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
XTANDI TABS 80MG	5	QL (2 EA per 1 days) PA (CANCER DRUGS, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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)
yulithira tabs 10mg	4	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
yulithira tabs 2.5mg	4	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
yulithira tabs 5mg	4	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
yulithira tabs 7.5mg	4	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only) MO
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)

Drug Name	Drug Tier	Requirements/Limits
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
ZENBEXUS CAPS 0.75MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZENBEXUS CAPS 1MG	5	QL (1 EA per 1 days) PA (CANCER DRUGS, new starts only)
ZOLINZA CAPS 100MG	5	PA (CANCER DRUGS, new starts only)
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		

Drug Name	Drug Tier	Requirements/Limits
Allergenic Extracts		
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
Antitoxins and Immune Globulins		
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
GAMUNEX-C INJ 40GM/400ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)
GAMUNEX-C INJ 5GM/50ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN)

Drug Name	Drug Tier	Requirements/Limits
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)
ZINPLAVA INJ 1000MG/40ML	5	PA (ZINPLAVA)
Toxoids		

Drug Name	Drug Tier	Requirements/Limits
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	
Vaccines		
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	
PEDVAXHIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	3	PA (PENBRAYA)
PENMENVY INJ 0; 0	3	PA (PENMENVY)

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
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)

Drug Name	Drug Tier	Requirements/Limits
VIMKUNYA INJ 40MCG/0.8ML	3	
VIVOTIF CPDR 0	3	QL (4 EA per 365 days)
YF-VAX INJ 0	3	
Autonomic Drugs		
Anticholinergic Agents		
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
dicyclomine hcl soln 10mg/5ml	4	
dicyclomine hydrochloride caps 10mg	4	
dicyclomine hydrochloride soln 10mg/5ml	4	
dicyclomine hydrochloride tabs 20mg	4	
glycopyrrolate tabs 1mg	2	
glycopyrrolate tabs 2mg	2	
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL (30 EA per 30 days) MO
ipratropium bromide hfa aers 17mcg/act	4	
ipratropium bromide soln 0.02%	2	B/D MO
ipratropium bromide soln 0.03%	2	MO
ipratropium bromide soln 0.06%	2	MO
scopolamine pt72 1mg/3days	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

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL (4 GM per 30 days) MO
tiotropium bromide caps 18mcg	1	QL (30 EA per 30 days) MO
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER INHA 10MG	4	QL (5376 EA per 365 days)
NICOTROL NS SOLN 10MG/ML	4	QL (360 ML per 365 days)
varenicline starting month tbpk 0	1	QL (53 EA per 84 days)
varenicline tartrate tabs 0.5mg	1	QL (730 EA per 365 days)
varenicline tartrate tabs 1mg	1	QL (730 EA per 365 days)
Parasympathomimetic (Cholinergic) Agents		
bethanechol chloride tabs 10mg	2	
bethanechol chloride tabs 25mg	2	
bethanechol chloride tabs 50mg	2	
bethanechol chloride tabs 5mg	2	
cevimeline hydrochloride caps 30mg	4	MO
donepezil hcl tabs 10mg	1	MO
donepezil hcl tabs 23mg	2	QL (1 EA per 1 days) MO
donepezil hcl tbdp 10mg	2	MO
donepezil hcl tbdp 5mg	2	QL (1 EA per 1 days) MO
donepezil hydrochloride odt tbdp 10mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
donepezil hydrochloride odt tbdp 5mg	2	QL (1 EA per 1 days) MO
donepezil hydrochloride tabs 10mg	1	MO
donepezil hydrochloride tabs 23mg	2	QL (1 EA per 1 days) MO
donepezil hydrochloride tabs 5mg	1	QL (1 EA per 1 days) MO
FIRDAPSE TABS 10MG	5	QL (8 EA per 1 days) PA (FIRDAPSE)
galantamine hydrobromide er cp24 16mg	2	QL (1 EA per 1 days) MO
galantamine hydrobromide er cp24 24mg	2	QL (1 EA per 1 days) MO
galantamine hydrobromide er cp24 8mg	2	QL (1 EA per 1 days) MO
GALANTAMINE HYDROBROMIDE SOLN 4MG/ML	4	MO
galantamine hydrobromide tabs 12mg	2	MO
galantamine hydrobromide tabs 4mg	2	MO
galantamine hydrobromide tabs 8mg	2	MO
pilocarpine hydrochloride tabs 5mg	2	MO
pilocarpine hydrochloride tabs 7.5mg	2	MO
pyridostigmine bromide er tbcr 180mg	4	
pyridostigmine bromide soln 60mg/5ml	4	
pyridostigmine bromide tabs 60mg	2	
REGONOL INJ 10MG/2ML	4	
rivastigmine tartrate caps 1.5mg	2	MO
rivastigmine tartrate caps 3mg	2	MO
rivastigmine tartrate caps 4.5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
rivastigmine tartrate caps 6mg	2	MO
rivastigmine transdermal system pt24 13.3mg/24hr	4	QL (1 EA per 1 days) MO
rivastigmine transdermal system pt24 4.6mg/24hr	4	QL (1 EA per 1 days) MO
rivastigmine transdermal system pt24 9.5mg/24hr	4	QL (1 EA per 1 days) MO
Skeletal Muscle Relaxants		
baclofen tabs 10mg	1	MO
baclofen tabs 20mg	1	MO
baclofen tabs 5mg	1	
chlorzoxazone tabs 500mg	2	
cyclobenzaprine hydrochloride tabs 10mg	4	
cyclobenzaprine hydrochloride tabs 5mg	4	
methocarbamol tabs 500mg	2	
methocarbamol tabs 750mg	2	
tizanidine hcl tabs 2mg	1	MO
tizanidine hydrochloride caps 2mg	2	
tizanidine hydrochloride caps 4mg	2	
tizanidine hydrochloride caps 6mg	2	
tizanidine hydrochloride tabs 2mg	1	
tizanidine hydrochloride tabs 4mg	1	MO
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	1	
varenicline tartrate continuing month tabs 1mg	1	QL (730 EA per 365 days)

Drug Name	Drug Tier	Requirements/Limits
Sympatholytic (Adrenergic Blocking) Agents		
alfuzosin hcl er tb24 10mg	2	MO
dihydroergotamine mesylate inj 1mg/ml	5	
dihydroergotamine mesylate soln 4mg/ml	5	QL (8 ML per 28 days)
ERGOLOID MESYLATES TABS 1MG	4	MO
tamsulosin hydrochloride caps 0.4mg	1	MO
Sympathomimetic (Adrenergic) Agents		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT	3	QL (12 GM per 30 days) MO
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
albuterol sulfate hfa aers 108mcg/act	1	QL (17 GM per 30 days) MO
albuterol sulfate hfa aers 108mcg/act	1	QL (36 GM per 30 days) MO
albuterol sulfate hfa aers 108mcg/act	1	QL (13.4 GM per 30 days) MO
albuterol sulfate nebu 0.083%	1	B/D MO
albuterol sulfate nebu 0.63mg/3ml	1	B/D MO
albuterol sulfate nebu 1.25mg/3ml	1	B/D MO
albuterol sulfate nebu 2.5mg/0.5ml	1	B/D MO
albuterol sulfate syrp 2mg/5ml	2	MO
albuterol sulfate tabs 2mg	4	MO
albuterol sulfate tabs 4mg	4	MO
arformoterol tartrate nebu 15mcg/2ml	2	B/D MO

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL (8 GM per 30 days) MO
droxidopa caps 100mg	4	QL (15 EA per 1 days) PA (DROXIDOPA)
droxidopa caps 200mg	5	QL (6 EA per 1 days) PA (DROXIDOPA)
droxidopa caps 300mg	5	QL (6 EA per 1 days) PA (DROXIDOPA)
epinephrine inj 0.15mg/0.15ml	2	
epinephrine inj 0.15mg/0.3ml	2	
epinephrine inj 0.3mg/0.3ml	2	
epinephrine inj 0.3mg/0.3ml	2	
fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus aepb 250mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus aepb 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol aepb 100mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol aepb 250mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml	2	B/D MO
levalbuterol hcl nebu 0.31mg/3ml	2	B/D MO
levalbuterol hcl nebu 0.63mg/3ml	2	B/D MO
levalbuterol hcl nebu 1.25mg/3ml	2	B/D MO

Drug Name	Drug Tier	Requirements/Limits
levalbuterol hydrochloride nebu 0.31mg/3ml	2	B/D MO
levalbuterol hydrochloride nebu 0.63mg/3ml	2	B/D MO
levalbuterol hydrochloride nebu 1.25mg/3ml	2	B/D MO
LEVALBUTEROL TARTRATE HFA AERO 45MCG/ACT	4	QL (30 GM per 30 days) MO
levalbuterol nebu 1.25mg/0.5ml	2	B/D MO
lofexidine hydrochloride tabs 0.18mg	5	QL (16 EA per 1 days) PA (LUCEMYRA)
midodrine hydrochloride tabs 10mg	2	
midodrine hydrochloride tabs 2.5mg	2	
midodrine hydrochloride tabs 5mg	2	
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL (60 EA per 30 days) MO
terbutaline sulfate inj 1mg/ml	2	
terbutaline sulfate tabs 2.5mg	2	
terbutaline sulfate tabs 5mg	2	MO
wixela inhub aepb 100mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
wixela inhub aepb 250mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
wixela inhub aepb 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
Blood Derivatives		
Blood Derivatives		
ARALAST NP INJ 1000MG	5	PA (ARALAST) LA
ARALAST NP INJ 500MG	5	PA (ARALAST) LA

Drug Name	Drug Tier	Requirements/Limits
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		
Antihemorrhagic Agents		
tranexamic acid inj 1000mg/10ml	2	
tranexamic acid tabs 650mg	2	
Antithrombotic Agents		
anagrelide hydrochloride caps 0.5mg	2	MO
anagrelide hydrochloride caps 1mg	4	MO
argatroban inj 250mg/2.5ml	5	
aspirin/dipyridamole er cp12 25mg; 200mg	2	MO
aspirin/dipyridamole cp12 25mg; 200mg	2	MO
CABLIVI INJ 11MG	5	QL (1 EA per 1 days) PA (CABLIVI)
cilostazol tabs 100mg	2	MO
cilostazol tabs 50mg	2	MO
clopidogrel tabs 75mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
dabigatran etexilate caps 110mg	2	QL (2 EA per 1 days) MO
dabigatran etexilate caps 150mg	2	QL (2 EA per 1 days) MO
dabigatran etexilate caps 75mg	2	QL (2 EA per 1 days) MO
dipyridamole tabs 25mg	2	MO
dipyridamole tabs 50mg	2	MO
dipyridamole tabs 75mg	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	MO
ELIQUIS TBSO 0.5MG	3	PA (ELIQUIS)
ELIQUIS TBSO 0.5MG	3	QL (20 EA per 1 days) PA (ELIQUIS) MO
ELIQUIS TBSO 0.5MG	3	PA (ELIQUIS) MO
enoxaparin sodium inj 100mg/ml	2	
enoxaparin sodium inj 120mg/0.8ml	2	
enoxaparin sodium inj 150mg/ml	2	
enoxaparin sodium inj 300mg/3ml	2	
enoxaparin sodium inj 30mg/0.3ml	2	
enoxaparin sodium inj 40mg/0.4ml	2	
enoxaparin sodium inj 60mg/0.6ml	2	
enoxaparin sodium inj 80mg/0.8ml	2	
fondaparinux sodium inj 10mg/0.8ml	5	QL (0.8 ML per 1 days)

Drug Name	Drug Tier	Requirements/Limits
fondaparinux sodium inj 2.5mg/0.5ml	2	QL (0.5 ML per 1 days)
fondaparinux sodium inj 5mg/0.4ml	5	QL (0.4 ML per 1 days)
fondaparinux sodium inj 7.5mg/0.6ml	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	
heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% premix inj 2000unit/l; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%	2	
heparin sodium/sodium chloride 0.9% inj 2000unit/l; 0.9%	2	
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/250ML; 0.45%	4	

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/SODIUM CHLORIDE INJ 25000UNIT/500ML; 0.45%	4	
heparin sodium inj 10000unit/ml	2	
heparin sodium inj 1000unit/ml	2	
heparin sodium inj 1000unit/ml	2	
heparin sodium inj 20000unit/ml	2	
heparin sodium inj 5000unit/0.5ml	2	
heparin sodium inj 5000unit/ml	2	
heparin sodium inj 5000unit/ml	2	
jantoven tabs 10mg	1	MO
jantoven tabs 1mg	1	MO
jantoven tabs 2.5mg	1	MO
jantoven tabs 2mg	1	MO
jantoven tabs 3mg	1	MO
jantoven tabs 4mg	1	MO
jantoven tabs 5mg	1	MO
jantoven tabs 6mg	1	MO
jantoven tabs 7.5mg	1	MO
prasugrel hydrochloride tabs 10mg	1	QL (1 EA per 1 days) MO
prasugrel hydrochloride tabs 5mg	1	QL (1 EA per 1 days) MO
rivaroxaban susr 1mg/ml	2	PA (RIVAROXABAN SUSPENSION) MO
ticagrelor tabs 60mg	4	QL (2 EA per 1 days)
ticagrelor tabs 90mg	4	QL (2 EA per 1 days)
warfarin sodium tabs 10mg	1	MO
warfarin sodium tabs 1mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tabs 2.5mg	1	MO
warfarin sodium tabs 2mg	1	MO
warfarin sodium tabs 3mg	1	MO
warfarin sodium tabs 4mg	1	MO
warfarin sodium tabs 5mg	1	MO
warfarin sodium tabs 6mg	1	MO
warfarin sodium tabs 7.5mg	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
Blood Formation, Coagulation, and Thrombosis Agents, Misc.		
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
Hematopoietic Agents		
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)
eltrombopag olamine pack 12.5mg	5	QL (6 EA per 1 days) PA (ELTROMBOPAG) MO
eltrombopag olamine pack 25mg	5	QL (6 EA per 1 days) PA (ELTROMBOPAG) MO
eltrombopag olamine tabs 12.5mg	5	QL (1 EA per 1 days) PA (ELTROMBOPAG) MO

Drug Name	Drug Tier	Requirements/Limits
eltrombopag olamine tabs 25mg	5	QL (1 EA per 1 days) PA (ELTROMBOPAG) MO
eltrombopag olamine tabs 50mg	5	QL (2 EA per 1 days) PA (ELTROMBOPAG) MO
eltrombopag olamine tabs 75mg	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)
NEULASTA INJ 4MG/0.4ML	5	PA (COLONY STIMULATING FACTORS)

Drug Name	Drug Tier	Requirements/Limits
NEULASTA INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
plerixafor inj 24mg/1.2ml	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)

Drug Name	Drug Tier	Requirements/Limits
STIMUFEND INJ 6MG/0.6ML	5	PA (COLONY STIMULATING FACTORS)
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)
Hemorrheologic Agents		
pentoxifylline er tbcr 400mg	1	MO
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
doxazosin mesylate tabs 1mg	1	MO
doxazosin mesylate tabs 2mg	1	MO
doxazosin mesylate tabs 4mg	1	MO
doxazosin mesylate tabs 8mg	1	MO
doxazosin tabs 2mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ezetimibe/simvastatin tabs 10mg; 10mg	6	QL (1 EA per 1 days) MO
ezetimibe/simvastatin tabs 10mg; 20mg	6	QL (1 EA per 1 days) MO
ezetimibe/simvastatin tabs 10mg; 40mg	6	QL (1 EA per 1 days) MO
ezetimibe/simvastatin tabs 10mg; 80mg	6	QL (1 EA per 1 days) MO
ezetimibe tabs 10mg	2	QL (1 EA per 1 days) MO
fenofibrate micronized caps 134mg	2	MO
fenofibrate micronized caps 200mg	2	MO
fenofibrate micronized caps 67mg	2	MO
fenofibrate caps 130mg	2	MO
fenofibrate caps 134mg	2	MO
fenofibrate caps 200mg	2	MO
fenofibrate caps 43mg	2	MO
fenofibrate caps 67mg	2	MO
fenofibrate tabs 145mg	2	MO
fenofibrate tabs 160mg	2	MO
fenofibrate tabs 48mg	2	MO
fenofibrate tabs 54mg	2	MO
fenofibric acid dr cpdr 135mg	2	MO
fenofibric acid dr cpdr 45mg	2	MO
gemfibrozil tabs 600mg	2	MO
icosapent ethyl caps 0.5gm	2	QL (8 EA per 1 days) MO
icosapent ethyl caps 1gm	4	QL (4 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
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 2MG	5	QL (2 EA per 1 days) PA (JUXTAPID)
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
lovastatin tabs 10mg	6	MO
lovastatin tabs 20mg	6	MO
lovastatin tabs 40mg	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
niacin er tbcr 1000mg	2	MO
niacin er tbcr 500mg	2	MO
niacin er tbcr 750mg	2	MO
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	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
pravastatin sodium tabs 10mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
pravastatin sodium tabs 20mg	6	MO
pravastatin sodium tabs 40mg	6	MO
pravastatin sodium tabs 80mg	6	MO
prevalite pack 4gm	4	MO
prevalite powd 4gm/dose	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
rosuvastatin calcium tabs 10mg	6	MO
rosuvastatin calcium tabs 20mg	6	MO
rosuvastatin calcium tabs 40mg	6	MO
rosuvastatin calcium tabs 5mg	6	MO
simvastatin tabs 10mg	6	MO
simvastatin tabs 20mg	6	MO
simvastatin tabs 40mg	6	MO
simvastatin tabs 5mg	6	MO
simvastatin tabs 80mg	6	MO
TRYNGOLZA INJ 50MG/0.8ML	5	QL (0.8 ML per 28 days) PA (TRYNGOLZA)
TRYNGOLZA INJ 80MG/0.8ML	5	QL (0.8 ML per 28 days) PA (TRYNGOLZA)
beta-Adrenergic Blocking Agents		
acebutolol hydrochloride caps 200mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
acebutolol hydrochloride caps 400mg	2	MO
atenolol/chlorthalidone tabs 100mg; 25mg	2	MO
atenolol/chlorthalidone tabs 50mg; 25mg	2	MO
atenolol tabs 100mg	1	MO
atenolol tabs 25mg	1	MO
atenolol tabs 50mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tabs 2.5mg; 6.25mg	2	MO
bisoprolol fumarate/hydrochlorothiazide tabs 5mg; 6.25mg	2	MO
bisoprolol fumarate tabs 10mg	2	MO
bisoprolol fumarate tabs 5mg	2	MO
carvedilol tabs 12.5mg	1	MO
carvedilol tabs 25mg	1	MO
carvedilol tabs 3.125mg	1	MO
carvedilol tabs 6.25mg	1	MO
LABETALOL HYDROCHLORIDE INJ 10MG/2ML	4	
labetalol hydrochloride inj 5mg/ml	2	
labetalol hydrochloride tabs 100mg	2	MO
labetalol hydrochloride tabs 200mg	2	MO
labetalol hydrochloride tabs 300mg	2	MO
metoprolol succinate er tb24 100mg	1	MO
metoprolol succinate er tb24 200mg	1	MO
metoprolol succinate er tb24 25mg	1	MO
metoprolol succinate er tb24 50mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
metoprolol tartrate inj 5mg/5ml	2	
metoprolol tartrate tabs 100mg	1	MO
metoprolol tartrate tabs 25mg	1	MO
metoprolol tartrate tabs 37.5mg	1	MO
metoprolol tartrate tabs 50mg	1	MO
metoprolol tartrate tabs 75mg	1	MO
metoprolol/hydrochlorothiazide tabs 25mg; 100mg	2	MO
metoprolol/hydrochlorothiazide tabs 25mg; 50mg	2	MO
metoprolol/hydrochlorothiazide tabs 50mg; 100mg	2	MO
nadolol tabs 20mg	2	MO
nadolol tabs 40mg	2	MO
nadolol tabs 80mg	2	MO
nebivolol hydrochloride tabs 10mg	2	QL (3 EA per 1 days) MO
nebivolol hydrochloride tabs 2.5mg	2	QL (5 EA per 1 days) MO
nebivolol hydrochloride tabs 20mg	2	QL (2 EA per 1 days) MO
nebivolol hydrochloride tabs 5mg	2	QL (2 EA per 1 days) MO
pindolol tabs 10mg	2	MO
pindolol tabs 5mg	2	MO
PROPRANOLOL HCL SOLN 40MG/5ML	4	MO
propranolol hcl tabs 40mg	1	MO
propranolol hcl tabs 60mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
propranolol hydrochloride er cp24 120mg	2	MO
propranolol hydrochloride er cp24 160mg	2	MO
propranolol hydrochloride er cp24 60mg	2	MO
propranolol hydrochloride er cp24 80mg	2	MO
PROPRANOLOL HYDROCHLORIDE SOLN 20MG/5ML	4	MO
propranolol hydrochloride tabs 10mg	1	MO
propranolol hydrochloride tabs 20mg	1	MO
propranolol hydrochloride tabs 40mg	1	MO
propranolol hydrochloride tabs 60mg	1	MO
propranolol hydrochloride tabs 80mg	1	MO
sotalol hcl (af) tabs 120mg	1	MO
sotalol hcl (af) tabs 80mg	1	MO
sotalol hcl af tabs 160mg	1	MO
sotalol hcl tabs 120mg	1	MO
sotalol hcl tabs 160mg	1	MO
sotalol hcl tabs 240mg	1	MO
sotalol hydrochloride (af) tabs 120mg	1	MO
sotalol hydrochloride (af) tabs 160mg	1	MO
sotalol hydrochloride (af) tabs 80mg	1	MO
sotalol hydrochloride af tabs 160mg	1	MO
sotalol hydrochloride tabs 120mg	1	MO
sotalol hydrochloride tabs 160mg	1	MO
sotalol hydrochloride tabs 240mg	1	MO
sotalol hydrochloride tabs 80mg	1	MO
SOTYLIZE SOLN 5MG/ML	4	PA (SOTYLIZE) MO
timolol maleate tabs 10mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
timolol maleate tabs 20mg	2	MO
timolol maleate tabs 5mg	2	MO
Calcium-Channel Blocking Agents		
amlodipine besylate/atorvastatin calcium tabs 10mg; 10mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 10mg; 20mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 10mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 10mg; 80mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 10mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 20mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 2.5mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 5mg; 10mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 5mg; 20mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 5mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/atorvastatin calcium tabs 5mg; 80mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hcl caps 10mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hcl caps 5mg; 40mg	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hydrochloride caps 10mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hydrochloride caps 2.5mg; 10mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 10mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 20mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/benazepril hydrochloride caps 5mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/valsartan tabs 10mg; 160mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/valsartan tabs 10mg; 320mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/valsartan tabs 5mg; 160mg	6	QL (1 EA per 1 days) MO
amlodipine besylate/valsartan tabs 5mg; 320mg	6	QL (1 EA per 1 days) MO
amlodipine besylate tabs 10mg	1	MO
amlodipine besylate tabs 2.5mg	1	MO
amlodipine besylate tabs 5mg	1	MO
amlodipine/olmesartan medoxomil tabs 10mg; 20mg	6	QL (1 EA per 1 days) MO
amlodipine/olmesartan medoxomil tabs 10mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine/olmesartan medoxomil tabs 5mg; 20mg	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
amlodipine/olmesartan medoxomil tabs 5mg; 40mg	6	QL (1 EA per 1 days) MO
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg	6	MO
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 160mg	6	MO
amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 25mg; 320mg	6	MO
amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg	6	MO
amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 25mg; 160mg	6	MO
diltiazem hcl er cp24 300mg	2	MO
diltiazem hcl inj 25mg/5ml	2	MO
felodipine er tb24 10mg	2	MO
felodipine er tb24 2.5mg	2	MO
felodipine er tb24 5mg	2	MO
nicardipine hcl caps 20mg	2	MO
nicardipine hcl caps 30mg	2	MO
nicardipine hydrochloride caps 20mg	2	MO
nicardipine hydrochloride caps 30mg	2	MO
nicardipine hydrochloride inj 2.5mg/ml	2	
nifedipine er tb24 30mg	2	MO
nifedipine er tb24 30mg	2	MO
nifedipine er tb24 60mg	2	MO
nifedipine er tb24 60mg	2	MO
nifedipine er tb24 90mg	2	MO
nifedipine er tb24 90mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
amiodarone hydrochloride inj 900mg/18ml	2	
amiodarone hydrochloride tabs 100mg	2	MO
amiodarone hydrochloride tabs 200mg	1	MO
amiodarone hydrochloride tabs 400mg	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)
cartia xt cp24 120mg	2	MO
cartia xt cp24 180mg	2	MO
cartia xt cp24 240mg	2	MO
cartia xt cp24 300mg	2	MO
CORLANOR SOLN 5MG/5ML	4	PA (IVABRADINE SOLUTION) MO
digoxin inj 0.25mg/ml	2	
DIGOXIN SOLN 0.05MG/ML	4	MO
digoxin tabs 125mcg	2	MO
digoxin tabs 250mcg	2	MO
dilt-xr cp24 120mg	2	MO
dilt-xr cp24 180mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
diltiazem hydrochloride er cp24 360mg	2	MO
diltiazem hydrochloride er tb24 120mg	2	MO
diltiazem hydrochloride er tb24 180mg	2	MO
diltiazem hydrochloride er tb24 240mg	2	MO
diltiazem hydrochloride er tb24 300mg	2	MO
diltiazem hydrochloride er tb24 360mg	2	MO
diltiazem hydrochloride er tb24 420mg	2	MO
diltiazem hydrochloride inj 125mg/25ml	2	
diltiazem hydrochloride inj 25mg/5ml	2	
diltiazem hydrochloride inj 50mg/10ml	2	
diltiazem hydrochloride tabs 120mg	2	MO
diltiazem hydrochloride tabs 30mg	2	MO
diltiazem hydrochloride tabs 60mg	2	MO
diltiazem hydrochloride tabs 90mg	2	MO
disopyramide phosphate caps 100mg	2	MO
disopyramide phosphate caps 150mg	2	MO
dofetilide caps 125mcg	2	MO
dofetilide caps 250mcg	2	MO
dofetilide caps 500mcg	2	MO
flecainide acetate tabs 100mg	2	MO
flecainide acetate tabs 150mg	2	MO
flecainide acetate tabs 50mg	2	MO
ivabradine hydrochloride tabs 5mg	2	QL (2 EA per 1 days) PA (CORLANOR)
ivabradine hydrochloride tabs 7.5mg	2	QL (2 EA per 1 days) PA (CORLANOR)
lidocaine hcl in d5w inj 5%; 4mg/ml	2	
lidocaine hcl in d5w inj 5%; 8mg/ml	2	
lidocaine hcl/dextrose inj 5%; 4mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl/dextrose inj 5%; 8mg/ml	2	
matzim la tb24 180mg	2	MO
matzim la tb24 240mg	2	MO
matzim la tb24 300mg	2	MO
matzim la tb24 360mg	2	MO
matzim la tb24 420mg	2	MO
mexiletine hydrochloride caps 150mg	4	MO
mexiletine hydrochloride caps 200mg	4	MO
mexiletine hydrochloride caps 250mg	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
pacerone tabs 100mg	2	MO
pacerone tabs 200mg	1	MO
pacerone tabs 400mg	2	MO
procainamide hydrochloride inj 100mg/ml	2	
procainamide hydrochloride inj 500mg/ml	2	
propafenone hcl tabs 150mg	2	MO
propafenone hcl tabs 225mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
propafenone hcl tabs 300mg	2	MO
propafenone hydrochloride tabs 150mg	2	MO
propafenone hydrochloride tabs 225mg	2	MO
propafenone hydrochloride tabs 300mg	2	MO
quinidine gluconate cr tbcr 324mg	2	MO
QUINIDINE SULFATE TABS 200MG	4	MO
QUINIDINE SULFATE TABS 300MG	4	MO
ranolazine er tb12 1000mg	2	MO
ranolazine er tb12 500mg	2	MO
taztia xt cp24 120mg	2	MO
taztia xt cp24 180mg	2	MO
taztia xt cp24 240mg	2	MO
taztia xt cp24 300mg	2	MO
taztia xt cp24 360mg	2	MO
tiadylt er cp24 120mg	2	MO
tiadylt er cp24 180mg	2	MO
tiadylt er cp24 240mg	2	MO
tiadylt er cp24 300mg	2	MO
tiadylt er cp24 360mg	2	MO
tiadylt er cp24 420mg	2	MO
verapamil hcl er cp24 120mg	1	MO
verapamil hcl er cp24 180mg	1	MO
verapamil hcl er cp24 240mg	1	MO
verapamil hcl er tbcr 120mg	1	MO
verapamil hcl sr cp24 120mg	1	MO
verapamil hcl sr cp24 180mg	1	MO
verapamil hcl sr cp24 240mg	1	MO
verapamil hcl sr cp24 360mg	1	MO
verapamil hydrochloride er cp24 100mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
verapamil hydrochloride er cp24 200mg	1	MO
verapamil hydrochloride er cp24 300mg	1	MO
verapamil hydrochloride er tbcr 180mg	1	MO
verapamil hydrochloride er tbcr 240mg	1	MO
verapamil hydrochloride sr cp24 240mg	1	MO
verapamil hydrochloride sr cp24 360mg	1	MO
verapamil hydrochloride inj 2.5mg/ml	2	
verapamil hydrochloride tabs 120mg	1	MO
verapamil hydrochloride tabs 40mg	1	MO
verapamil hydrochloride tabs 80mg	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		
clonidine hydrochloride tabs 0.05mg	1	MO
clonidine hydrochloride tabs 0.1mg	1	MO
clonidine hydrochloride tabs 0.2mg	1	MO
clonidine hydrochloride tabs 0.3mg	1	MO
clonidine ptwk 0.1mg/24hr	4	MO
clonidine ptwk 0.2mg/24hr	4	MO
clonidine ptwk 0.3mg/24hr	4	MO
guanfacine hydrochloride tabs 1mg	2	MO
guanfacine hydrochloride tabs 2mg	2	MO
methyldopa tabs 250mg	4	MO
METHYLDOPA TABS 500MG	4	MO
Diuretics		
amiloride hcl tabs 5mg	1	MO
amiloride hydrochloride tabs 5mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg	2	MO
bumetanide tabs 1mg	2	MO
bumetanide tabs 2mg	2	MO
chlorothiazide sodium inj 500mg	2	
chlorthalidone tabs 25mg	1	MO
chlorthalidone tabs 50mg	1	MO
dichlorphenamide tabs 50mg	5	QL (4 EA per 1 days) PA (KEVEYIS)
furosemide inj 10mg/ml	2	
furosemide soln 10mg/ml	2	MO
FUROSEMIDE SOLN 40MG/5ML	4	MO
furosemide tabs 20mg	1	MO
furosemide tabs 40mg	1	MO
furosemide tabs 80mg	1	MO
hydrochlorothiazide caps 12.5mg	1	MO
hydrochlorothiazide tabs 12.5mg	1	MO
hydrochlorothiazide tabs 25mg	1	MO
hydrochlorothiazide tabs 50mg	1	MO
indapamide tabs 1.25mg	1	MO
indapamide tabs 2.5mg	1	MO
methazolamide tabs 25mg	4	MO
methazolamide tabs 50mg	4	MO
metolazone tabs 10mg	1	MO
metolazone tabs 2.5mg	1	MO
metolazone tabs 5mg	1	MO
Kallikrein-kinin System Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
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)
icatibant acetate inj 30mg/3ml	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
TAKHZYRO INJ 300MG/2ML	5	QL (4 ML per 28 days) PA (TAKHZYRO) MO
Renin-Angiotensin-Aldosterone Sys Inhib		
aliskiren tabs 150mg	2	MO
aliskiren tabs 300mg	2	MO
benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg	6	MO
benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 12.5mg	6	MO
benazepril hydrochloride/hydrochlorothiazide tabs 20mg; 25mg	6	MO
benazepril hydrochloride/hydrochlorothiazide tabs 5mg; 6.25mg	6	MO
benazepril hydrochloride tabs 10mg	6	MO
benazepril hydrochloride tabs 20mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
benazepril hydrochloride tabs 40mg	6	MO
benazepril hydrochloride tabs 5mg	6	MO
candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg	6	QL (1 EA per 1 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg	6	QL (1 EA per 1 days) MO
candesartan cilexetil/hydrochlorothiazide tabs 32mg; 25mg	6	QL (1 EA per 1 days) MO
candesartan cilexetil tabs 16mg	6	QL (1 EA per 1 days) MO
candesartan cilexetil tabs 32mg	6	QL (1 EA per 1 days) MO
candesartan cilexetil tabs 4mg	6	QL (1 EA per 1 days) MO
candesartan cilexetil tabs 8mg	6	QL (1 EA per 1 days) MO
captopril tabs 100mg	6	MO
captopril tabs 12.5mg	6	MO
captopril tabs 25mg	6	MO
captopril tabs 50mg	6	MO
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg	6	MO
enalapril maleate/hydrochlorothiazide tabs 5mg; 12.5mg	6	MO
enalapril maleate tabs 10mg	6	MO
enalapril maleate tabs 2.5mg	6	MO
enalapril maleate tabs 20mg	6	MO
enalapril maleate tabs 5mg	6	MO
ENTRESTO CPSP 15MG; 16MG	3	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO CPSP 6MG; 6MG	3	
eplerenone tabs 25mg	2	MO
eplerenone tabs 50mg	2	MO
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg	6	MO
fosinopril sodium/hydrochlorothiazide tabs 20mg; 12.5mg	6	MO
fosinopril sodium tabs 10mg	6	MO
fosinopril sodium tabs 20mg	6	MO
fosinopril sodium tabs 40mg	6	MO
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg	6	MO
irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg	6	MO
irbesartan tabs 150mg	6	MO
irbesartan tabs 300mg	6	MO
irbesartan tabs 75mg	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)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg	6	MO
lisinopril/hydrochlorothiazide tabs 12.5mg; 20mg	6	MO
lisinopril/hydrochlorothiazide tabs 25mg; 20mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
lisinopril tabs 10mg	6	MO
lisinopril tabs 2.5mg	6	MO
lisinopril tabs 20mg	6	MO
lisinopril tabs 30mg	6	MO
lisinopril tabs 40mg	6	MO
lisinopril tabs 5mg	6	MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg	6	MO
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg	6	MO
losartan potassium/hydrochlorothiazide tabs 25mg; 100mg	6	MO
losartan potassium tabs 100mg	6	MO
losartan potassium tabs 25mg	6	MO
losartan potassium tabs 50mg	6	MO
moexipril hydrochloride tabs 15mg	6	MO
moexipril hydrochloride tabs 7.5mg	6	MO
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg	6	QL (1 EA per 1 days) MO
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 40mg	6	QL (1 EA per 1 days) MO
olmesartan medoxomil/hydrochlorothiazide tabs 25mg; 40mg	6	QL (1 EA per 1 days) MO
olmesartan medoxomil tabs 20mg	6	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil tabs 40mg	6	QL (1 EA per 1 days) MO
olmesartan medoxomil tabs 5mg	6	QL (2 EA per 1 days) MO
perindopril erbumine tabs 2mg	6	MO
perindopril erbumine tabs 4mg	6	MO
perindopril erbumine tabs 8mg	6	MO
quinapril hydrochloride tabs 10mg	6	MO
quinapril hydrochloride tabs 20mg	6	MO
quinapril hydrochloride tabs 40mg	6	MO
quinapril hydrochloride tabs 5mg	6	MO
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg	6	MO
quinapril/hydrochlorothiazide tabs 12.5mg; 20mg	6	MO
quinapril/hydrochlorothiazide tabs 25mg; 20mg	6	MO
ramipril caps 1.25mg	6	MO
ramipril caps 10mg	6	MO
ramipril caps 2.5mg	6	MO
ramipril caps 5mg	6	MO
sacubitril/valsartan tabs 24mg; 26mg	2	QL (6 EA per 1 days) MO
sacubitril/valsartan tabs 49mg; 51mg	2	QL (2 EA per 1 days) MO
sacubitril/valsartan tabs 97mg; 103mg	2	QL (2 EA per 1 days) MO
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
spironolactone tabs 100mg	1	MO
spironolactone tabs 25mg	1	MO
spironolactone tabs 50mg	1	MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg	6	QL (1 EA per 1 days) MO
telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg	6	QL (1 EA per 1 days) MO
telmisartan/hydrochlorothiazide tabs 25mg; 80mg	6	QL (1 EA per 1 days) MO
telmisartan tabs 20mg	6	QL (1 EA per 1 days) MO
telmisartan tabs 40mg	6	QL (1 EA per 1 days) MO
telmisartan tabs 80mg	6	QL (1 EA per 1 days) MO
trandolapril tabs 1mg	6	MO
trandolapril tabs 2mg	6	MO
trandolapril tabs 4mg	6	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg	6	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 320mg	6	MO
valsartan/hydrochlorothiazide tabs 12.5mg; 80mg	6	MO
valsartan/hydrochlorothiazide tabs 25mg; 160mg	6	MO
valsartan/hydrochlorothiazide tabs 25mg; 320mg	6	MO
valsartan tabs 160mg	6	MO

Drug Name	Drug Tier	Requirements/Limits
valsartan tabs 320mg	6	MO
valsartan tabs 40mg	6	MO
valsartan tabs 80mg	6	MO
Vasodilating Agents		
hydralazine hydrochloride inj 20mg/ml	2	
hydralazine hydrochloride tabs 100mg	1	MO
hydralazine hydrochloride tabs 10mg	1	MO
hydralazine hydrochloride tabs 25mg	1	MO
hydralazine hydrochloride tabs 50mg	1	MO
isosorbide dinitrate tabs 10mg	2	MO
isosorbide dinitrate tabs 20mg	2	MO
isosorbide dinitrate tabs 30mg	2	MO
isosorbide dinitrate tabs 40mg	2	MO
isosorbide dinitrate tabs 5mg	2	MO
isosorbide mononitrate er tb24 120mg	1	MO
isosorbide mononitrate er tb24 30mg	1	MO
isosorbide mononitrate er tb24 60mg	1	MO
ISOSORBIDE MONONITRATE TABS 10MG	4	MO
ISOSORBIDE MONONITRATE TABS 20MG	4	MO
minoxidil tabs 10mg	2	MO
minoxidil tabs 2.5mg	2	MO
nitroglycerin transdermal pt24 0.1mg/hr	4	MO
nitroglycerin transdermal pt24 0.2mg/hr	4	MO
nitroglycerin transdermal pt24 0.4mg/hr	4	MO
nitroglycerin transdermal pt24 0.6mg/hr	2	MO
NITROGLYCERIN INJ 5MG/ML	4	
nitroglycerin soln 0.4mg/spray	4	MO

Drug Name	Drug Tier	Requirements/Limits
nitroglycerin subl 0.3mg	1	MO
nitroglycerin subl 0.4mg	1	MO
nitroglycerin subl 0.6mg	1	MO
sildenafil citrate tabs 100mg	2	QL (6 EA per 30 days) ED
sildenafil citrate tabs 25mg	2	QL (6 EA per 30 days) ED
sildenafil citrate tabs 50mg	2	QL (6 EA per 30 days) ED
sildenafil tabs 100mg	2	QL (6 EA per 30 days) ED
sildenafil tabs 25mg	2	QL (6 EA per 30 days) ED
sildenafil tabs 50mg	2	QL (6 EA per 30 days) ED
tadalafil tabs 2.5mg	2	QL (1 EA per 1 days) PA (TADALAFIL (BENIGN PROSTATIC HYPERPLASIA)) MO
tadalafil tabs 5mg	2	QL (1 EA per 1 days) PA (TADALAFIL (BENIGN PROSTATIC HYPERPLASIA)) MO
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)

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Amyotrophic Lateral Sclerosis (ALS) Agents		
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)
riluzole tabs 50mg	2	MO
Analgesics and Antipyretics		
acetaminophen/codeine phosphate tabs 300mg; 15mg	2	QL (13 EA per 1 days)
acetaminophen/codeine phosphate tabs 300mg; 30mg	2	QL (13 EA per 1 days)
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	QL (13 EA per 1 days)
ACETAMINOPHEN/CODEINE SOLN 120MG/5ML; 12MG/5ML	4	QL (166 ML per 1 days)
acetaminophen/codeine tabs 300mg; 15mg	2	QL (13 EA per 1 days)
acetaminophen/codeine tabs 300mg; 30mg	2	QL (13 EA per 1 days)
acetaminophen/codeine tabs 300mg; 60mg	2	QL (13 EA per 1 days)
ascomp/codeine caps 325mg; 50mg; 40mg; 30mg	2	
bac tabs 325mg; 50mg; 40mg	4	QL (12 EA per 1 days)
BRIXADI INJ 128MG/0.36ML	5	QL (0.36 ML per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg	1	QL (3 EA per 1 days)
buprenorphine hcl/naloxone hcl subl 8mg; 2mg	1	QL (4 EA per 1 days)
buprenorphine hcl subl 2mg	2	QL (3 EA per 1 days)
buprenorphine hcl subl 8mg	2	QL (4 EA per 1 days)
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	1	QL (3 EA per 1 days)
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	1	QL (3 EA per 1 days)
buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg	1	QL (3 EA per 1 days)
buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg	1	QL (4 EA per 1 days)
buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg	1	QL (3 EA per 1 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
ec-naproxen tbec 500mg	4	MO
endocet tabs 325mg; 10mg	2	QL (12 EA per 1 days)
endocet tabs 325mg; 2.5mg	2	QL (12 EA per 1 days)
endocet tabs 325mg; 5mg	2	QL (12 EA per 1 days)
endocet tabs 325mg; 7.5mg	2	QL (12 EA per 1 days)
etodolac caps 200mg	2	MO
etodolac caps 300mg	2	MO
etodolac tabs 400mg	2	MO
etodolac tabs 500mg	2	MO
fentanyl citrate oral transmucosal lpop 1200mcg	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
fentanyl citrate oral transmucosal lpop 1600mcg	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
fentanyl citrate oral transmucosal lpop 200mcg	2	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
fentanyl citrate oral transmucosal lpop 400mcg	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
fentanyl citrate oral transmucosal lpop 600mcg	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)

Drug Name	Drug Tier	Requirements/Limits
fentanyl citrate oral transmucosal lpop 800mcg	5	QL (4 EA per 1 days) PA (ORAL TRANSMUCOSAL FENTANYL)
fentanyl pt72 100mcg/hr	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
fentanyl pt72 12mcg/hr	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
fentanyl pt72 25mcg/hr	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
fentanyl pt72 50mcg/hr	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
fentanyl pt72 75mcg/hr	4	QL (10 EA per 30 days) ST (FENTANYL PATCHES #2, new starts only)
flurbiprofen tabs 100mg	2	MO
flurbiprofen tabs 50mg	2	
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	2	QL (184 ML per 1 days)
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg	2	QL (12 EA per 1 days)

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	2	QL (12 EA per 1 days)
hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg	2	QL (12 EA per 1 days)
hydrocodone bitartrate/acetaminophen tabs 325mg; 7.5mg	2	QL (12 EA per 1 days)
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	QL (12 EA per 1 days)
HYDROCODONE/IBUPROFEN TABS 10MG; 200MG	4	
HYDROCODONE/IBUPROFEN TABS 5MG; 200MG	4	
hydrocodone/ibuprofen tabs 7.5mg; 200mg	2	
hydromorphone hcl inj 10mg/ml	2	
hydromorphone hcl inj 1mg/ml	2	
HYDROMORPHONE HCL INJ 4MG/ML	4	
hydromorphone hcl tabs 2mg	2	
hydromorphone hcl tabs 4mg	2	
hydromorphone hcl tabs 8mg	2	
hydromorphone hydrochloride inj 0.2mg/ml	2	
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML	4	
hydromorphone hydrochloride inj 2mg/ml	2	
HYDROMORPHONE HYDROCHLORIDE INJ 2MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	4	
hydromorphone hydrochloride inj 50mg/5ml	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg	1	MO
ibuprofen tabs 600mg	1	MO
ibuprofen tabs 800mg	1	MO
ibu tabs 400mg	1	MO
ibu tabs 600mg	1	MO
ibu tabs 800mg	1	MO
JOURNAVX TABS 50MG	3	QL (30 EA per 90 days) PA (JOURNAVX)
meloxicam tabs 15mg	1	MO
meloxicam tabs 7.5mg	1	MO
METHADONE HCL SOLN 5MG/5ML	4	
methadone hcl tabs 10mg	2	
methadone hcl tabs 5mg	2	
methadone hydrochloride intensol conc 10mg/ml	4	
methadone hydrochloride conc 10mg/ml	4	
METHADONE HYDROCHLORIDE SOLN 10MG/5ML	4	
methadone hydrochloride soln 5mg/5ml	2	
methadone hydrochloride tabs 10mg	2	
methadone hydrochloride tabs 5mg	2	
METHADOSE SUGAR-FREE CONC 10MG/ML	3	
METHADOSE CONC 10MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate er tbcr 100mg	2	QL (3 EA per 1 days)
morphine sulfate er tbcr 15mg	2	QL (3 EA per 1 days)
morphine sulfate er tbcr 200mg	2	QL (3 EA per 1 days)
morphine sulfate er tbcr 30mg	2	QL (3 EA per 1 days)
morphine sulfate er tbcr 60mg	2	QL (3 EA per 1 days)
morphine sulfate inj 0.5mg/ml	2	
MORPHINE SULFATE INJ 10MG/ML	4	
MORPHINE SULFATE INJ 10MG/ML	4	
MORPHINE SULFATE INJ 10MG/ML	4	
morphine sulfate inj 1mg/ml	2	
MORPHINE SULFATE INJ 2MG/ML	4	
morphine sulfate inj 4mg/ml	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	
morphine sulfate soln 100mg/5ml	2	
MORPHINE SULFATE SOLN 10MG/5ML	4	
MORPHINE SULFATE SOLN 20MG/5ML	4	
morphine sulfate tabs 15mg	2	
morphine sulfate tabs 30mg	2	
nabumetone tabs 500mg	1	
nabumetone tabs 750mg	1	MO
nalbuphine hydrochloride inj 10mg/ml	2	
nalbuphine hydrochloride inj 20mg/ml	2	
naproxen dr tbec 375mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
naproxen dr tbec 500mg	4	MO
naproxen susp 125mg/5ml	4	MO
naproxen tabs 250mg	1	MO
naproxen tabs 375mg	1	MO
naproxen tabs 500mg	1	MO
opium tincture tinc 1%	4	QL (2.4 ML per 1 days) PA (OPIUM TINCTURE)
opium tinc 1%	4	QL (2.4 ML per 1 days) PA (OPIUM TINCTURE)
oxycodone hcl caps 5mg	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)
oxycodone hydrochloride caps 5mg	2	
oxycodone hydrochloride conc 100mg/5ml	4	
oxycodone hydrochloride soln 5mg/5ml	2	
oxycodone hydrochloride tabs 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
oxycodone hydrochloride tabs 15mg	2	
oxycodone hydrochloride tabs 20mg	2	
oxycodone hydrochloride tabs 30mg	2	
oxycodone hydrochloride tabs 5mg	2	
oxycodone/acetaminophen tabs 325mg; 10mg	2	QL (12 EA per 1 days)
oxycodone/acetaminophen tabs 325mg; 2.5mg	2	QL (12 EA per 1 days)
oxycodone/acetaminophen tabs 325mg; 5mg	2	QL (12 EA per 1 days)
oxycodone/acetaminophen tabs 325mg; 7.5mg	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)

Drug Name	Drug Tier	Requirements/Limits
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)
piroxicam caps 10mg	2	MO
piroxicam caps 20mg	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)
sulindac tabs 150mg	1	MO
sulindac tabs 200mg	1	MO
TENCON TABS 325MG; 50MG	4	QL (12 EA per 1 days)
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	QL (8 EA per 1 days)
tramadol hydrochloride tabs 50mg	1	QL (8 EA per 1 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg; 1.25mg	2	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
amphetamine/dextroamphetamine cp24 2.5mg; 2.5mg; 2.5mg; 2.5mg	2	QL (2 EA per 1 days) MO
amphetamine/dextroamphetamine cp24 3.75mg; 3.75mg; 3.75mg; 3.75mg	2	QL (2 EA per 1 days) MO
amphetamine/dextroamphetamine cp24 5mg; 5mg; 5mg; 5mg	2	QL (2 EA per 1 days) MO
amphetamine/dextroamphetamine cp24 6.25mg; 6.25mg; 6.25mg; 6.25mg	2	QL (2 EA per 1 days) MO
amphetamine/dextroamphetamine cp24 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	QL (2 EA per 1 days) MO
amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg	2	MO
amphetamine/dextroamphetamine tabs 1.875mg; 1.875mg; 1.875mg; 1.875mg	2	MO
amphetamine/dextroamphetamine tabs 2.5mg; 2.5mg; 2.5mg; 2.5mg	2	MO
amphetamine/dextroamphetamine tabs 3.125mg; 3.125mg; 3.125mg; 3.125mg	2	MO
amphetamine/dextroamphetamine tabs 3.75mg; 3.75mg; 3.75mg; 3.75mg	2	MO
amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg	2	MO
amphetamine/dextroamphetamine tabs 7.5mg; 7.5mg; 7.5mg; 7.5mg	2	MO
armodafinil tabs 150mg	4	QL (1 EA per 1 days) PA (ARMODAFINIL) MO

Drug Name	Drug Tier	Requirements/Limits
armodafinil tabs 200mg	2	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
armodafinil tabs 250mg	4	QL (1 EA per 1 days) PA (ARMODAFINIL) MO
armodafinil tabs 50mg	2	QL (3 EA per 1 days) PA (ARMODAFINIL) MO
atomoxetine hydrochloride caps 100mg	2	QL (1 EA per 1 days) MO
atomoxetine hydrochloride caps 10mg	2	QL (3 EA per 1 days) MO
atomoxetine hydrochloride caps 18mg	2	QL (5 EA per 1 days) MO
atomoxetine hydrochloride caps 25mg	2	QL (3 EA per 1 days) MO
atomoxetine hydrochloride caps 40mg	2	QL (1 EA per 1 days) MO
atomoxetine hydrochloride caps 60mg	2	QL (1 EA per 1 days) MO
atomoxetine hydrochloride caps 80mg	2	QL (1 EA per 1 days) MO
atomoxetine caps 100mg	2	QL (1 EA per 1 days) MO
atomoxetine caps 10mg	2	QL (3 EA per 1 days) MO
atomoxetine caps 18mg	2	QL (5 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
atomoxetine caps 25mg	2	QL (3 EA per 1 days) MO
atomoxetine caps 40mg	2	QL (1 EA per 1 days) MO
atomoxetine caps 60mg	2	QL (1 EA per 1 days) MO
atomoxetine caps 80mg	2	QL (1 EA per 1 days) MO
dexmethylphenidate hcl tabs 10mg	2	MO
dexmethylphenidate hcl tabs 5mg	2	MO
dexmethylphenidate hydrochloride er cp24 10mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 15mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 20mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 25mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 30mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 35mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 40mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride er cp24 5mg	2	QL (2 EA per 1 days)
dexmethylphenidate hydrochloride tabs 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
dexmethylphenidate hydrochloride tabs 2.5mg	2	MO
dexmethylphenidate hydrochloride tabs 5mg	2	MO
dextroamphetamine sulfate er cp24 10mg	4	MO
dextroamphetamine sulfate er cp24 15mg	4	MO
dextroamphetamine sulfate er cp24 5mg	4	MO
dextroamphetamine sulfate tabs 10mg	2	MO
dextroamphetamine sulfate tabs 5mg	2	MO
lisdexamfetamine dimesylate caps 10mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
lisdexamfetamine dimesylate caps 20mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
lisdexamfetamine dimesylate caps 30mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
lisdexamfetamine dimesylate caps 40mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
lisdexamfetamine dimesylate caps 50mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)

Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate caps 60mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
lisdexamfetamine dimesylate caps 70mg	4	QL (2 EA per 1 days) PA (LISDEXAMFETAMINE)
methylphenidate hydrochloride er (cd) cpcr 10mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (cd) cpcr 20mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (cd) cpcr 30mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (cd) cpcr 40mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (cd) cpcr 50mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (cd) cpcr 60mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (dif) tbcr 27mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (dif) tbcr 36mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (dif) tbcr 54mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (la) cp24 10mg	2	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride er (la) cp24 20mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (la) cp24 30mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (la) cp24 40mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (osm) tbcr 18mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (osm) tbcr 27mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (osm) tbcr 36mg	2	QL (2 EA per 1 days) MO
methylphenidate hydrochloride er (osm) tbcr 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
methylphenidate hydrochloride er tbcr 10mg	2	QL (3 EA per 1 days) MO
methylphenidate hydrochloride er tbcr 20mg	2	QL (3 EA per 1 days) MO
methylphenidate hydrochloride tabs 10mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hydrochloride tabs 20mg	1	MO
methylphenidate hydrochloride tabs 5mg	1	MO
modafinil tabs 100mg	2	QL (1 EA per 1 days) PA (MODAFINIL) MO
modafinil tabs 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
Anticonvulsants		
brivaracetam soln 10mg/ml	4	PA (BRIVARACETAM, new starts only) MO
brivaracetam tabs 100mg	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO
brivaracetam tabs 10mg	4	QL (2 EA per 1 days) PA (BRIVARACETAM, new starts only) MO

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

Drug Name	Drug Tier	Requirements/Limits
clonazepam odt tbdp 0.25mg	4	MO
clonazepam odt tbdp 0.5mg	4	MO
clonazepam odt tbdp 1mg	4	MO
clonazepam odt tbdp 2mg	4	MO
clonazepam tabs 0.5mg	1	MO
clonazepam tabs 1mg	1	MO
clonazepam tabs 2mg	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
diazepam gel 10mg	4	
DIAZEPAM GEL 2.5MG	4	
diazepam gel 20mg	4	
dilantin infatabs chew 50mg	1	MO
dilantin-125 susp 125mg/5ml	1	MO
dilantin caps 100mg	1	MO
DILANTIN CAPS 30MG	3	MO
divalproex sodium dr csdr 125mg	4	MO
divalproex sodium dr tbec 125mg	1	MO
divalproex sodium dr tbec 250mg	1	MO
divalproex sodium dr tbec 500mg	1	MO
divalproex sodium er tb24 250mg	1	MO
divalproex sodium er tb24 500mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
gabapentin caps 100mg	1	MO
gabapentin caps 300mg	1	MO
gabapentin caps 400mg	1	MO
gabapentin soln 250mg/5ml	2	MO
gabapentin tabs 600mg	1	MO
gabapentin tabs 800mg	1	MO
lacosamide inj 200mg/20ml	5	
lacosamide soln 10mg/ml	4	MO
lacosamide tabs 100mg	1	QL (2 EA per 1 days) MO
lacosamide tabs 150mg	1	QL (2 EA per 1 days) MO
lacosamide tabs 200mg	1	QL (2 EA per 1 days) MO
lacosamide tabs 50mg	1	QL (2 EA per 1 days) MO
lamotrigine er tb24 100mg	4	ST (LAMOTRIGINE ER #2, new starts only)
lamotrigine er tb24 200mg	4	ST (LAMOTRIGINE ER #2, new starts only)
lamotrigine er tb24 250mg	4	ST (LAMOTRIGINE ER #2, new starts only)
lamotrigine er tb24 25mg	4	ST (LAMOTRIGINE ER #2, new starts only)
lamotrigine er tb24 300mg	4	ST (LAMOTRIGINE ER #2, new starts only)
lamotrigine er tb24 50mg	4	ST (LAMOTRIGINE ER #2, new starts only)
lamotrigine odt tbdp 100mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
lamotrigine odt tbdp 200mg	4	MO
lamotrigine odt tbdp 25mg	4	MO
lamotrigine odt tbdp 50mg	4	MO
lamotrigine starter kit/blue kit 25mg	2	QL (35 EA per 180 days)
lamotrigine starter kit/green kit 0	2	QL (98 EA per 180 days)
lamotrigine starter kit/orange kit 0	2	QL (49 EA per 180 days)
lamotrigine chew 25mg	2	MO
lamotrigine chew 5mg	2	MO
lamotrigine tabs 100mg	1	MO
lamotrigine tabs 150mg	1	MO
lamotrigine tabs 200mg	1	MO
lamotrigine tabs 25mg	1	MO
levetiracetam er tb24 500mg	2	MO
levetiracetam er tb24 750mg	2	MO
levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml	2	
levetiracetam/sodium chloride inj 1000mg/100ml; 750mg/100ml	2	
levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml	2	
levetiracetam/sodium chloride inj 1500mg/100ml; 540mg/100ml	2	
levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml	2	
levetiracetam/sodium chloride inj 500mg/100ml; 820mg/100ml	2	

Drug Name	Drug Tier	Requirements/Limits
levetiracetam inj 500mg/5ml	2	
levetiracetam soln 100mg/ml	2	MO
levetiracetam tabs 1000mg	1	MO
levetiracetam tabs 250mg	1	MO
levetiracetam tabs 500mg	1	MO
levetiracetam tabs 750mg	1	MO
LEVETIRACETAM TB3D 250MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
LEVETIRACETAM TB3D 500MG	4	QL (2 EA per 1 days) PA (SPRITAM, new starts only) MO
magnesium sulfate inj 20gm/500ml	2	
magnesium sulfate inj 2gm/50ml	2	
magnesium sulfate inj 40gm/1000ml	2	
magnesium sulfate inj 4gm/100ml	2	
magnesium sulfate inj 50%	2	
magnesium sulfate inj 50%	2	
methsuximide caps 300mg	2	MO
NAYZILAM SOLN 5MG/0.1ML	4	QL (10 EA per 30 days)
oxcarbazepine susp 300mg/5ml	4	MO
oxcarbazepine tabs 150mg	1	MO
oxcarbazepine tabs 300mg	1	MO
oxcarbazepine tabs 600mg	1	MO
perampanel susp 0.5mg/ml	5	QL (24 ML per 1 days) PA (PERAMPANEL SUSPENSION, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
perampanel tabs 10mg	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
perampanel tabs 12mg	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
perampanel tabs 2mg	4	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
perampanel tabs 4mg	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
perampanel tabs 6mg	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
perampanel tabs 8mg	5	QL (1 EA per 1 days) PA (PERAMPANEL, new starts only)
phenytek caps 200mg	1	
phenytek caps 300mg	1	
phenytoin infatabs chew 50mg	1	MO
phenytoin sodium extended caps 100mg	1	MO
phenytoin sodium extended caps 200mg	1	MO
phenytoin sodium extended caps 300mg	1	MO
phenytoin sodium inj 50mg/ml	1	
phenytoin chew 50mg	1	MO
phenytoin susp 125mg/5ml	1	MO
pregabalin caps 100mg	1	MO
pregabalin caps 150mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
pregabalin caps 200mg	1	MO
pregabalin caps 225mg	1	MO
pregabalin caps 25mg	1	MO
pregabalin caps 300mg	1	MO
pregabalin caps 50mg	1	MO
pregabalin caps 75mg	1	MO
pregabalin soln 20mg/ml	2	MO
PRIMIDONE TABS 125MG	4	MO
primidone tabs 250mg	2	MO
primidone tabs 50mg	2	MO
roweepra tabs 500mg	2	MO
rufinamide susp 40mg/ml	5	PA (RUFINAMIDE SUSPENSION, new starts only) MO
rufinamide tabs 200mg	4	MO
rufinamide tabs 400mg	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
subvenite susp 10mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
subvenite tabs 100mg	1	MO
subvenite tabs 150mg	1	MO
subvenite tabs 200mg	1	MO
subvenite tabs 25mg	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)
tiagabine hydrochloride tabs 12mg	2	MO
tiagabine hydrochloride tabs 16mg	2	MO
tiagabine hydrochloride tabs 2mg	2	MO
tiagabine hydrochloride tabs 4mg	2	MO
topiramate cpsp 15mg	2	MO
topiramate cpsp 25mg	2	MO
TOPIRAMATE CPSP 50MG	4	MO
topiramate soln 25mg/ml	4	QL (16 ML per 1 days) PA (TOPIRAMATE SOLUTION, new starts only)
topiramate tabs 100mg	1	MO
topiramate tabs 200mg	1	MO
topiramate tabs 25mg	1	MO
topiramate tabs 50mg	1	MO
valproate sodium inj 100mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
valproic acid caps 250mg	1	MO
valproic acid soln 250mg/5ml	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)
vigabatrin pack 500mg	5	PA (VIGABATRIN, new starts only) LA MO
vigabatrin tabs 500mg	5	PA (VIGABATRIN, new starts only) LA MO
VIGAFYDE SOLN 100MG/ML	5	PA (VIGABATRIN, new starts only)
vigpoder pack 500mg	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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
zonisamide caps 100mg	1	MO
zonisamide caps 25mg	1	MO
zonisamide caps 50mg	1	MO
ZTALMY SUSP 50MG/ML	5	PA (ZTALMY, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
Antimanic Agents		
lithium carbonate er tbcr 300mg	2	MO
lithium carbonate er tbcr 450mg	2	MO
lithium carbonate caps 150mg	1	MO
lithium carbonate caps 300mg	1	MO
lithium carbonate caps 600mg	1	MO
lithium carbonate tabs 300mg	1	MO
LITHIUM SOLN 8MEQ/5ML	3	PA (LITHIUM SOLUTION, new starts only)
Antimigraine Agents		
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
eletriptan hydrobromide tabs 20mg	4	QL (12 EA per 30 days)
eletriptan hydrobromide tabs 40mg	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)
MIGERGOT SUPP 100MG; 2MG	5	
naratriptan hcl tabs 1mg	2	QL (9 EA per 30 days)
naratriptan hcl tabs 2.5mg	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)

Drug Name	Drug Tier	Requirements/Limits
rizatriptan benzoate odt tbdp 10mg	1	QL (12 EA per 30 days)
rizatriptan benzoate odt tbdp 5mg	1	QL (12 EA per 30 days)
rizatriptan benzoate tabs 10mg	1	QL (18 EA per 30 days)
rizatriptan benzoate tabs 5mg	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)
sumatriptan succinate inj 4mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	2	QL (4 ML per 30 days)
sumatriptan succinate inj 6mg/0.5ml	4	QL (4 ML per 30 days)
sumatriptan succinate tabs 100mg	1	QL (9 EA per 30 days)
sumatriptan succinate tabs 25mg	1	QL (9 EA per 30 days)
sumatriptan succinate tabs 50mg	1	QL (9 EA per 30 days)
sumatriptan soln 20mg/act	4	QL (12 EA per 30 days)
sumatriptan soln 5mg/act	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)
zolmitriptan odt tbdp 2.5mg	4	QL (12 EA per 30 days)
zolmitriptan odt tbdp 5mg	4	QL (12 EA per 30 days)
zolmitriptan tabs 2.5mg	2	QL (12 EA per 30 days)
zolmitriptan tabs 5mg	2	QL (12 EA per 30 days)
Antiparkinsonian Agents		
amantadine hcl caps 100mg	2	MO
amantadine hcl soln 50mg/5ml	2	MO
amantadine hcl tabs 100mg	2	MO
amantadine hydrochloride tabs 100mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
apomorphine hydrochloride inj 30mg/3ml	5	PA (APOMORPHINE)
benztropine mesylate tabs 0.5mg	1	MO
benztropine mesylate tabs 1mg	1	MO
benztropine mesylate tabs 2mg	1	MO
bromocriptine mesylate caps 5mg	2	MO
bromocriptine mesylate tabs 2.5mg	4	MO
cabergoline tabs 0.5mg	4	
carbidopa/levodopa er tbcr 25mg; 100mg	1	MO
carbidopa/levodopa er tbcr 50mg; 200mg	1	MO
carbidopa/levodopa/entacapone tabs 12.5mg; 200mg; 50mg	2	MO
carbidopa/levodopa/entacapone tabs 18.75mg; 200mg; 75mg	2	MO
carbidopa/levodopa/entacapone tabs 25mg; 200mg; 100mg	2	MO
carbidopa/levodopa/entacapone tabs 31.25mg; 200mg; 125mg	2	MO
carbidopa/levodopa/entacapone tabs 37.5mg; 200mg; 150mg	2	MO
carbidopa/levodopa/entacapone tabs 50mg; 200mg; 200mg	2	MO
carbidopa/levodopa tabs 10mg; 100mg	1	MO
carbidopa/levodopa tabs 25mg; 100mg	1	MO
carbidopa/levodopa tabs 25mg; 250mg	1	MO
carbidopa tabs 25mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
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
entacapone tabs 200mg	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
pramipexole dihydrochloride tabs 0.125mg	1	MO
pramipexole dihydrochloride tabs 0.25mg	1	MO
pramipexole dihydrochloride tabs 0.5mg	1	MO
pramipexole dihydrochloride tabs 0.75mg	1	MO
pramipexole dihydrochloride tabs 1.5mg	1	MO
pramipexole dihydrochloride tabs 1mg	1	MO
rasagiline mesylate tabs 0.5mg	2	QL (1 EA per 1 days) ST (RASAGILINE #2) MO

Drug Name	Drug Tier	Requirements/Limits
rasagiline mesylate tabs 1mg	2	QL (1 EA per 1 days) ST (RASAGILINE #2) MO
ropinirole hcl tabs 0.5mg	1	MO
ropinirole hcl tabs 1mg	1	MO
ropinirole hcl tabs 2mg	1	MO
ropinirole hcl tabs 4mg	1	MO
ropinirole hcl tabs 5mg	1	MO
ropinirole hydrochloride tabs 0.25mg	1	MO
ropinirole hydrochloride tabs 0.5mg	1	MO
ropinirole hydrochloride tabs 1mg	1	MO
ropinirole hydrochloride tabs 2mg	1	MO
ropinirole hydrochloride tabs 3mg	1	MO
ropinirole hydrochloride tabs 4mg	1	MO
ropinirole hydrochloride tabs 5mg	1	MO
RYTARY CPCR 23.75MG; 95MG	4	QL (12 EA per 1 days) PA (RYTARY) MO
RYTARY CPCR 36.25MG; 145MG	4	QL (9 EA per 1 days) PA (RYTARY) MO
RYTARY CPCR 48.75MG; 195MG	4	QL (12 EA per 1 days) PA (RYTARY) MO
RYTARY CPCR 61.25MG; 245MG	4	QL (10 EA per 1 days) PA (RYTARY) MO
selegiline hcl caps 5mg	1	MO
selegiline hcl tabs 5mg	1	MO
selegiline hydrochloride caps 5mg	1	MO
selegiline hydrochloride tabs 5mg	1	MO
TRIHEXYPHENIDYL HYDROCHLORIDE SOLN 0.4MG/ML	4	MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
tasimelteon caps 20mg	5	QL (1 EA per 1 days) PA (HETLIOZ) MO
temazepam caps 15mg	4	QL (1 EA per 1 days)
temazepam caps 22.5mg	4	QL (1 EA per 1 days)
temazepam caps 30mg	4	QL (1 EA per 1 days)
temazepam caps 7.5mg	4	QL (1 EA per 1 days)
zaleplon caps 10mg	2	QL (1 EA per 1 days)
zaleplon caps 5mg	2	QL (1 EA per 1 days)
zolpidem tartrate tabs 10mg	2	QL (1 EA per 1 days)
zolpidem tartrate tabs 5mg	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)
dextromethorphan hydrobromide/quinidine sulfate caps 20mg; 10mg	5	QL (2 EA per 1 days) PA (NUEDEXTA) MO
guanfacine hydrochloride er tb24 1mg	2	QL (1 EA per 1 days) MO
guanfacine hydrochloride er tb24 2mg	2	QL (1 EA per 1 days) MO
guanfacine hydrochloride er tb24 3mg	2	QL (2 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
guanfacine hydrochloride er tb24 4mg	2	QL (1 EA per 1 days) MO
memantine hcl titration pak tabs 0	1	
memantine hydrochloride soln 2mg/ml	2	MO
memantine hydrochloride tabs 10mg	1	MO
memantine hydrochloride tabs 5mg	1	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)
Fibromyalgia Agents		
milnacipran hydrochloride titration pack misc 0	2	QL (55 EA per 180 days) PA (SAVELLA)
milnacipran hydrochloride tabs 100mg	2	QL (2 EA per 1 days) PA (SAVELLA) MO
milnacipran hydrochloride tabs 12.5mg	2	QL (2 EA per 1 days) PA (SAVELLA) MO
milnacipran hydrochloride tabs 25mg	2	QL (2 EA per 1 days) PA (SAVELLA) MO
milnacipran hydrochloride tabs 50mg	2	QL (2 EA per 1 days) PA (SAVELLA) MO
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

Drug Name	Drug Tier	Requirements/Limits
SAVELLA TABS 50MG	3	QL (2 EA per 1 days) PA (SAVELLA) MO
Opioid Antagonists		
KLOXXADO LIQD 8MG/0.1ML	3	
naloxone hcl inj 4mg/10ml	1	
naloxone hydrochloride inj 0.4mg/ml	1	
naloxone hydrochloride inj 0.4mg/ml	1	
naloxone hydrochloride inj 2mg/2ml	2	
naloxone hydrochloride inj 4mg/10ml	1	
naloxone hydrochloride liqd 4mg/0.1ml	1	
naltrexone hydrochloride tabs 50mg	2	
OPVEE SOLN 2.7MG/0.1ML	3	
REXTOVY LIQD 4MG/0.25ML	4	
REZENOPY LIQD 10MG/0.11ML	3	
VIVITROL INJ 380MG	5	QL (1 EA per 28 days)
ZIMHI INJ 5MG/0.5ML	3	
ZURNAI INJ 1.5MG/0.5ML	3	
Psychotherapeutic Agents		
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

Drug Name	Drug Tier	Requirements/Limits
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)
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

Drug Name	Drug Tier	Requirements/Limits
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)
amitriptyline hcl tabs 100mg	1	MO
amitriptyline hcl tabs 150mg	1	MO
amitriptyline hcl tabs 25mg	1	MO
amitriptyline hcl tabs 75mg	1	MO
amitriptyline hydrochloride tabs 100mg	1	MO
amitriptyline hydrochloride tabs 10mg	1	MO
amitriptyline hydrochloride tabs 150mg	1	MO
amitriptyline hydrochloride tabs 25mg	1	MO
amitriptyline hydrochloride tabs 50mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
amitriptyline hydrochloride tabs 75mg	1	MO
amoxapine tabs 100mg	2	MO
amoxapine tabs 150mg	2	MO
amoxapine tabs 25mg	2	MO
amoxapine tabs 50mg	2	MO
aripiprazole odt tbdp 10mg	2	MO
aripiprazole odt tbdp 15mg	2	MO
aripiprazole soln 1mg/ml	4	MO
aripiprazole tabs 10mg	2	MO
aripiprazole tabs 15mg	2	MO
aripiprazole tabs 20mg	2	MO
aripiprazole tabs 2mg	2	MO
aripiprazole tabs 30mg	2	MO
aripiprazole tabs 5mg	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
ARISTADA INJ 882MG/3.2ML	5	PA (ARISTADA, new starts only) MO
asenapine maleate sl subl 10mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate sl subl 2.5mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
asenapine maleate sl subl 5mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
AUVELITY TITRATION PACK TEPK 0; 0	4	QL (102 EA per 365 days) PA (AUVELITY, new starts only)
AUVELITY TBCR 105MG; 45MG	5	QL (2 EA per 1 days) PA (AUVELITY, new starts only) MO
bupropion hydrochloride er (sr) tb12 100mg	1	MO
bupropion hydrochloride er (sr) tb12 150mg	1	MO
bupropion hydrochloride er (sr) tb12 200mg	1	MO
bupropion hydrochloride er (xl) tb24 150mg	1	MO
bupropion hydrochloride er (xl) tb24 300mg	1	MO
bupropion hydrochloride tabs 100mg	1	MO
bupropion hydrochloride tabs 75mg	1	MO
BYSANTI TITRATION PACK A TBPK 0	4	QL (16 EA per 365 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TITRATION PACK B TBPK 0	4	QL (24 EA per 365 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TITRATION PACK C TBPK 0	4	QL (16 EA per 365 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TABS 10MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TABS 12MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TABS 1MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TABS 2MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TABS 4MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
BYSANTI TABS 6MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
BYSANTI TABS 8MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)
CAPLYTA CAPS 10.5MG	5	QL (1 EA per 1 days) PA (CAPLYTA, new starts only) MO
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
chlorpromazine hcl inj 25mg/ml	2	
chlorpromazine hcl inj 50mg/2ml	2	
chlorpromazine hydrochloride inj 25mg/ml	2	
chlorpromazine hydrochloride tabs 100mg	4	MO
chlorpromazine hydrochloride tabs 10mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
chlorpromazine hydrochloride tabs 200mg	4	MO
chlorpromazine hydrochloride tabs 25mg	4	MO
chlorpromazine hydrochloride tabs 50mg	4	MO
citalopram hydrobromide soln 10mg/5ml	4	MO
citalopram hydrobromide tabs 10mg	1	QL (1.5 EA per 1 days) MO
citalopram hydrobromide tabs 20mg	1	QL (1.5 EA per 1 days) MO
citalopram hydrobromide tabs 40mg	1	QL (1 EA per 1 days) PA (CITALOPRAM 40MG, new starts only) MO
clomipramine hcl caps 25mg	4	MO
clomipramine hcl caps 50mg	4	MO
clomipramine hcl caps 75mg	4	MO
clomipramine hydrochloride caps 25mg	4	MO
clomipramine hydrochloride caps 50mg	4	MO
clomipramine hydrochloride caps 75mg	4	MO
clozapine odt tbdp 100mg	4	ST (CLOZAPINE ODT #2, new starts only)
CLOZAPINE ODT TBDP 12.5MG	4	ST (CLOZAPINE ODT #2, new starts only)
clozapine odt tbdp 150mg	4	ST (CLOZAPINE ODT #2, new starts only)
clozapine odt tbdp 200mg	4	ST (CLOZAPINE ODT #2, new starts only)
clozapine odt tbdp 25mg	4	ST (CLOZAPINE ODT #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
clozapine tabs 100mg	1	
clozapine tabs 200mg	1	
clozapine tabs 25mg	1	
clozapine tabs 50mg	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
compro supp 25mg	4	
desipramine hcl tabs 100mg	4	MO
desipramine hcl tabs 10mg	4	MO
desipramine hcl tabs 150mg	2	MO
desipramine hcl tabs 25mg	4	MO
desipramine hcl tabs 50mg	4	MO
desipramine hcl tabs 75mg	4	MO
desipramine hydrochloride tabs 100mg	4	MO
desipramine hydrochloride tabs 10mg	4	MO
desipramine hydrochloride tabs 150mg	2	MO
desipramine hydrochloride tabs 25mg	4	MO
desipramine hydrochloride tabs 50mg	4	MO
desipramine hydrochloride tabs 75mg	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
duloxetine hydrochloride dr cpep 120mg	1	QL (1 EA per 1 days) MO
duloxetine hydrochloride dr cpep 20mg	1	MO
duloxetine hydrochloride dr cpep 30mg	1	MO
duloxetine hydrochloride dr cpep 40mg	1	MO
duloxetine hydrochloride dr cpep 60mg	1	MO
duloxetine hydrochloride dr cpep 80mg	1	QL (1 EA per 1 days) MO
duloxetine hydrochloride dr cpep 90mg	1	QL (1 EA per 1 days) MO
escitalopram oxalate soln 5mg/5ml	4	MO
escitalopram oxalate tabs 10mg	1	MO
escitalopram oxalate tabs 20mg	1	MO
escitalopram oxalate tabs 5mg	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
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

Drug Name	Drug Tier	Requirements/Limits
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)
FANAPT TABS 2MG	5	QL (2 EA per 1 days) ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only)

Drug Name	Drug Tier	Requirements/Limits
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
fluoxetine hydrochloride caps 10mg	1	MO
fluoxetine hydrochloride caps 20mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
haloperidol tabs 2mg	2	MO
haloperidol tabs 5mg	2	MO
imipramine hcl tabs 10mg	4	MO
imipramine hcl tabs 25mg	4	MO
imipramine hcl tabs 50mg	4	MO
imipramine hydrochloride tabs 10mg	4	MO
imipramine hydrochloride tabs 25mg	4	MO
imipramine hydrochloride tabs 50mg	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)
loxapine succinate caps 10mg	4	MO
loxapine succinate caps 25mg	4	MO
loxapine succinate caps 50mg	4	MO
loxapine succinate caps 5mg	4	MO
loxapine caps 10mg	4	MO
loxapine caps 25mg	4	MO
loxapine caps 50mg	4	MO
loxapine caps 5mg	4	MO
lurasidone hydrochloride tabs 120mg	4	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 20mg	4	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
lurasidone hydrochloride tabs 40mg	4	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 60mg	4	QL (1 EA per 1 days) MO
lurasidone hydrochloride tabs 80mg	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
mirtazapine odt tbdp 15mg	4	MO
mirtazapine odt tbdp 30mg	4	MO
mirtazapine odt tbdp 45mg	4	MO
mirtazapine tabs 15mg	1	MO
mirtazapine tabs 30mg	1	MO
mirtazapine tabs 45mg	1	MO
mirtazapine tabs 7.5mg	1	MO
MOLINDONE HYDROCHLORIDE TABS 10MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
MOLINDONE HYDROCHLORIDE TABS 25MG	4	MO
MOLINDONE HYDROCHLORIDE TABS 5MG	4	MO
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
nortriptyline hcl caps 25mg	1	MO
nortriptyline hcl caps 75mg	1	MO
nortriptyline hcl soln 10mg/5ml	1	MO
nortriptyline hydrochloride caps 10mg	1	MO
nortriptyline hydrochloride caps 25mg	1	MO
nortriptyline hydrochloride caps 50mg	1	MO
nortriptyline hydrochloride caps 75mg	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
olanzapine odt tbdp 10mg	4	MO
olanzapine odt tbdp 15mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
olanzapine odt tbdp 20mg	4	MO
olanzapine odt tbdp 5mg	4	MO
olanzapine/fluoxetine caps 25mg; 12mg	2	QL (1 EA per 1 days) MO
olanzapine/fluoxetine caps 25mg; 3mg	2	QL (1 EA per 1 days) MO
olanzapine/fluoxetine caps 25mg; 6mg	2	QL (1 EA per 1 days) MO
olanzapine/fluoxetine caps 50mg; 12mg	2	QL (1 EA per 1 days) MO
olanzapine/fluoxetine caps 50mg; 6mg	2	QL (1 EA per 1 days) MO
olanzapine inj 10mg	4	
olanzapine tabs 10mg	4	MO
olanzapine tabs 15mg	4	MO
olanzapine tabs 2.5mg	4	MO
olanzapine tabs 20mg	4	MO
olanzapine tabs 5mg	4	MO
olanzapine tabs 7.5mg	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)

Drug Name	Drug Tier	Requirements/Limits
paliperidone er tb24 1.5mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
paliperidone er tb24 3mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
paliperidone er tb24 6mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
paliperidone er tb24 9mg	4	ST (ATYPICAL ANTIPSYCHOTICS #2, new starts only) MO
paroxetine hcl tabs 30mg	4	MO
paroxetine hcl tabs 40mg	4	MO
paroxetine hydrochloride susp 10mg/5ml	2	PA (PAROXETINE SUSPENSION, new starts only) MO
paroxetine hydrochloride tabs 10mg	4	MO
paroxetine hydrochloride tabs 20mg	4	MO
paroxetine hydrochloride tabs 30mg	4	MO
paroxetine hydrochloride tabs 40mg	4	MO
paroxetine caps 7.5mg	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

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE TABS 25MG; 4MG	4	MO
PERPHENAZINE/AMITRIPTYLINE TABS 50MG; 4MG	4	MO
perphenazine tabs 16mg	4	MO
perphenazine tabs 2mg	4	MO
perphenazine tabs 4mg	4	MO
perphenazine tabs 8mg	4	MO
PHENELZINE SULFATE TABS 15MG	4	MO
PIMOZIDE TABS 1MG	4	MO
PIMOZIDE TABS 2MG	4	MO
prochlorperazine edisylate inj 10mg/2ml	4	
prochlorperazine maleate tabs 10mg	4	MO
prochlorperazine maleate tabs 5mg	4	MO
prochlorperazine supp 25mg	4	
protriptyline hcl tabs 10mg	2	MO
protriptyline hcl tabs 5mg	2	MO
quetiapine fumarate er tb24 150mg	2	MO
quetiapine fumarate er tb24 200mg	2	MO
quetiapine fumarate er tb24 300mg	2	MO
quetiapine fumarate er tb24 400mg	2	MO
quetiapine fumarate er tb24 50mg	2	MO
quetiapine fumarate tabs 100mg	1	MO
quetiapine fumarate tabs 150mg	1	MO
quetiapine fumarate tabs 200mg	1	MO
quetiapine fumarate tabs 25mg	1	MO
quetiapine fumarate tabs 300mg	1	MO
quetiapine fumarate tabs 400mg	1	MO
quetiapine fumarate tabs 50mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
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
REXULTI TABS 4MG	5	QL (1 EA per 1 days) MO
risperidone er inj 12.5mg	4	
risperidone er inj 25mg	4	
risperidone er inj 37.5mg	5	
risperidone er inj 50mg	5	
risperidone odt tbdp 0.25mg	2	MO
risperidone odt tbdp 0.5mg	2	MO
risperidone odt tbdp 1mg	2	MO
risperidone odt tbdp 2mg	2	MO
risperidone odt tbdp 3mg	2	MO
risperidone odt tbdp 4mg	2	MO
risperidone soln 1mg/ml	2	MO
risperidone tabs 0.25mg	1	MO
risperidone tabs 0.5mg	1	MO
risperidone tabs 1mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
risperidone tabs 2mg	1	MO
risperidone tabs 3mg	1	MO
risperidone tabs 4mg	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)
sertraline hcl conc 20mg/ml	4	MO
sertraline hcl tabs 50mg	1	MO
sertraline hydrochloride conc 20mg/ml	4	MO
sertraline hydrochloride tabs 100mg	1	MO
sertraline hydrochloride tabs 25mg	1	MO
sertraline hydrochloride tabs 50mg	1	MO
SPRAVATO 56MG DOSE SOPK 28MG/DEVICE	5	PA (SPRAVATO, new starts only)
SPRAVATO 84MG DOSE SOPK 28MG/DEVICE	5	PA (SPRAVATO, new starts only)
thioridazine hydrochloride tabs 100mg	2	MO
thioridazine hydrochloride tabs 10mg	2	MO
thioridazine hydrochloride tabs 25mg	2	MO
thioridazine hydrochloride tabs 50mg	2	MO
thiothixene caps 10mg	2	MO
thiothixene caps 1mg	2	MO
thiothixene caps 2mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
thiothixene caps 5mg	2	MO
tranylcypromine sulfate tabs 10mg	1	MO
trazodone hydrochloride tabs 100mg	1	MO
trazodone hydrochloride tabs 150mg	1	MO
trazodone hydrochloride tabs 300mg	1	MO
trazodone hydrochloride tabs 50mg	1	MO
trifluoperazine hcl tabs 10mg	2	MO
trifluoperazine hcl tabs 1mg	2	MO
trifluoperazine hcl tabs 2mg	2	MO
trifluoperazine hcl tabs 5mg	2	MO
trifluoperazine hydrochloride tabs 10mg	2	MO
trifluoperazine hydrochloride tabs 1mg	2	MO
trifluoperazine hydrochloride tabs 2mg	2	MO
trifluoperazine hydrochloride tabs 5mg	2	MO
trimipramine maleate caps 100mg	2	MO
trimipramine maleate caps 25mg	2	MO
trimipramine maleate caps 50mg	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 28 days) PA (UZEDY, new starts only)

Drug Name	Drug Tier	Requirements/Limits
UZEDY INJ 125MG/0.35ML	5	QL (0.35 ML per 28 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 28 days) PA (UZEDY, new starts only)
UZEDY INJ 75MG/0.21ML	5	QL (0.21 ML per 28 days) PA (UZEDY, new starts only)
VENLAFAXINE BESYLATE ER TB24 112.5MG	4	QL (1 EA per 1 days) MO
venlafaxine hydrochloride er cp24 150mg	1	MO
venlafaxine hydrochloride er cp24 37.5mg	1	MO
venlafaxine hydrochloride er cp24 75mg	1	MO
venlafaxine hydrochloride er tb24 225mg	4	QL (1 EA per 1 days) MO
venlafaxine hydrochloride tabs 100mg	1	MO
venlafaxine hydrochloride tabs 25mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
venlafaxine hydrochloride tabs 37.5mg	1	MO
venlafaxine hydrochloride tabs 50mg	1	MO
venlafaxine hydrochloride tabs 75mg	1	MO
VERSACLOZ SUSP 50MG/ML	5	PA (VERSACLOZ, new starts only)
vilazodone hydrochloride tabs 10mg	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
vilazodone hydrochloride tabs 20mg	4	QL (1 EA per 1 days) PA (VIIBRYD, new starts only) MO
vilazodone hydrochloride tabs 40mg	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
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
ziprasidone hcl caps 20mg	1	MO
ziprasidone hcl caps 40mg	1	MO
ziprasidone hcl caps 60mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl caps 80mg	1	MO
ziprasidone mesylate inj 20mg	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)
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors		
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

Drug Name	Drug Tier	Requirements/Limits
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)
tetrabenazine tabs 12.5mg	4	QL (8 EA per 1 days) PA (TETRABENAZINE) MO
tetrabenazine tabs 25mg	5	QL (4 EA per 1 days) PA (TETRABENAZINE) MO
Dental Agents		
Dental Agents		
fraiche 5000 dental gel 1.1%	2	
sodium fluoride 5000 ppm pste 1.1%	2	
Nutritional supplement		
dentagel gel 1.1%	2	

Drug Name	Drug Tier	Requirements/Limits
fluoride chew 1mg	2	
PREVIDENT 5000 DRY MOUTH GEL 1.1%	3	
PREVIDENT FLUORIDE GEL 1.1%	3	
sf 5000 plus crea 1.1%	2	
sf gel 1.1%	2	
sodium fluoride 5000 plus crea 1.1%	2	
sodium fluoride 5000 ppm dry mouth gel 1.1%	2	
sodium fluoride 5000 ppm crea 1.1%	2	
sodium fluoride chew 1mg	2	MO
sodium fluoride crea 1.1%	2	
sodium fluoride gel 1.1%	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 LIBRE INTRO KIT KIT	3	QL (3 EA per 365 days) PA (OMNIPOD)
OMNIPOD 5 LIBRE PODS MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	QL (10 EA per 30 days) PA (OMNIPOD)
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		
Pheochromocytoma		
metyrosine caps 250mg	5	PA (METYROSINE)
Electrolytic, Caloric, and Water Balance		
Alkalinizing Agents		
potassium citrate er tbcr 1080mg	2	
potassium citrate er tbcr 15meq	2	
potassium citrate er tbcr 540mg	2	
sodium bicarbonate inj 4.2%	2	
sodium bicarbonate inj 7.5%	2	
sodium bicarbonate inj 8.4%	2	
Ammonia Detoxicants		
carglumic acid tbso 200mg	5	PA (CARBAGLU) LA MO
constulose soln 10gm/15ml	2	MO
enulose soln 10gm/15ml	2	MO
generlac soln 10gm/15ml	2	MO
glycerol phenylbutyrate liqd 1.1gm/ml	5	PA (GLYCEROL PHENYLBUTYRATE) MO
lactulose soln 10gm/15ml	2	MO

Drug Name	Drug Tier	Requirements/Limits
lactulose soln 10gm/15ml	2	MO
sodium phenylbutyrate powd 3gm/tsp	5	PA (SODIUM PHENYLBUTYRATE) MO
sodium phenylbutyrate tabs 500mg	5	PA (SODIUM PHENYLBUTYRATE) MO
Caloric Agents		
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	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
clinisol sf 15% inj 151meq/l; 2170mg/100ml; 1470mg/100ml; 434mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 749mg/100ml; 1040mg/100ml; 1180mg/100ml; 749mg/100ml; 1040mg/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	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	
dextrose 5% inj 5%	2	
DEXTROSE 50% INJ 50%	4	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 70% INJ 70%	4	
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
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	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
tolvaptan tabs 15mg	5	QL (4 EA per 1 days) PA (TOLVAPTAN)
tolvaptan tabs 30mg	5	QL (4 EA per 1 days) PA (TOLVAPTAN)
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
tolvaptan tbpk 0	5	QL (2 EA per 1 days) PA (TOLVAPTAN)
tolvaptan tbpk 15mg	5	QL (2 EA per 1 days) PA (TOLVAPTAN) MO
torsemide tabs 100mg	1	MO
torsemide tabs 10mg	1	MO
torsemide tabs 20mg	1	MO
torsemide tabs 5mg	1	MO
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tabs 50mg; 75mg	1	MO
Ion-removing Agents		

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL PACK 1000MG	5	PA (LANTHANUM) MO
FOSRENOL PACK 750MG	5	PA (LANTHANUM) MO
kionex susp 15gm/60ml	2	
lanthanum carbonate chew 1000mg	5	PA (LANTHANUM) MO
lanthanum carbonate chew 500mg	5	PA (LANTHANUM) MO
lanthanum carbonate chew 750mg	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
sodium polystyrene sulfonate powd 0	2	
sodium polystyrene sulfonate susp 15gm/60ml	2	
sps susp 15gm/60ml	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)

Drug Name	Drug Tier	Requirements/Limits
VELTASSA PACK 25.2GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)
VELTASSA PACK 8.4GM	4	QL (1 EA per 1 days) PA (POTASSIUM BINDERS)
Irrigating Solutions		
argyle sterile water 100ml soln 0	2	
RINGERS IRRIGATION SOLN 4.5MEQ/L; 156MEQ/L; 4MEQ/L; 147MEQ/L	4	
sodium chloride 0.9% soln 0.9%	2	
sterile water for irrigation soln 0	2	
tis-u-sol soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	2	
Replacement Preparations		
calcium acetate caps 667mg	2	MO
calcium acetate tabs 667mg	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	

Drug Name	Drug Tier	Requirements/Limits
dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l	2	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJ 5%; 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33% INJ 5%; 0.33%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJ 5%; 0.45%	4	
dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%	2	
dextrose/sodium chloride inj 5%; 0.225%	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	
kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%	2	
kcl 0.15%/d5w/nacl 0.2% inj 5%; 20meq/l; 0.2%	2	
kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%	2	

Drug Name	Drug Tier	Requirements/Limits
kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%	2	
kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%	2	
kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%	2	
kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%	2	
klor-con 10 tbcr 10meq	1	MO
klor-con 8 tbcr 8meq	1	MO
klor-con m10 tbcr 10meq	1	MO
klor-con m15 tbcr 15meq	1	MO
klor-con m20 tbcr 20meq	1	MO
klor-con pack 20meq	2	
lactated ringers/dextrose 5% inj 20mg/100ml; 5%; 30mg/100ml; 600mg/100ml; 310mg/100ml	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	

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

Drug Name	Drug Tier	Requirements/Limits
potassium chloride/dextrose/sodium chloride inj 5%; 20meq/l; 0.9%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.45%	2	
potassium chloride/dextrose/sodium chloride inj 5%; 40meq/l; 0.9%	2	
potassium chloride/dextrose inj 5%; 20meq/l	2	
potassium chloride/sodium chloride inj 20meq/l; 0.45%	2	
potassium chloride/sodium chloride inj 20meq/l; 0.45%	2	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	2	
potassium chloride/sodium chloride inj 20meq/l; 0.9%	2	
potassium chloride/sodium chloride inj 40meq/l; 0.9%	2	
potassium chloride/sodium chloride inj 40meq/l; 0.9%	2	
POTASSIUM CHLORIDE INJ 10MEQ/100ML	4	
POTASSIUM CHLORIDE INJ 20MEQ/100ML	4	
potassium chloride inj 2meq/ml	2	
potassium chloride inj 2meq/ml	2	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE INJ 40MEQ/100ML	4	
potassium chloride pack 20meq	2	
potassium chloride soln 10%	2	
potassium chloride soln 20%	2	
ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l	2	
sodium chloride 0.45% inj 0.45%	2	
sodium chloride inj 0.45%	2	
sodium chloride inj 0.9%	2	
sodium chloride inj 0.9%	2	
sodium chloride inj 2.5meq/ml	2	
sodium chloride inj 3%	2	
sodium chloride inj 5%	2	
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)
Uricosuric Agents		
probenecid/colchicine tabs 0.5mg; 500mg	2	MO
probenecid tabs 500mg	1	MO
Enzymes		
Enzyme Cofactors/Chaperones		
GALAFOLD CAPS 123MG	5	QL (0.5 EA per 1 days) PA (GALAFOLD) MO

Drug Name	Drug Tier	Requirements/Limits
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)
sapropterin dihydrochloride pack 100mg	5	PA (SAPROPTERIN) MO
sapropterin dihydrochloride pack 500mg	5	PA (SAPROPTERIN) MO
sapropterin dihydrochloride tabs 100mg	5	PA (SAPROPTERIN) MO
SEPHIENCE PACK 1000MG	5	PA (SEPHIENCE)
SEPHIENCE PACK 250MG	5	PA (SEPHIENCE)
zelvysia pack 100mg	5	PA (SAPROPTERIN)
zelvysia pack 500mg	5	PA (SAPROPTERIN)
Enzyme Inhibitors		
CERDELGA CAPS 84MG	5	QL (2 EA per 1 days) PA (CERDELGA) MO
miglustat caps 100mg	5	PA (ZAVESCA) LA MO
nitisinone caps 10mg	5	PA (ORFADIN) MO
nitisinone caps 20mg	5	PA (ORFADIN) MO
nitisinone caps 2mg	5	PA (ORFADIN) MO
nitisinone caps 5mg	5	PA (ORFADIN) MO
NITYR TABS 10MG	5	PA (NITYR) LA
NITYR TABS 2MG	5	PA (NITYR) LA

Drug Name	Drug Tier	Requirements/Limits
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
yargesa caps 100mg	5	PA (ZAVESCA) MO
ZOKINVY CAPS 50MG	5	PA (ZOKINVY)
ZOKINVY CAPS 75MG	5	PA (ZOKINVY)
Enzymes		
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
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

Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOLN 8500UNIT/ML	5	PA (SUCRAID) LA MO
VPRIV INJ 400UNIT	5	PA (VPRIV)
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	1	
BACITRACIN OINT 500UNIT/GM	4	
chlorhexidine gluconate soln 0.12%	1	
ciprofloxacin hydrochloride soln 0.3%	1	
ciprofloxacin hydrochloride soln 0.2%	2	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	2	
gentamicin sulfate soln 0.3%	2	
moxifloxacin hydrochloride soln 0.5%	2	
NATACYN SUSP 5%	4	
neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	4	
neomycin/polymyxin/bacitracin oint 400unit/gm; 5mg/gm; 10000unit/gm	4	
NEOMYCIN/POLYMYXIN/GRAMICIDIN SOLN 0.025MG/ML; 1.75MG/ML; 10000UNIT/ML	4	
ofloxacin soln 0.3%	1	
ofloxacin soln 0.3%	2	
periogard soln 0.12%	1	
polycin oint 500unit/gm; 10000unit/gm	1	
polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
SULFACETAMIDE SODIUM OINT 10%	4	
sulfacetamide sodium soln 10%	2	
tobramycin soln 0.3%	1	
TRIFLURIDINE SOLN 1%	4	
XDEMVY SOLN 0.25%	5	QL (10 ML per 30 days) PA (XDEMVY)
ZIRGAN GEL 0.15%	4	
Anti-inflammatory Agents		
CEQUA SOLN 0.09%	3	QL (2 EA per 1 days)
ciprofloxacin/dexamethasone susp 0.3%; 0.1%	4	
cyclosporine emul 0.05%	2	QL (60 EA per 30 days) MO
DEXAMETHASONE SODIUM PHOSPHATE SOLN 0.1%	4	
diclofenac sodium soln 0.1%	2	
difluprednate emul 0.05%	4	ST (DIFLUPREDNATE #2)
flac oil 0.01%	2	
flunisolide soln 0.025%	2	
fluocinolone acetonide ear drops oil 0.01%	2	
fluocinolone acetonide oil 0.01%	2	
fluorometholone susp 0.1%	4	
FLURBIPROFEN SODIUM SOLN 0.03%	4	
fluticasone propionate susp 50mcg/act	1	
FML FORTE SUSP 0.25%	4	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone/acetic acid soln 2%; 1%	4	
ketorolac tromethamine soln 0.4%	2	
ketorolac tromethamine soln 0.5%	2	
MAXIDEX SUSP 0.1%	4	
neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml	4	
neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml	4	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP 1%; 3.5MG/ML; 10000UNIT/ML	4	
neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml	4	
OXERVATE SOLN 0.002%	5	QL (1 ML per 1 days) PA (OXERVATE)
PRED MILD SUSP 0.12%	4	
prednisolone acetate susp 1%	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN 1%	4	

Drug Name	Drug Tier	Requirements/Limits
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	
tobramycin/dexamethasone susp 0.1%; 0.3%	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		
azelastine hcl soln 0.05%	2	
azelastine hydrochloride soln 0.1%	2	QL (60 ML per 30 days)
azelastine hydrochloride soln 0.05%	2	
cromolyn sodium soln 4%	1	
epinastine hcl soln 0.05%	4	
Antiglaucoma Agents		
acetazolamide er cp12 500mg	2	MO
acetazolamide tabs 125mg	2	MO
acetazolamide tabs 250mg	2	MO
APRACLONIDINE SOLN 0.5%	4	
BETAXOLOL HCL SOLN 0.5%	4	MO
bimatoprost soln 0.01%	2	ST (BIMATOPROST #2) MO
brimonidine tartrate soln 0.15%	4	MO
brimonidine tartrate soln 0.2%	4	MO
brinzolamide susp 1%	4	MO
CARTEOLOL HCL SOLN 1%	4	MO

Drug Name	Drug Tier	Requirements/Limits
dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml	2	MO
dorzolamide hydrochloride soln 2%	2	MO
IOPIDINE SOLN 1%	4	
latanoprost soln 0.005%	1	MO
LEVOBUNOLOL HCL SOLN 0.5%	4	MO
pilocarpine hcl soln 1%	4	MO
pilocarpine hcl soln 2%	4	MO
pilocarpine hcl soln 4%	4	MO
pilocarpine hydrochloride soln 1%	4	MO
pilocarpine hydrochloride soln 1.25%	2	QL (0.09 ML per 1 days)
pilocarpine hydrochloride soln 2%	4	MO
pilocarpine hydrochloride soln 4%	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
timolol maleate ophthalmic gel forming solg 0.25%	2	MO
timolol maleate ophthalmic gel forming solg 0.5%	4	MO
timolol maleate soln 0.25%	1	MO
timolol maleate soln 0.5%	1	MO
travoprost soln 0.004%	4	ST (TRAVOPROST #2) MO
EENT Drugs, Miscellaneous		
acetic acid soln 2%	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
aprepitant caps 80mg	2	QL (4 EA per 30 days) PA (APREPITANT)
aprepitant cppk 0	2	QL (6 EA per 30 days) PA (APREPITANT)
EMEND SUSR 125MG/5ML	4	QL (2 EA per 30 days) PA (APREPITANT)
granisetron hcl inj 1mg/ml	2	PA (GRANISETRON)
granisetron hydrochloride inj 1mg/ml	2	PA (GRANISETRON)
granisetron hydrochloride tabs 1mg	2	QL (2 EA per 1 days) PA (GRANISETRON)
GRANISOL SOLN 2MG/10ML	4	QL (10 ML per 1 days) PA (GRANISETRON)
meclizine hcl tabs 12.5mg	4	
meclizine hcl tabs 25mg	4	
meclizine hydrochloride tabs 12.5mg	4	
meclizine hydrochloride tabs 25mg	4	
ondansetron hcl soln 4mg/5ml	2	
ONDANSETRON HCL TABS 24MG	4	
ondansetron hydrochloride +rfid inj 4mg/2ml	4	
ondansetron hydrochloride +rfid inj 4mg/2ml	2	
ondansetron hydrochloride inj 40mg/20ml	2	
ondansetron hydrochloride inj 4mg/2ml	2	
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	4	
ondansetron hydrochloride soln 4mg/5ml	2	
ondansetron hydrochloride tabs 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
ondansetron hydrochloride tabs 8mg	1	
ondansetron odt tbdp 4mg	2	
ondansetron odt tbdp 8mg	2	
Antiulcer Agents and Acid Suppressants		
cimetidine hydrochloride soln 300mg/5ml	2	MO
cimetidine tabs 200mg	4	
cimetidine tabs 300mg	4	MO
cimetidine tabs 400mg	4	MO
cimetidine tabs 800mg	2	MO
esomeprazole magnesium dr cpdr 20mg	1	
esomeprazole magnesium cpdr 20mg	1	MO
esomeprazole magnesium cpdr 40mg	1	MO
famotidine inj 200mg/20ml	2	
famotidine inj 20mg/2ml	2	
famotidine inj 40mg/4ml	2	
famotidine susr 40mg/5ml	4	
famotidine tabs 20mg	1	MO
famotidine tabs 40mg	1	MO
lansoprazole odt tbdd 15mg	4	MO
lansoprazole odt tbdd 30mg	4	MO
lansoprazole cpdr 15mg	4	MO
lansoprazole cpdr 30mg	4	MO
lansoprazole tbdd 15mg	4	MO
lansoprazole tbdd 30mg	4	MO
misoprostol tabs 100mcg	2	MO
misoprostol tabs 200mcg	2	MO
omeprazole dr cpdr 10mg	1	MO
omeprazole dr cpdr 40mg	1	MO
omeprazole cpdr 20mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
omeprazole cpdr 40mg	1	MO
pantoprazole sodium inj 40mg	2	
pantoprazole sodium tbec 20mg	1	MO
pantoprazole sodium tbec 40mg	1	MO
rabeprazole sodium tbec 20mg	1	MO
sucralfate susp 1gm/10ml	4	MO
sucralfate tabs 1gm	4	MO
Cathartics and Laxatives		
gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	1	
gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
gavilyte-n/flavor pack solr 420gm; 1.48gm; 5.72gm; 11.2gm	1	
peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	1	
peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm	1	
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	4	
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	4	
Cholelitholytic Agents		
CHENODAL TABS 250MG	5	PA (CHENODAL)
CHOLBAM CAPS 250MG	5	PA (CHOLBAM) MO

Drug Name	Drug Tier	Requirements/Limits
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)
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
ursodiol caps 300mg	4	MO
ursodiol tabs 250mg	1	MO
ursodiol tabs 500mg	1	MO
Constipation Therapy		
LINZESS CAPS 145MCG	3	QL (1 EA per 1 days) MO
LINZESS CAPS 290MCG	3	QL (1 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
LINZESS CAPS 72MCG	3	QL (1 EA per 1 days) MO
lubiprostone caps 24mcg	4	QL (2 EA per 1 days) MO
lubiprostone caps 8mcg	4	QL (2 EA per 1 days) MO
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)
Digestants		
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

Drug Name	Drug Tier	Requirements/Limits
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
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
GI Drugs, Miscellaneous		
dronabinol caps 10mg	2	QL (4 EA per 1 days) PA (DRONABINOL)
dronabinol caps 2.5mg	4	QL (4 EA per 1 days) PA (DRONABINOL)
dronabinol caps 5mg	4	QL (4 EA per 1 days) PA (DRONABINOL)
LIVMARLI SOLN 19MG/ML	5	QL (2 ML per 1 days) PA (LIVMARLI)
prucalopride tabs 1mg	2	QL (1 EA per 1 days) PA (MOTEGRITY) MO
prucalopride tabs 2mg	2	QL (1 EA per 1 days) PA (MOTEGRITY) MO

Drug Name	Drug Tier	Requirements/Limits
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)
Prokinetic Agents		
metoclopramide hcl soln 5mg/5ml	2	
metoclopramide hydrochloride +rfid inj 5mg/ml	2	
metoclopramide hydrochloride inj 5mg/ml	2	
metoclopramide hydrochloride soln 10mg/10ml	2	
metoclopramide hydrochloride tabs 10mg	1	
metoclopramide hydrochloride tabs 5mg	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)

Drug Name	Drug Tier	Requirements/Limits
deferasirox pack 180mg	5	PA (IRON CHELATING AGENTS)
deferasirox pack 360mg	5	PA (IRON CHELATING AGENTS)
deferasirox pack 90mg	5	PA (IRON CHELATING AGENTS)
deferasirox tabs 180mg	2	PA (IRON CHELATING AGENTS) MO
deferasirox tabs 360mg	2	PA (IRON CHELATING AGENTS)
deferasirox tabs 90mg	2	PA (IRON CHELATING AGENTS)
deferasirox tbso 125mg	2	PA (IRON CHELATING AGENTS) MO
deferasirox tbso 250mg	5	PA (IRON CHELATING AGENTS) MO
deferasirox tbso 500mg	5	PA (IRON CHELATING AGENTS) MO
deferiprone tabs 1000mg	5	PA (IRON CHELATING AGENTS) MO

Drug Name	Drug Tier	Requirements/Limits
deferiprone tabs 500mg	5	PA (IRON CHELATING AGENTS) MO
FERRIPROX SOLN 100MG/ML	5	PA (IRON CHELATING AGENTS) MO
penicillamine tabs 250mg	5	
trientine hydrochloride caps 250mg	5	
Hormones and Synthetic Substitutes		
Adrenals		
AGAMREE SUSP 40MG/ML	5	QL (300 ML per 30 days) PA (AGAMREE)
ARNUITY ELLIPTA AEPB 100MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUITY ELLIPTA AEPB 200MCG/ACT	3	QL (30 EA per 30 days) MO
ARNUITY 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
breyna aero 160mcg/act; 4.5mcg/act	2	QL (30.6 GM per 30 days) MO
breyna aero 80mcg/act; 4.5mcg/act	2	QL (30.6 GM per 30 days) MO

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act	2	QL (30.6 GM per 30 days) MO
budesonide/formoterol fumarate dihydrate aero 80mcg/act; 4.5mcg/act	2	QL (30.6 GM per 30 days) MO
budesonide cpep 3mg	4	
budesonide susp 0.25mg/2ml	2	B/D MO
budesonide susp 0.5mg/2ml	2	B/D MO
budesonide susp 1mg/2ml	2	B/D MO
CORTISONE ACETATE TABS 25MG	5	
deflazacort susp 22.75mg/ml	5	PA (DEFLAZACORT)
deflazacort tabs 18mg	5	PA (DEFLAZACORT)
deflazacort tabs 30mg	5	PA (DEFLAZACORT)
deflazacort tabs 36mg	5	PA (DEFLAZACORT)
deflazacort tabs 6mg	5	PA (DEFLAZACORT)
DEPO-MEDROL INJ 20MG/ML	4	B/D
dexamethasone 10-day dose pack tbpk 1.5mg	2	
dexamethasone 13-day dose pack tbpk 1.5mg	2	
dexamethasone 6-day dose pack tbpk 1.5mg	2	
dexamethasone 6-day therapy pack tbpk 1.5mg	2	
DEXAMETHASONE INTENSOL CONC 1MG/ML	4	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate inj 10mg/ml	2	
dexamethasone sodium phosphate inj 10mg/ml	2	
dexamethasone sodium phosphate inj 120mg/30ml	2	
dexamethasone elix 0.5mg/5ml	2	
DEXAMETHASONE SOLN 0.5MG/5ML	4	
dexamethasone tabs 0.5mg	2	
dexamethasone tabs 0.75mg	2	
dexamethasone tabs 1.5mg	2	
dexamethasone tabs 1mg	2	
dexamethasone tabs 2mg	2	
dexamethasone tabs 4mg	2	
dexamethasone tabs 6mg	2	
EOHILIA SUSP 2MG/10ML	5	QL (20 ML per 1 days) PA (EOHILIA)
fludrocortisone acetate tabs 0.1mg	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
fluticasone propionate crea 0.05%	2	

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate oint 0.005%	2	
hydrocortisone sodium succinate inj 100mg	4	
hydrocortisone tabs 10mg	4	
hydrocortisone tabs 20mg	4	
hydrocortisone tabs 5mg	4	
jaythari susp 22.75mg/ml	5	PA (DEFLAZACORT)
jaythari tabs 18mg	5	PA (DEFLAZACORT)
jaythari tabs 30mg	5	PA (DEFLAZACORT)
jaythari tabs 36mg	5	PA (DEFLAZACORT)
jaythari tabs 6mg	5	PA (DEFLAZACORT)
kenalog-10 inj 10mg/ml	2	
kymbee susp 22.75mg/ml	5	PA (DEFLAZACORT)
kymbee tabs 18mg	5	PA (DEFLAZACORT)
kymbee tabs 30mg	5	PA (DEFLAZACORT)
kymbee tabs 36mg	5	PA (DEFLAZACORT)
kymbee tabs 6mg	5	PA (DEFLAZACORT)
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone sodium succinate inj 1000mg	2	B/D
methylprednisolone sodium succinate inj 125mg	2	B/D
methylprednisolone sodium succinate inj 500mg	2	B/D
methylprednisolone sodiumsuccinate inj 40mg	2	B/D
methylprednisolone tabs 16mg	2	B/D
methylprednisolone tabs 32mg	2	B/D
methylprednisolone tabs 4mg	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
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
triamcinolone acetonide inj 10mg/ml	2	
triamcinolone acetonide inj 40mg/ml	2	
Androgens		
danazol caps 100mg	2	
danazol caps 200mg	2	
danazol caps 50mg	2	
METHITEST TABS 10MG	5	PA (SYSTEMIC TESTOSTERONE) MO
testosterone cypionate inj 100mg/ml	2	
testosterone cypionate inj 200mg/ml	2	
testosterone cypionate inj 200mg/ml	2	
TESTOSTERONE ENANTHATE INJ 200MG/ML	4	
testosterone pump gel 12.5mg/act	4	MO
testosterone pump gel 20.25mg/act	4	MO
TESTOSTERONE GEL 10MG/ACT	4	MO
testosterone gel 20.25mg/1.25gm	4	MO
testosterone gel 20.25mg/act	4	MO
testosterone gel 25mg/2.5gm	4	MO
testosterone gel 40.5mg/2.5gm	2	MO
testosterone gel 50mg/5gm	4	MO
Antidiabetic Agents		

Drug Name	Drug Tier	Requirements/Limits
acarbose tabs 100mg	2	QL (3 EA per 1 days) MO
acarbose tabs 25mg	2	QL (3 EA per 1 days)
acarbose tabs 50mg	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
dapagliflozin/metformin hydrochloride er tb24 10mg; 500mg	6	QL (1 EA per 1 days) MO
DAPAGLIFLOZIN/METFORMIN HYDROCHLORIDE ER TB24 5MG; 1000MG	6	QL (2 EA per 1 days) MO
dapagliflozin/metformin hydrochloride er tb24 5mg; 500mg	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
FIASP FLEXTOUCH INJ 100UNIT/ML	3	MO
FIASP PENFILL INJ 100UNIT/ML	3	MO
FIASP INJ 100UNIT/ML	3	MO
glimepiride tabs 1mg	6	QL (8 EA per 1 days) MO
glimepiride tabs 2mg	6	QL (4 EA per 1 days) MO
glimepiride tabs 4mg	6	QL (2 EA per 1 days) MO
glipizide er tb24 10mg	6	QL (2 EA per 1 days) MO
glipizide er tb24 2.5mg	6	QL (8 EA per 1 days) MO
glipizide er tb24 5mg	6	QL (4 EA per 1 days) MO

Drug Name	Drug Tier	Requirements/Limits
glipizide xl tb24 10mg	6	QL (2 EA per 1 days) MO
glipizide xl tb24 2.5mg	6	QL (8 EA per 1 days) MO
glipizide xl tb24 5mg	6	QL (4 EA per 1 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 250mg	6	QL (8 EA per 1 days) MO
glipizide/metformin hydrochloride tabs 2.5mg; 500mg	6	QL (4 EA per 1 days) MO
glipizide/metformin hydrochloride tabs 5mg; 500mg	6	QL (4 EA per 1 days) MO
glipizide tabs 10mg	6	QL (4 EA per 1 days) MO
glipizide tabs 15mg	2	QL (2 EA per 1 days)
glipizide tabs 2.5mg	6	QL (2 EA per 1 days) MO
glipizide tabs 5mg	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

Drug Name	Drug Tier	Requirements/Limits
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
liraglutide inj 6mg/ml	2	QL (9 ML per 30 days) PA (LIRAGLUTIDE)
metformin hydrochloride er tb24 500mg	6	QL (4 EA per 1 days) MO
metformin hydrochloride er tb24 750mg	6	QL (2 EA per 1 days) MO
metformin hydrochloride tabs 1000mg	6	QL (2.5 EA per 1 days) MO
metformin hydrochloride tabs 500mg	6	QL (5 EA per 1 days) MO
metformin hydrochloride tabs 850mg	6	QL (3 EA per 1 days) MO
mifepristone tabs 300mg	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
nateglinide tabs 120mg	6	QL (3 EA per 1 days) MO
nateglinide tabs 60mg	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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R INJ 100UNIT/ML	3	MO
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
OZEMPIC TABS 1.5MG	3	QL (1 EA per 1 days) PA (OZEMPIC) MO
OZEMPIC TABS 4MG	3	QL (1 EA per 1 days) PA (OZEMPIC) MO

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC TABS 9MG	3	QL (1 EA per 1 days) PA (OZEMPIC) MO
pioglitazone hcl/metformin hcl tabs 500mg; 15mg	6	QL (3 EA per 1 days) MO
pioglitazone hcl/metformin hcl tabs 850mg; 15mg	6	QL (3 EA per 1 days) MO
pioglitazone hcl tabs 45mg	6	QL (1 EA per 1 days) MO
pioglitazone hydrochloride tabs 15mg	6	QL (1 EA per 1 days) MO
pioglitazone hydrochloride tabs 30mg	6	QL (1 EA per 1 days) MO
pioglitazone hydrochloride tabs 45mg	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
repaglinide tabs 0.5mg	6	QL (4 EA per 1 days) MO
repaglinide tabs 1mg	6	QL (4 EA per 1 days) MO
repaglinide tabs 2mg	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

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 7MG	3	QL (1 EA per 1 days) PA (RYBELSUS) MO
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 2.5mg	1	QL (2 EA per 1 days) MO
saxagliptin hydrochloride/metformin hydrochloride er tb24 1000mg; 5mg	1	QL (1 EA per 1 days) MO
saxagliptin hydrochloride/metformin hydrochloride er tb24 500mg; 5mg	1	QL (1 EA per 1 days) MO
saxagliptin hydrochloride tabs 2.5mg	1	QL (1 EA per 1 days) MO
saxagliptin hydrochloride tabs 5mg	1	QL (1 EA per 1 days) MO
sitagliptin phosphate/metformin hydrochloride tabs 1000mg; 50mg	6	QL (2 EA per 1 days) MO
sitagliptin phosphate/metformin hydrochloride tabs 500mg; 50mg	6	QL (2 EA per 1 days) MO
sitagliptin phosphate tabs 100mg	2	QL (1 EA per 1 days) MO
sitagliptin phosphate tabs 25mg	2	QL (1 EA per 1 days) MO
sitagliptin phosphate tabs 50mg	2	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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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 2.5MG; 1000MG	6	QL (2 EA per 1 days) MO
XIGDUO XR TB24 5MG; 1000MG	6	QL (2 EA per 1 days) MO
Antihypoglycemic Agents		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
BAQSIMI TWO PACK POWD 3MG/DOSE	3	
diazoxide susp 50mg/ml	5	MO
GLUCAGEN HYPOKIT INJ 1MG	4	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG/ML	3	
glucagon emergency kit for low blood sugar inj 1mg	4	
GLUCAGON EMERGENCY KIT INJ 1MG	4	
GVOKE HYPOPEN 1-PACK INJ 0.5MG/0.1ML	3	

Drug Name	Drug Tier	Requirements/Limits
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		
altavera tabs 30mcg; 0.15mg	1	MO
alyacen 1/35 tabs 35mcg; 1mg	1	MO
alyacen 7/7/7 tabs 35mcg; 0	1	MO
amethia tabs 0; 0	1	MO
amethyst tabs 20mcg; 90mcg	1	MO
apri tabs 0.15mg; 30mcg	1	MO
aranelle tabs 0; 0	1	MO
ashlyna tabs 0; 0	1	MO
aubra eq tabs 20mcg; 0.1mg	1	MO
aurovela 1.5/30 tabs 30mcg; 1.5mg	1	MO
aurovela 1/20 tabs 20mcg; 1mg	1	MO
aurovela 24 fe tabs 20mcg; 75mg; 1mg	1	MO
aurovela fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
aurovela fe 1/20 tabs 20mcg; 75mg; 1mg	1	MO
aviane tabs 20mcg; 0.1mg	1	MO
ayuna tabs 0.03mg; 0.15mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
azurette tabs 0; 0	1	MO
balziva tabs 35mcg; 0.4mg	1	MO
blisovi 24 fe tabs 20mcg; 75mg; 1mg	1	MO
blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
blisovi fe 1/20 tabs 20mcg; 75mg; 1mg	1	MO
briellyn tabs 35mcg; 0.4mg	1	MO
camila tabs 0.35mg	1	MO
camrese lo tabs 0; 0	1	MO
camrese tabs 0; 0	1	MO
charlotte 24 fe chew 20mcg; 75mg; 1mg	1	MO
chateal eq tabs 30mcg; 0.15mg	1	MO
cryselle-28 tabs 30mcg; 0.3mg	1	MO
cryselle tabs 30mcg; 0.3mg	1	MO
cyred eq tabs 0.15mg; 30mcg	1	MO
dasetta 1/35 tabs 35mcg; 1mg	1	MO
dasetta 7/7/7 tabs 35mcg; 0	1	MO
daysee tabs 0; 0	1	MO
deblitane tabs 0.35mg	1	MO
delyla tabs 20mcg; 0.1mg	1	MO
desogestrel/ethinyl estradiol tabs 0; 0	1	MO
dolishale tabs 20mcg; 90mcg	1	MO
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.02mg; 0.451mg	1	MO
drospirenone/ethinyl estradiol tabs 3mg; 0.02mg	1	MO
drospirenone/ethinyl estradiol tabs 3mg; 0.03mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
introvale tabs 0.03mg; 0.15mg	1	MO
isibloom tabs 0.15mg; 30mcg	1	MO
jaimiess tabs 0; 0	1	MO
jasmiel tabs 3mg; 0.02mg	1	MO
jencycla tabs 0.35mg	1	MO
jolessa tabs 0.03mg; 0.15mg	1	MO
joyeaux tabs 20mcg; 75mg; 0.1mg	1	MO
juleber tabs 0.15mg; 30mcg	1	MO
junel 1.5/30 tabs 30mcg; 1.5mg	1	MO
junel 1/20 tabs 20mcg; 1mg	1	MO
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
junel fe 1/20 tabs 20mcg; 75mg; 1mg	1	MO
junel fe 24 tabs 20mcg; 75mg; 1mg	1	MO
kaitlib fe chew 25mcg; 75mg; 0.8mg	1	MO
kalliga tabs 0.15mg; 30mcg	1	MO
kariva tabs 0; 0	1	MO
kelnor 1/35 tabs 35mcg; 1mg	1	MO
kurvelo tabs 0.03mg; 0.15mg	1	MO
KYLEENA IUD 19.5MG	3	QL (1 EA per 365 days)
larin 1.5/30 tabs 30mcg; 1.5mg	1	MO
larin 1/20 tabs 20mcg; 1mg	1	MO
larin 24 fe tabs 20mcg; 75mg; 1mg	1	MO
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
larin fe 1/20 tabs 20mcg; 75mg; 1mg	1	MO
layolis fe chew 25mcg; 75mg; 0.8mg	1	MO
leena tabs 0; 0	1	MO
lessina tabs 20mcg; 0.1mg	1	MO
levonest tabs 0; 0	1	MO

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel and ethinyl estradiol tabs 0; 0	1	MO
levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg	1	MO
levonorgestrel/ethinyl estradiol/ferrous bisglycinate tabs 0.02mg; 36.5mg; 0.1mg	1	MO
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	1	MO
levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg	1	MO
levonorgestrel/ethinyl estradiol tabs 0; 0	1	MO
levonorgestrel/ethinyl estradiol tabs 0; 0	1	MO
levonorgestrel/ethinyl estradiol tabs 0; 0	1	MO
levonorgestrel/ethinyl estradiol tabs 20mcg; 0.1mg	1	MO
levora 0.15/30-28 tabs 0.03mg; 0.15mg	1	MO
LILETTA IUD 20.1MCG/DAY	3	QL (1 EA per 365 days)
LO LOESTRIN FE TABS 10MCG; 75MG; 1MG	4	MO
lo-zumandimine tabs 3mg; 0.02mg	1	MO
lojaimiess tabs 0; 0	1	MO
loryna tabs 3mg; 0.02mg	1	MO
low-ogestrel tabs 30mcg; 0.3mg	1	MO
luizza 1.5/30 tabs 30mcg; 1.5mg	1	MO
luizza 1/20 tabs 20mcg; 1mg	1	MO
lutera tabs 20mcg; 0.1mg	1	MO
lutera tabs 20mcg; 0.1mg	1	MO
lyleq tabs 0.35mg	1	MO
lyza tabs 0.35mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
marlissa tabs 0.03mg; 0.15mg	1	MO
meleya tabs 0.35mg	1	MO
merzee caps 20mcg; 75mg; 1mg	1	MO
mibelas 24 fe chew 20mcg; 75mg; 1mg	1	MO
microgestin 1.5/30 tabs 30mcg; 1.5mg	1	MO
microgestin 1/20 tabs 20mcg; 1mg	1	MO
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	1	MO
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	1	MO
mili tabs 35mcg; 0.25mg	1	MO
minzoya tabs 0.02mg; 36.5mg; 0.1mg	1	MO
MIRENA IUD 21MCG/DAY	3	QL (1 EA per 365 days)
mono-linyah tabs 35mcg; 0.25mg	1	MO
NATAZIA TABS 0; 0	4	MO
necon 0.5/35-28 tabs 35mcg; 0.5mg	1	MO
NEXPLANON INJ 68MG	3	QL (1 EA per 365 days)
nikki tabs 3mg; 0.02mg	1	MO
nora-be tabs 0.35mg	1	MO
norelgestromin/ethinyl estradiol ptwk 35mcg/24hr; 150mcg/24hr	1	MO
norethindrone & ethinyl estradiol ferrous fumarate chew 25mcg; 75mg; 0.8mg	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate caps 20mcg; 75mg; 1mg	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate chew 20mcg; 75mg; 1mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
philith tabs 35mcg; 0.4mg	1	MO
pimtrea tabs 0; 0	1	MO
portia-28 tabs 0.03mg; 0.15mg	1	MO
reclipsen tabs 0.15mg; 0.03mg	1	MO
rivelsa tabs 0; 0	1	MO
rosyrah tabs 0; 0	1	MO
setlakin tabs 0.03mg; 0.15mg	1	MO
sharobel tabs 0.35mg	1	MO
simliya tabs 0; 0	1	MO
simpesse tabs 0; 0	1	MO
SKYLA IUD 13.5MG	3	QL (1 EA per 365 days)
sprintec 28 tabs 35mcg; 0.25mg	1	MO
sronyx tabs 20mcg; 0.1mg	1	MO
syeda tabs 3mg; 0.03mg	1	MO
tarina 24 fe tabs 20mcg; 75mg; 1mg	1	MO
tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg	1	MO
taysofy caps 20mcg; 75mg; 1mg	1	MO
tilia fe tabs 0; 75mg; 1mg	1	MO
tri-estarylla tabs 0; 0	1	MO
tri-legest fe tabs 0; 75mg; 1mg	1	MO
tri-linyah tabs 0; 0	1	MO
tri-lo-estarylla tabs 0; 0	1	MO
tri-lo-marzia tabs 0; 0	1	MO
tri-lo-mili tabs 0; 0	1	MO
tri-lo-sprintec tabs 0; 0	1	MO
tri-mili tabs 0; 0	1	MO
tri-nymyo tabs 0; 0	1	MO
tri-sprintec tabs 0; 0	1	MO
tri-vylibra lo tabs 0; 0	1	MO

Drug Name	Drug Tier	Requirements/Limits
tri-vylibra tabs 0; 0	1	MO
turqoz tabs 30mcg; 0.3mg	1	MO
TYBLUME CHEW 20MCG; 0.1MG	4	MO
tydemy tabs 3mg; 0.03mg; 0.451mg	1	MO
valtya 1/35 tabs 35mcg; 1mg	1	MO
valtya 1/50 tabs 50mcg; 1mg	1	MO
velivet tabs 0; 0	1	MO
vestura tabs 3mg; 0.02mg	1	MO
vienva tabs 20mcg; 0.1mg	1	MO
viorele tabs 0; 0	1	MO
volnea tabs 0; 0	1	MO
vyfemla tabs 35mcg; 0.4mg	1	MO
vylibra tabs 35mcg; 0.25mg	1	MO
wera tabs 35mcg; 0.5mg	1	MO
wymzya fe chew 35mcg; 0; 0.4mg	1	MO
xarah fe tabs 0; 75mg; 1mg	1	MO
xelria fe chew 35mcg; 75mg; 0.4mg	1	MO
xulane ptwk 35mcg/24hr; 150mcg/24hr	1	MO
zafemy ptwk 35mcg/24hr; 150mcg/24hr	1	MO
zovia 1/35 tabs 35mcg; 1mg	1	MO
zumandimine tabs 3mg; 0.03mg	1	MO
Estrogens, Antiestrogens & Estrogen Agonist-Antagonists		
abigale lo tabs 0.5mg; 0.1mg	1	MO
abigale tabs 1mg; 0.5mg	1	MO
amabelz tabs 0.5mg; 0.1mg	2	MO
amabelz tabs 1mg; 0.5mg	2	MO
anastrozole tabs 1mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
estradiol pttw 0.025mg/24hr	4	QL (16 EA per 28 days) MO
estradiol pttw 0.0375mg/24hr	4	QL (16 EA per 28 days) MO
estradiol pttw 0.05mg/24hr	4	QL (16 EA per 28 days) MO
estradiol pttw 0.075mg/24hr	4	QL (16 EA per 28 days) MO
estradiol pttw 0.1mg/24hr	4	QL (16 EA per 28 days) MO
estradiol ptwk 0.025mg/24hr	4	QL (4 EA per 28 days) MO
estradiol ptwk 0.05mg/24hr	4	QL (4 EA per 28 days) MO
estradiol ptwk 0.06mg/24hr	4	QL (4 EA per 28 days) MO
estradiol ptwk 0.075mg/24hr	4	QL (4 EA per 28 days) MO
estradiol ptwk 0.1mg/24hr	4	QL (4 EA per 28 days) MO
estradiol ptwk 37.5mcg/24hr	4	QL (4 EA per 28 days) MO
estradiol tabs 0.5mg	1	MO
estradiol tabs 1mg	1	MO
estradiol tabs 2mg	1	MO
estradiol tabs 10mcg	1	MO
ESTRING RING 7.5MCG/24HR	4	MO
exemestane tabs 25mg	4	MO

Drug Name	Drug Tier	Requirements/Limits
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)
letrozole tabs 2.5mg	1	MO
lyllana pttw 0.025mg/24hr	4	QL (16 EA per 28 days) MO
lyllana pttw 0.0375mg/24hr	4	QL (16 EA per 28 days) MO
lyllana pttw 0.05mg/24hr	4	QL (16 EA per 28 days) MO
lyllana pttw 0.075mg/24hr	4	QL (16 EA per 28 days) MO
lyllana pttw 0.1mg/24hr	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
mimvey tabs 1mg; 0.5mg	2	MO
PREMARIN CREA 0.625MG/GM	4	MO

Drug Name	Drug Tier	Requirements/Limits
raloxifene hydrochloride tabs 60mg	2	MO
SOLTAMOX SOLN 10MG/5ML	5	PA (SOLTAMOX, new starts only) MO
tamoxifen citrate tabs 10mg	2	MO
tamoxifen citrate tabs 20mg	2	MO
toremifene citrate tabs 60mg	5	PA (CANCER DRUGS, new starts only) MO
yuvafem tabs 10mcg	1	MO
Gonadotropins and Antigonadotropins		
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)
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)
leuprolide acetate inj 1mg/0.2ml	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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
Leptins		
MYALEPT INJ 11.3MG	5	PA (MYALEPT) MO
Parathyroid and Antiparathyroid Agents		
BONSITY INJ 560MCG/2.24ML	5	QL (2.48 ML per 28 days) PA (TERIPARATIDE)
calcitonin salmon inj 200unit/ml	5	
calcitonin salmon soln 200unit/act	2	MO
calcitonin-salmon soln 200unit/act	2	MO
cinacalcet hydrochloride tabs 30mg	2	MO
cinacalcet hydrochloride tabs 60mg	2	MO
cinacalcet hydrochloride tabs 90mg	2	MO
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)

Drug Name	Drug Tier	Requirements/Limits
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)
Pituitary		
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)
desmopressin acetate inj 4mcg/ml	5	
desmopressin acetate inj 4mcg/ml	5	MO
desmopressin acetate soln 0.01%	4	MO
desmopressin acetate soln 0.01%	2	MO
desmopressin acetate tabs 0.1mg	2	MO
desmopressin acetate tabs 0.2mg	2	MO
Progestins		
DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML	3	QL (0.65 ML per 84 days)
gallifrey tabs 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
medroxyprogesterone acetate inj 150mg/ml	2	
medroxyprogesterone acetate inj 150mg/ml	2	
medroxyprogesterone acetate tabs 10mg	1	MO
medroxyprogesterone acetate tabs 2.5mg	1	MO
medroxyprogesterone acetate tabs 5mg	1	MO
megestrol acetate susp 40mg/ml	4	
MEGESTROL ACETATE SUSP 625MG/5ML	4	
megestrol acetate tabs 20mg	4	
megestrol acetate tabs 40mg	4	
norethindrone acetate tabs 5mg	1	MO
progesterone caps 100mg	2	MO
progesterone caps 200mg	2	MO
Somatostatin Agonists and Antagonists		
lanreotide acetate inj 120mg/0.5ml	5	PA (SOMATULINE DEPOT, new starts only)
MYCAPSSA CPDR 20MG	5	QL (4 EA per 1 days) PA (MYCAPSSA)
octreotide acetate inj 1000mcg/ml	5	MO
octreotide acetate inj 100mcg/ml	4	MO
octreotide acetate inj 10mg	5	PA (SANDOSTATIN LAR)
octreotide acetate inj 200mcg/ml	4	MO
octreotide acetate inj 20mg	5	PA (SANDOSTATIN LAR)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 30mg	5	PA (SANDOSTATIN LAR)
octreotide acetate inj 500mcg/ml	5	MO
octreotide acetate inj 50mcg/ml	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)
Somatotropin Agonists and Antagonists		
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
GENOTROPIN MINIQUICK INJ 1.6MG	5	PA (SOMATROPINS) MO

Drug Name	Drug Tier	Requirements/Limits
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
Thyroid and Antithyroid Agents		
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

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYROID TABS 15MG	4	MO
ARMOUR THYROID TABS 180MG	4	MO
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
levo-t tabs 100mcg	1	MO
levo-t tabs 112mcg	1	MO
levo-t tabs 125mcg	1	MO
levo-t tabs 137mcg	1	MO
levo-t tabs 150mcg	1	MO
levo-t tabs 175mcg	1	MO
levo-t tabs 200mcg	1	MO
levo-t tabs 25mcg	1	MO
levo-t tabs 300mcg	1	MO
levo-t tabs 50mcg	1	MO
levo-t tabs 75mcg	1	MO
levo-t tabs 88mcg	1	MO
levothyroxine sodium inj 100mcg	4	
levothyroxine sodium inj 200mcg	4	

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium inj 500mcg	4	
levothyroxine sodium tabs 100mcg	1	MO
levothyroxine sodium tabs 112mcg	1	MO
levothyroxine sodium tabs 125mcg	1	MO
levothyroxine sodium tabs 137mcg	1	MO
levothyroxine sodium tabs 150mcg	1	MO
levothyroxine sodium tabs 175mcg	1	MO
levothyroxine sodium tabs 200mcg	1	MO
levothyroxine sodium tabs 25mcg	1	MO
levothyroxine sodium tabs 300mcg	1	MO
levothyroxine sodium tabs 50mcg	1	MO
levothyroxine sodium tabs 75mcg	1	MO
levothyroxine sodium tabs 88mcg	1	MO
levoxyl tabs 100mcg	4	MO
levoxyl tabs 112mcg	4	MO
levoxyl tabs 125mcg	4	MO
levoxyl tabs 137mcg	4	MO
levoxyl tabs 150mcg	4	MO
levoxyl tabs 175mcg	4	MO
levoxyl tabs 200mcg	4	MO
levoxyl tabs 25mcg	4	MO
levoxyl tabs 50mcg	4	MO
levoxyl tabs 75mcg	4	MO
levoxyl tabs 88mcg	4	MO
liothyronine sodium tabs 25mcg	2	MO
liothyronine sodium tabs 50mcg	2	MO
liothyronine sodium tabs 5mcg	2	MO
methimazole tabs 10mg	2	MO
methimazole tabs 5mg	2	MO

Drug Name	Drug Tier	Requirements/Limits
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
NP THYROID 90 TABS 90MG	4	MO
propylthiouracil tabs 50mg	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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 75MCG	3	MO
SYNTHROID TABS 88MCG	3	MO
TIROSINT-SOL SOLN 100MCG/ML	4	PA (TIROSINT SOLUTION) MO
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

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL SOLN 75MCG/ML	4	PA (TIROSINT SOLUTION) MO
TIROSINT-SOL SOLN 88MCG/ML	4	PA (TIROSINT SOLUTION) MO
unithroid tabs 100mcg	4	MO
unithroid tabs 112mcg	4	MO
unithroid tabs 125mcg	4	MO
unithroid tabs 137mcg	4	MO
unithroid tabs 150mcg	4	MO
unithroid tabs 175mcg	4	MO
unithroid tabs 200mcg	4	MO
unithroid tabs 25mcg	4	MO
unithroid tabs 300mcg	4	MO
unithroid tabs 50mcg	4	MO
unithroid tabs 75mcg	4	MO
unithroid tabs 88mcg	4	MO
Immunomodulatory Agents		
Bone-modifying Agents		
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)
Complement Inhibitor Agents		
FABHALTA CAPS 200MG	5	QL (2 EA per 1 days) PA (FABHALTA)

Drug Name	Drug Tier	Requirements/Limits
TAVNEOS CAPS 10MG	5	QL (6 EA per 1 days) PA (TAVNEOS)
Disease-modifying Antirheumatic Drugs		
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)
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)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBM INJ 40MG/0.8ML	5	QL (6 EA per 28 days) PA (ADALIMUMAB)
AVSOLA INJ 100MG	5	PA (INFLIXIMAB)
AVTOZMA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA (TOCILIZUMAB)
AVTOZMA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA (TOCILIZUMAB)
AVTOZMA INJ 200MG/10ML	5	PA (TOCILIZUMAB)
AVTOZMA INJ 400MG/20ML	5	PA (TOCILIZUMAB)
AVTOZMA INJ 80MG/4ML	5	PA (TOCILIZUMAB)
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 (1 SYRINGE) INJ 200MG/ML	5	QL (1 EA per 28 days) PA (CIMZIA) MO
CIMZIA (2 SYRINGE) INJ 200MG/ML	5	QL (1 EA per 28 days) PA (CIMZIA) MO
CIMZIA STARTER KIT INJ 200MG/ML	5	QL (3 EA per 180 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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
INFLECTRA INJ 100MG	5	PA (INFLIXIMAB)
KINERET INJ 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA (KINERET) MO
leflunomide tabs 10mg	2	MO
leflunomide tabs 20mg	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)
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)

Drug Name	Drug Tier	Requirements/Limits
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)
STELARA INJ 90MG/ML	5	QL (2 ML per 56 days) PA (USTEKINUMAB)

Drug Name	Drug Tier	Requirements/Limits
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
tofacitinib citrate er tb24 11mg	5	QL (1 EA per 1 days) PA (XELJANZ) MO
TOFACITINIB CITRATE ER TB24 22MG	5	QL (1 EA per 1 days) PA (XELJANZ) MO
tofacitinib citrate soln 1mg/ml	5	PA (XELJANZ) MO
tofacitinib citrate tabs 10mg	5	QL (2 EA per 1 days) PA (XELJANZ) MO
tofacitinib citrate tabs 5mg	5	QL (2 EA per 1 days) PA (XELJANZ) 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)

Drug Name	Drug Tier	Requirements/Limits
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)
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)
Immunomodulatory Agents		
everolimus tabs 0.25mg	4	B/D MO
everolimus tabs 0.5mg	5	B/D MO
everolimus tabs 0.75mg	5	B/D MO

Drug Name	Drug Tier	Requirements/Limits
everolimus tabs 1mg	5	B/D MO
Immunosuppressive Therapy		
ATGAM INJ 50MG/ML	5	PA (INTRAVENOUS IMMUNE GLOBULIN, new starts only)
AZATHIOPRINE INJ 100MG	5	B/D
azathioprine tabs 100mg	2	B/D MO
azathioprine tabs 50mg	2	B/D MO
azathioprine tabs 75mg	2	B/D MO
cyclosporine modified caps 100mg	2	B/D MO
cyclosporine modified caps 25mg	2	
cyclosporine modified caps 50mg	2	B/D MO
cyclosporine modified soln 100mg/ml	2	B/D MO
cyclosporine caps 100mg	2	B/D MO
cyclosporine caps 25mg	2	B/D MO
gengraf caps 100mg	2	B/D MO
gengraf caps 25mg	2	MO
gengraf soln 100mg/ml	2	B/D MO
mycophenolate mofetil caps 250mg	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
sirolimus soln 1mg/ml	4	B/D MO
sirolimus tabs 0.5mg	4	B/D MO
sirolimus tabs 1mg	2	B/D MO
sirolimus tabs 2mg	4	B/D MO
tacrolimus er cp24 0.5mg	4	PA (ASTAGRAF, new starts only)

Drug Name	Drug Tier	Requirements/Limits
tacrolimus er cp24 1mg	4	PA (ASTAGRAF, new starts only)
tacrolimus er cp24 5mg	4	PA (ASTAGRAF, new starts only)
tacrolimus caps 0.5mg	2	B/D MO
tacrolimus caps 1mg	2	B/D MO
tacrolimus caps 5mg	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)
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
Multiple Sclerosis Agents		
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
fingolimod hydrochloride caps 0.5mg	5	QL (1 EA per 1 days) PA (FINGOLIMOD) MO

Drug Name	Drug Tier	Requirements/Limits
glatiramer acetate inj 20mg/ml	5	QL (1 ML per 1 days) MO
glatiramer acetate inj 40mg/ml	5	QL (12 ML per 28 days) MO
glatopa inj 20mg/ml	5	QL (1 ML per 1 days) MO
glatopa inj 40mg/ml	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
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
teriflunomide tabs 14mg	5	PA (TERIFLUNOMIDE) MO
teriflunomide tabs 7mg	5	PA (TERIFLUNOMIDE) MO
Myasthenia Gravis Agents		
VYVGART HYTRULO INJ 1000MG/5ML; 10000UNIT/5ML	5	QL (20 ML per 28 days) PA (VYVGART HYTRULO)

Drug Name	Drug Tier	Requirements/Limits
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)
Neuromyelitis Optica Spectrum Disorder Agents		
ENSPRYNG INJ 120MG/ML	5	QL (3 ML per 28 days) PA (ENSPRYNG)
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
dutasteride caps 0.5mg	2	MO
finasteride tabs 5mg	1	MO
Antigout Agents		
allopurinol tabs 100mg	1	MO
allopurinol tabs 300mg	1	MO
colchicine tabs 0.6mg	2	
febuxostat tabs 40mg	2	QL (1 EA per 1 days) MO
febuxostat tabs 80mg	2	QL (1 EA per 1 days) MO
Antisense Oligonucleotides		
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)

Drug Name	Drug Tier	Requirements/Limits
WAINUA INJ 45MG/0.8ML	5	QL (0.8 ML per 28 days) PA (WAINUA)
Bone Resorption Inhibitors		
alendronate sodium soln 70mg/75ml	4	MO
alendronate sodium tabs 10mg	1	QL (1 EA per 1 days) MO
alendronate sodium tabs 35mg	1	QL (4 EA per 28 days) MO
alendronate sodium tabs 5mg	1	QL (1 EA per 1 days)
alendronate sodium tabs 70mg	1	QL (4 EA per 28 days) MO
ibandronate sodium inj 3mg/3ml	2	
ibandronate sodium tabs 150mg	1	QL (1 EA per 28 days) MO
pamidronate disodium inj 30mg/10ml	2	PA (PARENTERAL BISPHOSPHONATES)
PAMIDRONATE DISODIUM INJ 6MG/ML	4	PA (PARENTERAL BISPHOSPHONATES)
pamidronate disodium inj 90mg/10ml	2	PA (PARENTERAL BISPHOSPHONATES)
risedronate sodium tabs 150mg	2	QL (1 EA per 28 days) PA (RISEDRONATE) MO
risedronate sodium tabs 30mg	2	QL (1 EA per 1 days) PA (RISEDRONATE)
risedronate sodium tabs 35mg	2	QL (4 EA per 28 days) PA (RISEDRONATE) MO

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

Drug Name	Drug Tier	Requirements/Limits
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
Immunosuppressive Agents		
mycophenolate mofetil susr 200mg/ml	5	B/D MO
mycophenolate mofetil tabs 500mg	2	B/D MO
mycophenolic acid dr tbec 180mg	2	B/D MO
mycophenolic acid dr tbec 360mg	2	B/D MO
MYHIBBIN SUSP 200MG/ML	5	B/D
Kallikrein-Kinin System Inhibitors		
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)
Other Miscellaneous Therapeutic Agents		
AQNEURSA PACK 1GM	5	PA (AQNEURSA)
betaine anhydrous powd 0	5	PA (CYSTADANE) MO

Drug Name	Drug Tier	Requirements/Limits
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)
KYGEVVI PACK 2GM; 2GM	5	PA (KYGEVVI)
l-glutamine pack 5gm	5	PA (ENDARI)
levocarnitine sf soln 1gm/10ml	4	MO
levocarnitine soln 1gm/10ml	4	MO
levocarnitine tabs 330mg	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)

Drug Name	Drug Tier	Requirements/Limits
XEOMIN INJ 100UNIT	5	PA (BOTULINUM TOXINS)
XEOMIN INJ 200UNIT	5	PA (BOTULINUM TOXINS)
XEOMIN INJ 50UNIT	5	PA (BOTULINUM TOXINS)
Protective Agents		
dalfampridine er tb12 10mg	2	QL (2 EA per 1 days) PA (DALFAMPRIDINE) MO
mesna tabs 400mg	5	
Oxytocics		
Oxytocics		
mifepristone tabs 200mg	2	QL (1 EA per 1 days)
Respiratory Tract Agents		
Anti-inflammatory Agents		
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)
cromolyn sodium conc 100mg/5ml	4	MO
cromolyn sodium nebu 20mg/2ml	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)

Drug Name	Drug Tier	Requirements/Limits
montelukast sodium chew 4mg	2	QL (1 EA per 1 days) MO
montelukast sodium chew 5mg	2	QL (1 EA per 1 days) MO
montelukast sodium pack 4mg	2	QL (1 EA per 1 days) MO
montelukast sodium tabs 10mg	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
zafirlukast tabs 10mg	4	QL (2 EA per 1 days) MO
zafirlukast tabs 20mg	4	QL (2 EA per 1 days) MO
Antifibrotic Agents		
nintedanib esylate caps 100mg	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO

Drug Name	Drug Tier	Requirements/Limits
nintedanib esylate caps 150mg	5	QL (2 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
pirfenidone caps 267mg	5	QL (9 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
pirfenidone tabs 267mg	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
pirfenidone tabs 801mg	5	QL (3 EA per 1 days) PA (PULMONARY FIBROSIS AGENTS) MO
Antitussives		
promethazine dm syrp 15mg/5ml; 6.25mg/5ml	2	QL (420 ML per 30 days) ED
promethazine hydrochloride/dextromethorphan hydrobromide syrp 15mg/5ml; 6.25mg/5ml	2	QL (420 ML per 30 days) ED
promethazine vc/codeine syrp 10mg/5ml; 5mg/5ml; 6.25mg/5ml	2	QL (420 ML per 30 days) ED

Drug Name	Drug Tier	Requirements/Limits
promethazine/codeine soln 10mg/5ml; 6.25mg/5ml	2	QL (420 ML per 30 days) ED
promethazine/dextromethorphan syrp 15mg/5ml; 6.25mg/5ml	2	QL (420 ML per 30 days) ED
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
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

Drug Name	Drug Tier	Requirements/Limits
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
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
Mucolytic Agents		
PULMOZYME SOLN 2.5MG/2.5ML	5	QL (150 ML per 30 days) B/D MO
Phosphodiesterase Type 4 Inhibitors		
roflumilast tabs 250mcg	2	QL (1 EA per 1 days) MO
roflumilast tabs 500mcg	2	QL (1 EA per 1 days) MO
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL CAPS 40MG	5	QL (560 EA per 28 days) PA (BRONCHITOL)

Drug Name	Drug Tier	Requirements/Limits
WINREVAIR INJ 45MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 45MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 60MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
WINREVAIR INJ 60MG	5	QL (1 EA per 21 days) PA (WINREVAIR)
Vasodilating Agents		
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
alyq tabs 20mg	4	QL (2 EA per 1 days) PA (TADALAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
ambrisentan tabs 10mg	5	PA (AMBRISENTAN) LA MO
ambrisentan tabs 5mg	5	PA (AMBRISENTAN) LA MO
bosentan tabs 125mg	5	PA (BOSENTAN) LA MO
bosentan tabs 62.5mg	5	PA (BOSENTAN) LA MO

Drug Name	Drug Tier	Requirements/Limits
bosentan tbso 32mg	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)
macitentan tabs 10mg	5	QL (1 EA per 1 days) PA (OPSUMIT) MO
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)
riociguat tabs 0.5mg	5	PA (RIOCIGUAT) MO
riociguat tabs 1.5mg	5	PA (RIOCIGUAT) MO
riociguat tabs 1mg	5	PA (RIOCIGUAT) MO
riociguat tabs 2.5mg	5	PA (RIOCIGUAT) MO
riociguat tabs 2mg	5	PA (RIOCIGUAT) MO

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate susr 10mg/ml	5	QL (6 ML per 1 days) PA (SILDENAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
sildenafil citrate tabs 20mg	2	QL (3 EA per 1 days) PA (SILDENAFIL (PULMONARY ARTERIAL HYPERTENSION)) MO
tadalafil tabs 20mg	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))
treprostinil inj 100mg/20ml	5	PA (TREPROSTINIL) LA
treprostinil inj 200mg/20ml	5	PA (TREPROSTINIL) LA
treprostinil inj 20mg/20ml	5	PA (TREPROSTINIL) LA

Drug Name	Drug Tier	Requirements/Limits
treprostinil inj 50mg/20ml	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)
Skin and Mucous Membrane Agents		
Anti-infectives		
acyclovir crea 5%	4	PA (TOPICAL ANTIVIRALS)
acyclovir oint 5%	4	PA (TOPICAL ANTIVIRALS)
azelaic acid gel 15%	2	
ciclodan soln 8%	2	
ciclopirox nail lacquer soln 8%	2	
ciclopirox olamine crea 0.77%	2	
ciclopirox gel 0.77%	2	
ciclopirox sham 1%	2	
ciclopirox susp 0.77%	2	
clindamycin phosphate (once-daily) gel 1%	2	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (twice-daily) gel 1%	2	
clindamycin phosphate crea 2%	4	
clindamycin phosphate lotn 1%	2	
clindamycin phosphate soln 1%	2	
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	1	
CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE LOTN 0.05%; 1%	4	
clotrimazole crea 1%	1	
clotrimazole soln 1%	2	
clotrimazole troc 10mg	2	
econazole nitrate crea 1%	1	
gentamicin sulfate crea 0.1%	4	
gentamicin sulfate oint 0.1%	2	
ketoconazole crea 2%	2	
ketoconazole sham 2%	2	
klayesta powd 100000unit/gm	2	
metronidazole vaginal gel 0.75%	2	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%	4	
metronidazole gel 1%	4	
metronidazole lotn 0.75%	1	
MICONAZOLE 3 SUPP 200MG	4	
mupirocin oint 2%	1	
nyamyc powd 100000unit/gm	2	
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	

Drug Name	Drug Tier	Requirements/Limits
nystop powd 100000unit/gm	2	
penciclovir crea 1%	2	PA (TOPICAL ANTIVIRALS)
permethrin crea 5%	2	
selenium sulfide lotn 2.5%	2	
silver sulfadiazine crea 1%	2	
ssd crea 1%	2	
terconazole crea 0.4%	2	
terconazole crea 0.8%	2	
ZELSUVMI GEL 10.3%	5	QL (31 GM per 60 days) PA (ZELSUVMI)
Anti-inflammatory Agents		
ADBRY INJ 300MG/2ML	5	QL (6 ML per 28 days) PA (ADBRY)
ala-cort crea 1%	1	
alclometasone dipropionate crea 0.05%	2	
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)
betamethasone dipropionate augmented crea 0.05%	2	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	4	
betamethasone dipropionate augmented lotn 0.05%	2	

Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate augmented oint 0.05%	2	
betamethasone dipropionate crea 0.05%	2	
betamethasone dipropionate lotn 0.05%	2	
betamethasone dipropionate oint 0.05%	2	
betamethasone valerate crea 0.1%	2	
BETAMETHASONE VALERATE LOTN 0.1%	4	
betamethasone valerate oint 0.1%	2	
brimonidine tartrate/timolol maleate soln 0.2%; 0.5%	4	ST (BRIMONIDINE/TIMOLOL #2) MO
budesonide foam 2mg	2	
clobetasol propionate emollient base crea 0.05%	1	
clobetasol propionate emollient foam 0.05%	4	
clobetasol propionate crea 0.05%	1	
clobetasol propionate foam 0.05%	2	
clobetasol propionate foam 0.05%	4	
clobetasol propionate gel 0.05%	1	
clobetasol propionate lotn 0.05%	4	
clobetasol propionate oint 0.05%	1	
clobetasol propionate sham 0.05%	2	
clobetasol propionate soln 0.05%	2	
clodan sham 0.05%	2	
desonide crea 0.05%	2	
desonide lotn 0.05%	2	
desonide oint 0.05%	2	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium gel 3%	2	QL (100 GM per 30 days) PA (TOPICAL DICLOFENAC)
diclofenac sodium soln 1.5%	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)
EBGLYSS INJ 250MG/2ML	5	PA (EBGLYSS)
EBGLYSS INJ 250MG/2ML	5	PA (EBGLYSS)
EUCRISA OINT 2%	4	PA (CRISABOROLE)
fluocinolone acetonide body oil 0.01%	2	
fluocinolone acetonide scalp oil 0.01%	2	
fluocinolone acetonide topical oil 0.01%	2	
fluocinolone acetonide crea 0.01%	2	
fluocinolone acetonide crea 0.025%	2	
fluocinolone acetonide oint 0.025%	2	
fluocinolone acetonide soln 0.01%	2	
fluocinonide emulsified base crea 0.05%	4	
fluocinonide crea 0.05%	2	
fluocinonide crea 0.1%	2	
fluocinonide gel 0.05%	2	
fluocinonide oint 0.05%	2	
fluocinonide soln 0.05%	2	
halobetasol propionate crea 0.05%	2	
halobetasol propionate oint 0.05%	2	
HYDROCORTISONE BUTYRATE CREA 0.1%	4	

Drug Name	Drug Tier	Requirements/Limits
HYDROCORTISONE BUTYRATE OINT 0.1%	4	
HYDROCORTISONE BUTYRATE SOLN 0.1%	4	
hydrocortisone valerate crea 0.2%	2	
hydrocortisone valerate oint 0.2%	4	
hydrocortisone crea 1%	1	
hydrocortisone crea 1%	2	
hydrocortisone crea 2.5%	1	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	2	
hydrocortisone lotn 2.5%	1	
hydrocortisone oint 1%	1	QL (100 GM per 30 days)
hydrocortisone oint 2.5%	1	
kourzeq pste 0.1%	2	
mometasone furoate crea 0.1%	1	
mometasone furoate oint 0.1%	1	
mometasone furoate soln 0.1%	1	
nystatin/triamcinolone acetonide crea 100000unit/gm; 1mg/gm	2	
nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%	2	
nystatin/triamcinolone crea 100000unit/gm; 1mg/gm	2	
nystatin/triamcinolone oint 100000unit/gm; 0.1%	2	
oralone dental paste pste 0.1%	2	
procto-med hc crea 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
proctosol hc crea 2.5%	2	
proctozone-hc crea 2.5%	2	
tovet foam 0.05%	4	
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJ 200MG/2ML	5	QL (4 ML per 28 days) PA (TREMFYA)
TREMFYA PEN INJ 100MG/ML	5	QL (2 ML per 56 days) PA (TREMFYA)
TREMFYA INJ 200MG/20ML	5	PA (TREMFYA)
TREMFYA INJ 200MG/2ML	5	QL (4 ML per 28 days) PA (TREMFYA)
TREMFYA INJ 200MG/2ML	5	QL (4 ML per 28 days) PA (TREMFYA)
triamcinolone acetonide dental paste pste 0.1%	2	
triamcinolone acetonide crea 0.025%	1	
triamcinolone acetonide crea 0.1%	1	
triamcinolone acetonide crea 0.5%	1	
triamcinolone acetonide lotn 0.025%	2	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide oint 0.025%	1	
triamcinolone acetonide oint 0.1%	1	
triamcinolone acetonide oint 0.5%	1	
triderm crea 0.5%	1	
Antiproliferants		
bexarotene gel 1%	5	PA (CANCER DRUGS, new starts only)
fluorouracil crea 5%	2	
fluorouracil soln 2%	2	

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

Drug Name	Drug Tier	Requirements/Limits
QBREXZA PADS 2.4%	4	QL (1 EA per 1 days) PA (QBREXZA)
Cell Stimulants and Proliferants		
finasteride tabs 1mg	2	QL (1 EA per 1 days) ED
tretinoin crea 0.025%	2	QL (45 GM per 30 days)
tretinoin crea 0.05%	2	QL (45 GM per 30 days)
tretinoin crea 0.1%	2	QL (45 GM per 30 days)
tretinoin gel 0.01%	2	QL (45 GM per 30 days)
tretinoin gel 0.025%	2	QL (45 GM per 30 days)
Depigmenting and Pigmenting Agents		
METHOXSALEN CAPS 10MG	5	
Emollients, Demulcents, and Protectants		
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
calcipotriene crea 0.005%	4	QL (120 GM per 30 days)
calcipotriene oint 0.005%	4	QL (120 GM per 30 days)
CALCIPOTRIENE SOLN 0.005%	4	QL (120 ML per 30 days)
nitroglycerin oint 0.4%	4	QL (30 GM per 30 days)
SANTYL OINT 250UNIT/GM	4	
Keratolytic Agents		
accutane caps 10mg	2	PA (ISOTRETINOIN)
accutane caps 20mg	2	PA (ISOTRETINOIN)
accutane caps 30mg	2	PA (ISOTRETINOIN)
accutane caps 40mg	2	PA (ISOTRETINOIN)
acitretin caps 10mg	2	

Drug Name	Drug Tier	Requirements/Limits
acitretin caps 17.5mg	2	
acitretin caps 25mg	2	
adapalene gel 0.1%	2	
adapalene gel 0.3%	2	
amnesteem caps 10mg	2	PA (ISOTRETINOIN)
amnesteem caps 20mg	2	PA (ISOTRETINOIN)
amnesteem caps 30mg	2	PA (ISOTRETINOIN)
amnesteem caps 40mg	2	PA (ISOTRETINOIN)
claravis caps 10mg	2	PA (ISOTRETINOIN)
isotretinoin caps 10mg	2	PA (ISOTRETINOIN)
isotretinoin caps 20mg	2	PA (ISOTRETINOIN)
isotretinoin caps 30mg	2	PA (ISOTRETINOIN)
isotretinoin caps 40mg	2	PA (ISOTRETINOIN)
PODOFILOX SOLN 0.5%	4	
tazarotene crea 0.1%	4	PA (TAZORAC)
tazarotene gel 0.05%	2	QL (30 GM per 30 days) PA (TAZORAC)
tazarotene gel 0.1%	2	QL (30 GM per 30 days) PA (TAZORAC)
VEREGEN OINT 15%	5	
zenatane caps 10mg	2	PA (ISOTRETINOIN)
zenatane caps 20mg	2	PA (ISOTRETINOIN)
zenatane caps 30mg	2	PA (ISOTRETINOIN)
zenatane caps 40mg	2	PA (ISOTRETINOIN)
Skin and Mucous Membrane Agents, Misc		
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)

Drug Name	Drug Tier	Requirements/Limits
pimecrolimus crea 1%	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
tacrolimus oint 0.03%	4	
tacrolimus oint 0.1%	4	
TREMFYA INJ 100MG/ML	5	QL (2 ML per 56 days) PA (TREMFYA)
TREMFYA INJ 100MG/ML	5	QL (2 ML per 56 days) PA (TREMFYA)
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
flavoxate hcl tabs 100mg	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
oxybutynin chloride er tb24 10mg	4	PA (OVERACTIVE BLADDER DRUGS) MO
oxybutynin chloride er tb24 15mg	4	PA (OVERACTIVE BLADDER DRUGS) MO
oxybutynin chloride er tb24 5mg	4	PA (OVERACTIVE BLADDER DRUGS) MO

Drug Name	Drug Tier	Requirements/Limits
oxybutynin chloride soln 5mg/5ml	2	PA (OVERACTIVE BLADDER DRUGS) MO
oxybutynin chloride tabs 5mg	4	PA (OVERACTIVE BLADDER DRUGS) MO
solifenacin succinate tabs 10mg	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
solifenacin succinate tabs 5mg	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
tolterodine tartrate er cp24 2mg	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
tolterodine tartrate er cp24 4mg	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
tolterodine tartrate tabs 1mg	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
tolterodine tartrate tabs 2mg	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO

Drug Name	Drug Tier	Requirements/Limits
trospium chloride er cp24 60mg	4	QL (1 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
trospium chloride tabs 20mg	4	QL (2 EA per 1 days) PA (OVERACTIVE BLADDER DRUGS) MO
VESICARE LS SUSP 5MG/5ML	4	PA (VESICARE LS) MO
Respiratory Smooth Muscle Relaxants		
aminophylline inj 25mg/ml	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
theophylline er tb12 300mg	4	MO
theophylline er tb12 450mg	2	MO
theophylline er tb24 400mg	2	MO
theophylline er tb24 600mg	4	MO
theophylline elix 80mg/15ml	2	MO
theophylline soln 80mg/15ml	2	MO
Vitamins		
Multivitamin Preparations		

Drug Name	Drug Tier	Requirements/Limits
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)
Vitamin D		
calcitriol caps 0.25mcg	2	MO
calcitriol caps 0.5mcg	2	MO
CALCITRIOL INJ 1MCG/ML	4	
calcitriol soln 1mcg/ml	2	MO
DOXERCALCIFEROL CAPS 0.5MCG	4	MO
DOXERCALCIFEROL CAPS 1MCG	4	MO
DOXERCALCIFEROL CAPS 2.5MCG	4	MO
doxercalciferol inj 4mcg/2ml	2	
paricalcitol caps 1mcg	2	PA (PARICALCITOL) MO
paricalcitol caps 2mcg	2	PA (PARICALCITOL) MO
paricalcitol caps 4mcg	2	PA (PARICALCITOL) MO
paricalcitol inj 2mcg/ml	2	PA (PARICALCITOL)
paricalcitol inj 5mcg/ml	2	PA (PARICALCITOL)

Index

Drug Name	Page #
abacavir	19
abacavir sulfate	19
abacavir sulfate/lamivudine	19
abigale	251
abigale lo	251
ABILIFY ASIMTUFII	162
ABILIFY MAINTENA	162
ABILIFY MYCITE MAINTENANCE KIT	163
ABILIFY MYCITE STARTER KIT	163
abiraterone acetate	29
abirtega	29
ABRAXANE	29
ABRYSVO	76
acamprosate calcium dr	27
acarbose	232
accutane	301
acebutolol hydrochloride	99
ACETAMINOPHEN/CODEINE	122
acetaminophen/codeine phosphate	122
acetazolamide	214
acetazolamide er	214
acetic acid	215
acetylcysteine	27
acitretin	301
ACTEMRA	268
ACTEMRA ACTPEN	268
ACTHAR	258
ACTHIB	76
ACTIMMUNE	281
acyclovir	19
acyclovir	293
acyclovir sodium	19
ADACEL	76
ADALIMUMAB-AATY 1-PEN KIT	268
ADALIMUMAB-AATY 2-PEN KIT	268
ADALIMUMAB-AATY 2-SYRINGE	268
ADALIMUMAB-AATY CD/UC/HS STARTER	268
ADALIMUMAB-ADBM	268
adapalene	302
ADBRY	295
ADBRY	302
adefovir dipivoxil	19
ADEMPAS	290
ADTHYZA	262
ADVAIR HFA	83
AGAMREE	226
AIMOVIG	152
AKEEGA	29
ala-cort	295
albendazole	1
albuterol sulfate	83
albuterol sulfate hfa	83
alclometasone dipropionate	295
ALCOHOL PREP PADS	190

Drug Name	Page #
ALDURAZYME	210
ALECENSA	30
alendronate sodium	280
alfuzosin hcl er	83
ALIQOPA	30
aliskiren	114
allopurinol	279
ALOGLIPTIN	232
ALOGLIPTIN/METFORMIN HCL	232
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	232
ALOGLIPTIN/PIOGLITAZONE	232
alosetron hydrochloride	216
alprazolam	157
ALPRAZOLAM INTENSOL	157
altavera	243
ALUNBRIG	30
alyacen 1/35	243
alyacen 7/7/7	243
ALYFTREK	288
alyq	290
amabelz	251
amantadine hcl	153
amantadine hydrochloride	153
ambrisentan	290
AMCINONIDE	295
amethia	243
amethyst	243
amikacin sulfate	1
amiloride hcl	112
amiloride hydrochloride	112
AMILORIDE/HYDROCHLOROTHIAZIDE	201
aminophylline	305
aminosyn ii	193
AMINOSYN-PF	194
AMINOSYN-PF 7%	194
amiodarone hcl	106
amiodarone hydrochloride	106
amitriptyline hcl	164
amitriptyline hydrochloride	164
amlodipine besylate	104
amlodipine besylate/atorvastatin calcium	103
amlodipine besylate/benazepril hcl	103
amlodipine besylate/benazepril hydrochloride	104
amlodipine besylate/valsartan	104
amlodipine/olmesartan medoxomil	104
amlodipine/valsartan/hydrochlorothiazide	105
ammonium lactate	301
amnesteem	302
amoxapine	165
amoxicillin	2
amoxicillin/clavulanate potassium	1

Drug Name	Page #
AMOXICILLIN/CLAVULANATE POTASSIUM ER	1
amoxicillin/potassium clavulanate	2
amphetamine/dextroamphetamine	133
AMPHOTERICIN B	15
amphotericin b liposome	15
ampicillin	3
ampicillin sodium	2
ampicillin/sulbactam	2
ampicillin-sulbactam	2
anagrelide hydrochloride	86
anastrozole	251
ANORO ELLIPTA	79
ANZUPGO	295
apomorphine hydrochloride	154
APRACLONIDINE	214
aprepitant	217
apri	243
APTIVUS	19
AQNEURSA	282
AQVESME	90
ARALAST NP	85
aranelle	243
ARCALYST	285
AREXVY	76
arformoterol tartrate	83
argatroban	86
argyle sterile water 100ml	203
ARIKAYCE	3
aripiprazole	165
aripiprazole odt	165
ARISTADA	165
ARISTADA INITIO	165
armodafinil	134
ARMOUR THYROID	262
ARNUITY ELLIPTA	226
arsenic trioxide	30
ascomp/codeine	122
asenapine maleate sl	165
ashlyna	243
aspirin/dipyridamole	86
aspirin/dipyridamole er	86
atazanavir	20
atazanavir sulfate	19
atenolol	100
atenolol/chlorthalidone	100
ATGAM	276
atomoxetine	135
atomoxetine hydrochloride	135
atorvastatin calcium	96
atovaquone	18
atovaquone/proguanil hcl	18
atovaquone/proguanil hydrochloride	18
ATROPINE SULFATE	79
atropine sulfate	216
ATROVENT HFA	79
ATTRUBY	107
aubra eq	243
AUGTYRO	30
AURANOFIN	224
aurovela 1.5/30	243

Drug Name	Page #
aurovela 1/20	243
aurovela 24 fe	243
aurovela fe 1.5/30	243
aurovela fe 1/20	243
AUSTEDO	188
AUVELITY	166
AUVELITY TITRATION PACK	166
AVASTIN	31
aviane	243
AVMAPKI FAKZYNJA CO-PACK	31
AVONEX	277
AVONEX PEN	277
AVSOLA	269
AVTOZMA	269
ayuna	243
AYVAKIT	31
azacitidine	31
AZATHIOPRINE	276
azelaic acid	293
azelastine hcl	214
azelastine hcl	216
azelastine hydrochloride	214
azelastine hydrochloride	216
azithromycin	3
aztreonam	3
azurette	244
bac	122
BACITRACIN	211
bacitracin/polymyxin b	211
baclofen	82
balsalazide disodium	217
BALVERSA	31
balziva	244
BAQSIMI ONE PACK	242
BAQSIMI TWO PACK	242
BARACLUDE	20
BASAGLAR KWIKPEN	232
BAVENCIO	32
BCG VACCINE	76
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	190
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	190
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	191
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	191
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	191
BELEODAQ	32
benazepril hydrochloride	114
benazepril hydrochloride/hydrochlorothiazide	114
bendamustine hydrochloride	32
BENLYSTA	269
BENZNIDAZOLE	18

Drug Name	Page #
benztropine mesylate	154
BESREMI	32
BESREMI PEN	32
betaine anhydrous	282
betamethasone dipropionate	296
betamethasone dipropionate augmented	295
betamethasone valerate	296
BETASERON	277
BETAXOLOL HCL	214
bethanechol chloride	80
bexarotene	32
bexarotene	299
BEXSERO	77
BEYFORTUS	20
bicalutamide	32
BICILLIN L-A	3
BIKTARVY	20
bimatoprost	214
bisoprolol fumarate	100
bisoprolol fumarate/hydrochlorothiazide	100
BIVIGAM	72
bleomycin sulfate	32
blisovi 24 fe	244
blisovi fe 1.5/30	244
blisovi fe 1/20	244
BONSITY	257
BOOSTRIX	76
bortezomib	32
bosentan	290
BOSULIF	32
bosutinib	33
BOTOX	283
BRAFTOVI	33
BREO ELLIPTA	226
breyna	226
BREZTRI AEROSPHERE	227
briellyn	244
brimonidine tartrate	214
brimonidine tartrate/timolol maleate	296
BRINSUPRI	285
brinzolamide	214
brivaracetam	140
BRIVIACT	141
BRIXADI	122
bromocriptine mesylate	154
BRONCHITOL	289
BRUKINSA	33
budesonide	227
budesonide	296
budesonide/formoterol fumarate dihydrate	227
bumetanide	113
buprenorphine	124
buprenorphine hcl	123
buprenorphine hcl/naloxone hcl	123
buprenorphine hydrochloride/naloxone hydrochloride	123
bupropion hydrochloride	166

Drug Name	Page #
bupropion hydrochloride er (sr)	82
bupropion hydrochloride er (sr)	166
bupropion hydrochloride er (xl)	166
buspirone hcl	157
buspirone hydrochloride	157
busulfan	33
butalbital/acetaminophen	125
butalbital/acetaminophen/caffeine	125
butalbital/acetaminophen/caffeine/codeine	124
butalbital/aspirin/caffeine/codeine	125
BYSANTI	167
BYSANTI TITRATION PACK A	166
BYSANTI TITRATION PACK B	167
BYSANTI TITRATION PACK C	167
CABENUVA	20
cabergoline	154
CABLIVI	86
CABOMETYX	33
calcipotriene	301
calcitonin salmon	257
calcitonin-salmon	257
calcitriol	306
calcium acetate	203
CALQUENCE	34
camila	244
camrese	244
camrese lo	244
CAMZYOS	107
candesartan cilexetil	115
candesartan cilexetil/hydrochlorothiazide	115
CAPLYTA	168
CAPRELSA	34
captopril	115
carbamazepine	141
carbamazepine er	141
carbidopa	154
carbidopa/levodopa	154
carbidopa/levodopa er	154
carbidopa/levodopa/entacapone	154
carboplatin	34
CARDAMYST	107
carglumic acid	192
carmustine	34
CARTEOLOL HCL	214
cartia xt	107
carvedilol	100
caspofungin acetate	15
CAVHANZA	34
CAYSTON	3
CEFACLOR	3
cefadroxil	3
cefazolin	4
cefazolin sodium	4

Drug Name	Page #
CEFAZOLIN SODIUM/DEXTROSE	3
CEFAZOLIN/DEXTROSE	4
cefdinir	4
CEFEPIME	4
cefepime hydrochloride	4
CEFEPIME/DEXTROSE	4
cefixime	5
CEFOTAXIME SODIUM	5
cefoxitin sodium	5
CEFPODOXIME PROXETIL	5
cefprozil	5
CEFTAROLINE FOSAMIL	5
ceftazidime	5
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	5
ceftriaxone sodium	6
CEFTRIAXONE/DEXTROSE	6
cefuroxime axetil	6
cefuroxime sodium	6
celecoxib	125
cephalexin	6
CEQUA	212
CERDELGA	209
CEREZYME	210
cevimeline hydrochloride	80
charlotte 24 fe	244
chateal eq	244
CHENODAL	220
CHLORAMPHENICOL SODIUM SUCCINATE	6
chlordiazepoxide hcl	157
chlordiazepoxide hydrochloride	157
CHLORDIAZEPOXIDE/AMITRIPTYLINE	168
chlorhexidine gluconate	211
chloroquine phosphate	18
chlorothiazide sodium	113
chlorpromazine hcl	168
chlorpromazine hydrochloride	168
chlorthalidone	113
chlorzoxazone	82
CHOLBAM	220
cholestyramine	96
cholestyramine light	96
ciclodan	293
ciclopirox	293
ciclopirox nail lacquer	293
ciclopirox olamine	293
cidofovir	20
cilostazol	86
CIMDUO	20
cimetidine	219
cimetidine hydrochloride	219
CIMZIA	269
CIMZIA (1 SYRINGE)	269
CIMZIA (2 SYRINGE)	269
CIMZIA STARTER KIT	269
cinacalcet hydrochloride	257

Drug Name	Page #
ciprofloxacin hcl	6
ciprofloxacin hydrochloride	6
ciprofloxacin hydrochloride	211
CIPROFLOXACIN I.V.-IN D5W	7
ciprofloxacin/dexamethasone	212
cisplatin	34
citalopram hydrobromide	169
cladribine	34
claravis	302
CLARITHROMYCIN	7
clarithromycin er	7
CLEMASTINE FUMARATE	28
clindamycin hcl	7
clindamycin hydrochloride	7
clindamycin palmitate hydrochloride	7
clindamycin phosphate	8
clindamycin phosphate	294
clindamycin phosphate (once-daily)	293
clindamycin phosphate (twice-daily)	294
clindamycin phosphate in d5w	7
clindamycin phosphate/dextrose	7
CLINIMIX 4.25%/DEXTROSE 10%	194
CLINIMIX 4.25%/DEXTROSE 5%	195
CLINIMIX 5%/DEXTROSE 15%	195
CLINIMIX 5%/DEXTROSE 20%	195
CLINIMIX E 2.75%/DEXTROSE 5%	196
CLINIMIX E 4.25%/DEXTROSE 10%	196
CLINIMIX E 4.25%/DEXTROSE 5%	197
CLINIMIX E 5%/DEXTROSE 15%	197
CLINIMIX E 5%/DEXTROSE 20%	198
clinisol sf 15%	198
CLINOLIPID	198
clobazam	141
clobetasol propionate	296
clobetasol propionate emollient	296
clobetasol propionate emollient base	296
clodan	296
clofarabine	35
clomipramine hcl	169
clomipramine hydrochloride	169
clonazepam	142
clonazepam odt	141
clonidine	112
clonidine hydrochloride	112
clopidogrel	86
clorazepate dipotassium	157

Drug Name	Page #
clotrimazole	294
clotrimazole/betamethasone dipropionate	294
clozapine	170
clozapine odt	169
COARTEM	18
COBENFY	170
COBENFY STARTER PACK	170
CODEINE SULFATE	125
colchicine	279
colesevelam hydrochloride	96
colestipol hydrochloride	96
colistimethate sodium	8
COMBIVENT RESPIMAT	84
COMETRIQ	35
compro	170
constulose	192
COPIKTRA	35
CORLANOR	107
CORTISONE ACETATE	227
CORTROPHIN	258
COSENTYX	270
COSENTYX SENSOREADY PEN	269
COSENTYX UNOREADY	270
COTELLIC	35
CRENESSITY	258
CREON	222
CRESEMBA	15
cromolyn sodium	214
cromolyn sodium	285
cryselle	244
cryselle-28	244
CTEXLI	221
CURITY GAUZE PADS 2"X2" 12 PLY	191
CUVRIOR	224
cyclobenzaprine hydrochloride	82
cyclopentolate hcl	216
cyclopentolate hydrochloride	216
cyclophosphamide	35
CYCLOSERINE	17
CYCLOSET	232
cyclosporine	212
cyclosporine	276
cyclosporine modified	276
CYRAMZA	35
cyred eq	244
CYSTADROPS	216
CYSTAGON	283
CYSTARAN	216
cytarabine	35
cytarabine aqueous	35
dabigatran etexilate	87
dacarbazine	36
dactinomycin	36
dalfampridine er	285
danazol	231
DANZITEN	36
DAPAGLIFLOZIN	233

Drug Name	Page #
DAPAGLIFLOZIN/METFORMIN HYDROCHLORIDE ER	233
dapsone	17
DAPTACEL	76
daptomycin	8
darunavir	20
DARZALEX	36
DARZALEX FASPRO	36
dasatinib	36
dasetta 1/35	244
dasetta 7/7/7	244
DAURISMO	37
DAWNZERA	114
DAYBUE	160
DAYBUE STIX	160
daysee	244
deblitane	244
decitabine	37
deferasirox	225
deferiprone	225
deflazacort	227
DELSTRIGO	20
delyla	244
DENGVAXIA	77
dentagel	189
DEPO-MEDROL	227
DEPO-SUBQ PROVERA 104	258
DESCOVY	20
desipramine hcl	170
desipramine hydrochloride	170
desloratadine	29
desmopressin acetate	258
desogestrel/ethinyl estradiol	244
desonide	296
desvenlafaxine er	171
dexamethasone	228
dexamethasone 10-day dose pack	227
dexamethasone 13-day dose pack	227
dexamethasone 6-day dose pack	227
dexamethasone 6-day therapy pack	227
DEXAMETHASONE INTENSOL	227
DEXAMETHASONE SODIUM PHOSPHATE	212
dexamethasone sodium phosphate	228
dexmethylphenidate hcl	136
dexmethylphenidate hydrochloride	136
dexmethylphenidate hydrochloride er	136
dexrazoxane	27
dexrazoxane hydrochloride	27
dextroamphetamine sulfate	137
dextroamphetamine sulfate er	137
dextromethorphan hydrobromide/quinidine sulfate	160

Drug Name	Page #
DEXTROSE	199
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	203
DEXTROSE 10%	198
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	203
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	203
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	203
DEXTROSE 25%	198
DEXTROSE 30%	198
dextrose 5%	198
dextrose 5%/lactated ringers	204
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	204
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	204
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	204
dextrose 5%/sodium chloride 0.9%	204
DEXTROSE 50%	198
DEXTROSE 70%	199
dextrose/sodium chloride	204
DIACOMIT	142
diazepam	142
diazepam	157
diazepam intensol	157
diazoxide	242
dichlorphenamide	113
diclofenac potassium	125
diclofenac sodium	212
diclofenac sodium	297
diclofenac sodium dr	125
diclofenac sodium er	125
dicloxacillin sodium	8
dicyclomine hcl	79
dicyclomine hydrochloride	79
DIFICID	8
difluprednate	212
digoxin	107
dihydroergotamine mesylate	83
dilantin	142
dilantin infatabs	142
dilantin-125	142
diltiazem hcl	105
DILTIAZEM HCL	108
diltiazem hcl cd	108
diltiazem hcl er	105
diltiazem hcl er	108
diltiazem hydrochloride	109
diltiazem hydrochloride er	108
dilt-xr	107
dimethyl fumarate	281
dimethyl fumarate starterpack	281
DIPENTUM	217
diphenhydramine hydrochloride	28
diphenoxylate hydrochloride/atropine sulfate	217

Drug Name	Page #
DIPHENOXYLATE/ATROPINE	217
dipyridamole	87
disopyramide phosphate	109
disulfiram	27
divalproex sodium dr	142
divalproex sodium er	142
DOCETAXEL	37
dofetilide	109
DOJOLVI	199
dolishale	244
donepezil hcl	80
donepezil hydrochloride	81
donepezil hydrochloride odt	80
DOPTELET	91
DOPTELET SPRINKLE	91
dorzolamide hcl/timolol maleate	215
dorzolamide hydrochloride	215
dotti	252
DOVATO	20
doxazosin	95
doxazosin mesylate	95
doxepin hcl	171
doxepin hydrochloride	171
doxepin hydrochloride	300
DOXERCALCIFEROL	306
doxy 100	8
doxycycline	8
doxycycline hyclate	8
doxycycline monohydrate	8
DRIZALMA SPRINKLE	171
dronabinol	223
drospirenone/ethinyl estradiol	244
drospirenone/ethinyl estradiol/levomefolate calcium	244
DROXIA	37
droxidopa	84
duloxetine hydrochloride dr	172
DUPIXENT	297
DURAMORPH	125
dutasteride	279
DUVYZAT	283
E.E.S. 400	8
EBGLYSS	297
ec-naproxen	125
econazole nitrate	294
EDURANT PED	21
EFAVIRENZ	21
efavirenz/emtricitabine/tenofovir disoproxil fumarate	21
efavirenz/lamivudine/tenofovir disoproxil fumarate	21
EGRIFTA SV	260
EKTERLY	114
ELAPRASE	210
eletriptan hydrobromide	152
ELIGARD	255
elinest	245
ELIQUIS	87
ELIQUIS STARTER PACK	87
ELMIRON	283

Drug Name	Page #
eltrombopag olamine	91
eluryng	245
EMCYT	37
EMEND	218
EMGALITY	152
EMPAVELI	282
EMPLICITI	37
EMSAM	155
emtricitabine	21
emtricitabine/rilpivirine/tenofovir disoproxil fumarate	21
emtricitabine/tenofovir disoproxil	21
emtricitabine/tenofovir disoproxil fumarate	21
EMTRIVA	21
EMVERM	1
emzahh	245
enalapril maleate	115
enalapril maleate/hydrochlorothiazide	115
ENBREL	270
ENBREL MINI	270
ENBREL SURECLICK	270
endocet	126
ENGERIX-B	77
enilloring	245
enoxaparin sodium	87
ENSACOVE	38
enskyce	245
ENSPRYNG	279
entacapone	155
entecavir	21
ENTRESTO	115
ENTYVIO PEN	270
enulose	192
EOHILIA	228
EPCLUSA	22
EPIDIOLEX	143
epinastine hcl	214
epinephrine	84
epitol	143
eplerenone	116
ERAXIS	15
ERBITUX	38
ERGOLOID MESYLATES	83
eribulin mesylate	38
ERIVEDGE	38
ERLEADA	38
erlotinib hydrochloride	38
errin	245
ertapenem sodium	8
ERYTHROCIN LACTOBIONATE	8
ERYTHROCIN STEARATE	9
erythromycin	211
erythromycin base	9
ERYTHROMYCIN DR	9
erythromycin ethylsuccinate	9
erythromycin lactobionate	9
escitalopram oxalate	172
eslicarbazepine acetate	143
esomeprazole magnesium	219
esomeprazole magnesium dr	219

Drug Name	Page #
estarylla	245
estradiol	252
estradiol valerate	252
estradiol/norethindrone acetate	252
ESTRING	253
eszopiclone	158
ethambutol hydrochloride	17
ethosuximide	143
ethynodiol diacetate/ethinyl estradiol	245
etodolac	126
etonogestrel/ethinyl estradiol	245
etravirine	22
EUCRISA	297
EULEXIN	39
EVENITY	267
everolimus	39
everolimus	275
EVEXITHROID	263
EVOTAZ	22
EVRYSDI	283
exemestane	253
EXKIVITY	39
EXONDYS 51	279
EXXUA	172
EXXUA TITRATION PACK	172
ezetimibe	97
ezetimibe/simvastatin	97
FABHALTA	267
FABRAZYME	210
falmina	245
famciclovir	22
famotidine	219
FANAPT	173
FANAPT TITRATION PACK A	173
FANAPT TITRATION PACK B	173
FANAPT TITRATION PACK C	173
FASENRA	285
FASENRA PEN	285
febuxostat	279
feirza 1.5/30	245
feirza 1/20	245
felbamate	143
felodipine er	105
FEMRING	254
fenofibrate	97
fenofibrate micronized	97
fenofibric acid dr	97
fentanyl	127
fentanyl citrate oral transmucosal	126
FERRIPROX	226
FETZIMA	174
FETZIMA TITRATION PACK	174
FIASP	233
FIASP FLEXTOUCH	233
FIASP PENFILL	233
fidaxomicin	9

Drug Name	Page #
FILSPARI	291
FILSUVEZ	302
finasteride	279
finasteride	301
fingolimod hydrochloride	277
FINTEPLA	143
finzala	245
FIRDAPSE	81
FIRMAGON	255
flac	212
flavoxate hcl	303
FLEBOGAMMA DIF	72
flecainide acetate	109
fluconazole	16
fluconazole in nacl	16
fluconazole in sodium chloride	16
flucytosine	16
FLUDARABINE PHOSPHATE	39
fludrocortisone acetate	228
flunisolide	212
fluocinolone acetonide	212
fluocinolone acetonide	297
fluocinolone acetonide body	297
fluocinolone acetonide ear drops	212
fluocinolone acetonide scalp	297
fluocinolone acetonide topical	297
fluocinonide	297
fluocinonide emulsified base	297
fluoride	190
fluorometholone	212
fluorouracil	39
fluorouracil	299
FLUOXETINE DR	174
fluoxetine hydrochloride	174
fluphenazine decanoate	175
FLUPHENAZINE HCL	175
FLUPHENAZINE HYDROCHLORIDE	175
flurbiprofen	127
FLURBIPROFEN SODIUM	212
fluticasone propionate	212
fluticasone propionate	228
fluticasone propionate/salmeterol	84
FLUTICASONE PROPIONATE/SALMETEROL	228
fluticasone propionate/salmeterol diskus	84
fluvoxamine maleate	175
FML FORTE	212
FOLOTYN	40
fondaparinux sodium	87
fosamprenavir calcium	22
fosfomycin tromethamine	27
fosinopril sodium	116
fosinopril sodium/hydrochlorothiazide	116
fosphenytoin sodium	143
FOSRENOL	202

Drug Name	Page #
FOTIVDA	40
fraiche 5000 dental	189
FRUZAQLA	40
FULPHILA	92
fulvestrant	40
furosemide	113
gabapentin	144
GALAFOLD	208
GALANTAMINE HYDROBROMIDE	81
galantamine hydrobromide er	81
galbriela	245
gallifrey	258
GAMASTAN	73
GAMMAGARD LIQUID	73
GAMMAGARD LIQUID ERC	73
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	73
GAMMAKED	73
GAMMAPLEX	74
GAMUNEX-C	74
ganciclovir	22
GARDASIL 9	77
gatifloxacin	211
GATTEX	222
gavilyte-c	220
gavilyte-g	220
gavilyte-n/flavor pack	220
GAVRETO	40
gefitinib	40
gemcitabine hcl	40
gemcitabine hydrochloride	41
gemfibrozil	97
gemmily	245
GEMTESA	303
generlac	192
gengraf	276
GENOTROPIN	261
GENOTROPIN MINIQUICK	260
gentamicin sulfate	9
gentamicin sulfate	211
gentamicin sulfate	294
gentamicin sulfate pediatric	9
gentamicin sulfate/0.9% sodium chloride	9
GENVOYA	22
GILOTRIF	41
glatiramer acetate	278
glatopa	278
glimepiride	233
glipizide	234
glipizide er	233
glipizide xl	234
glipizide/metformin hydrochloride	234
GLUCAGEN HYPOKIT	242
GLUCAGON EMERGENCY KIT	242
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	242

Drug Name	Page #
GLUCOSE (DEXTROSE) 50%	199
GLUCOSE (DEXTROSE) 70%	199
glycerol phenylbutyrate	192
glycopyrrolate	79
glydo	300
GLYXAMBI	234
GOMEKLI	41
granisetron hcl	218
granisetron hydrochloride	218
GRANISOL	218
GRANIX	92
GRASTEK	72
griseofulvin microsize	16
griseofulvin ultramicrosize	16
guanfacine hydrochloride	112
guanfacine hydrochloride er	160
GVOKE HYPOPEN 1-PACK	242
GVOKE HYPOPEN 2-PACK	243
GVOKE KIT	243
GVOKE PFS	243
HAEGARDA	282
hailey 1.5/30	245
hailey 24 fe	245
hailey fe 1.5/30	245
hailey fe 1/20	245
halobetasol propionate	297
haloette	245
haloperidol	175
haloperidol decanoate	175
haloperidol lactate	175
HAVRIX	77
heather	245
heparin sodium	89
HEPARIN SODIUM/D5W	88
HEPARIN SODIUM/DEXTROSE	88
HEPARIN SODIUM/NACL 0.45%	88
HEPARIN SODIUM/SODIUM CHLORIDE	88
heparin sodium/sodium chloride 0.9%	88
heparin sodium/sodium chloride 0.9% premix	88
HEPLISAV-B	77
HERNEXEOS	42
HETLIOZ LQ	158
HIBERIX	77
HUMATROPE	261
HUMIRA	271
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	270
HUMIRA PEN	271
HUMIRA PEN-CD/UC/HS STARTER	270
HUMIRA PEN-PEDIATRIC UC STARTER PACK	271

Drug Name	Page #
HUMIRA PEN-PS/UV STARTER	271
hydralazine hydrochloride	120
hydrochlorothiazide	113
hydrocodone bitartrate/acetaminophen	127
hydrocodone/acetaminophen	128
HYDROCODONE/IBUPROFEN	128
hydrocortisone	229
hydrocortisone	298
HYDROCORTISONE BUTYRATE	297
hydrocortisone sodium succinate	229
hydrocortisone valerate	298
hydrocortisone/acetic acid	213
hydromorphone hcl	128
hydromorphone hydrochloride	128
hydroxychloroquine sulfate	18
hydroxyurea	42
hydroxyzine hcl	158
HYDROXYZINE HYDROCHLORIDE	158
HYDROXYZINE PAMOATE	158
HYFTOR	302
HYRNUO	42
ibandronate sodium	280
IBRANCE	42
IBTROZI	42
ibu	129
ibuprofen	129
icatibant acetate	114
iclevia	245
ICLUSIG	43
icosapent ethyl	97
idarubicin hcl	43
idarubicin hydrochloride	43
IDHIFA	43
IDVYNSO	22
ifosfamide	44
imatinib mesylate	44
IMBRUVICA	44
IMFINZI	44
IMIPENEM/CILASTATIN	9
imipramine hcl	176
imipramine hydrochloride	176
imiquimod	300
IMKELDI	45
IMOVAX RABIES (H.D.C.V.)	77
IMPAVIDO	18
INBRIJA	155
incassia	245
INCRELEX	261
INCRUSE ELLIPTA	79
indapamide	113
INFANRIX	76
INFLECTRA	272
INGREZZA	189
INLURIYO	45
INLYTA	45

Drug Name	Page #
INQOVI	45
INREBIC	45
INSULIN ASPART	235
INSULIN ASPART FLEXPEN	234
INSULIN ASPART PENFILL	234
INSULIN ASPART PROTAMINE/INSULIN ASPART	235
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN	235
INSULIN DEGLUDEC	235
INSULIN DEGLUDEC FLEXTOUCH	235
INSULIN LISPRO	235
INSULIN LISPRO JUNIOR KWIKPEN	235
INSULIN LISPRO KWIKPEN	235
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	235
INTELENCE	22
INTRALIPID	199
introvale	246
INVEGA HAFYERA	176
INVEGA SUSTENNA	176
INVEGA TRINZA	177
IOPIDINE	215
IPOL INACTIVATED IPV	77
ipratropium bromide	79
ipratropium bromide hfa	79
ipratropium bromide/albuterol sulfate	84
IQIRVO	221
irbesartan	116
irbesartan/hydrochlorothiazide	116
ISENTRESS	22
ISENTRESS HD	22
isibloom	246
ISOLYTE-P/DEXTROSE 5%	204
ISOLYTE-S	204
ISOLYTE-S PH 7.4	204
ISONIAZID	17
isosorbide dinitrate	120
ISOSORBIDE MONONITRATE	120
isosorbide mononitrate er	120
isotonic gentamicin	9
isotretinoin	302
ITOVEBI	45
itraconazole	16
ivabradine hydrochloride	109
ivermectin	1
IWILFIN	45
IXIARO	77
jaimiess	246
JAKAFI	46
JAKAFI XR	45
jantoven	89

Drug Name	Page #
JANUMET XR	235
JANUVIA	236
JARDIANCE	236
jasmiel	246
JAYPIRCA	46
jaythari	229
jencycla	246
JEVTANA	47
JIDEYTRO	47
JOENJA	281
jolessa	246
JOURNAVX	129
joyeaux	246
JUBBONTI	267
juleber	246
JULUCA	23
junel 1.5/30	246
junel 1/20	246
junel fe 1.5/30	246
junel fe 1/20	246
junel fe 24	246
JUXTAPID	98
JYLAMVO	47
JYNNEOS	77
kaitlib fe	246
KALETRA	23
kalliga	246
KALYDECO	288
kariva	246
kcl 0.075%/d5w/nacl 0.45%	204
kcl 0.15%/d5w/nacl 0.2%	204
kcl 0.15%/d5w/nacl 0.225%	204
kcl 0.15%/d5w/nacl 0.45%	205
kcl 0.15%/d5w/nacl 0.9%	205
kcl 0.3%/d5w/nacl 0.45%	205
kcl 0.3%/d5w/nacl 0.9%	205
kelnor 1/35	246
KEMOPLAT	47
kenalog-10	229
KERENDIA	116
ketoconazole	16
ketoconazole	294
ketorolac tromethamine	213
KEYTRUDA	47
KINERET	272
KINRIX	76
kionex	202
KISQALI	47
KISQALI FEMARA 200 DOSE	254
KISQALI FEMARA 400 DOSE	254
KISQALI FEMARA 600 DOSE	254
klayesta	294
klor-con	205
klor-con 10	205
klor-con 8	205
klor-con m10	205
klor-con m15	205
klor-con m20	205
KLOXXADO	162
KOMZIFTI	47
KOSELUGO	47

Drug Name	Page #
kourzeq	298
KRAZATI	48
KRINTAFEL	18
kurvelo	246
KYGEVVI	283
KYLEENA	246
kymbee	229
KYPROLIS	48
LABETALOL HYDROCHLORIDE	100
lacosamide	144
LACTATED RINGERS	205
lactated ringers/dextrose 5%	205
lactulose	192
LAGEVRIO	23
lamivudine	23
lamivudine/zidovudine	23
lamotrigine	145
lamotrigine er	144
lamotrigine odt	144
lamotrigine starter kit/blue	145
lamotrigine starter kit/green	145
lamotrigine starter kit/orange	145
LAMPIT	18
lanreotide acetate	259
lansoprazole	219
lansoprazole odt	219
lanthanum carbonate	202
LANTUS	236
LANTUS SOLOSTAR	236
lapatinib ditosylate	48
larin 1.5/30	246
larin 1/20	246
larin 24 fe	246
larin fe 1.5/30	246
larin fe 1/20	246
latanoprost	215
layolis fe	246
LAZCLUZE	48
leena	246
leflunomide	272
lenalidomide	48
LENVIMA 10 MG DAILY DOSE	49
LENVIMA 12MG DAILY DOSE	49
LENVIMA 14 MG DAILY DOSE	49
LENVIMA 18 MG DAILY DOSE	49
LENVIMA 20 MG DAILY DOSE	49
LENVIMA 24 MG DAILY DOSE	49
LENVIMA 4 MG DAILY DOSE	50
LENVIMA 8 MG DAILY DOSE	50
lessina	246
letrozole	254
leucovorin calcium	27
LEUKERAN	50
LEUKINE	92
leuprolide acetate	255

Drug Name	Page #
levalbuterol	85
levalbuterol hcl	84
levalbuterol hydrochloride	85
LEVALBUTEROL TARTRATE HFA	85
levetiracetam	146
levetiracetam er	145
levetiracetam/sodium chloride	145
LEVOBUNOLOL HCL	215
levocarnitine	283
levocarnitine sf	283
levocetirizine dihydrochloride	29
LEVOFLOXACIN	10
levofloxacin	216
levofloxacin in d5w	9
LEVOLEUCOVORIN	28
levoleucovorin calcium	28
levonest	246
levonorgestrel and ethinyl estradiol	247
levonorgestrel/ethinyl estradiol	247
levonorgestrel/ethinyl estradiol/ferrous bisglycinate	247
levora 0.15/30-28	247
levo-t	263
levothyroxine sodium	263
levoxyl	264
LEXIVA	23
l-glutamine	283
LIBTAYO	50
lidocaine	300
lidocaine hcl	300
lidocaine hcl in d5w	109
lidocaine hcl jelly	300
lidocaine hcl/dextrose	109
lidocaine hydrochloride	300
LIDOCAINE HYDROCHLORIDE JELLY	300
lidocaine hydrochloride viscous	216
lidocaine viscous	216
lidocaine/prilocaine	300
LIFYORLI	50
LILETTA	247
lincomycin hydrochloride	10
linezolid	10
LINZESS	221
liothyronine sodium	264
liraglutide	236
lisdexamfetamine dimesylate	137
lisinopril	117
lisinopril/hydrochlorothiazide	116
LITHIUM	152
lithium carbonate	152
lithium carbonate er	152
LIVDELZI	221
LIVMARLI	221
LIVMARLI	223
LIVTENCITY	23
LO LOESTRIN FE	247

Drug Name	Page #
LODOCO	283
lofexidine hydrochloride	85
lojaimiess	247
LOKELMA	202
lomustine	50
LONSURF	51
loperamide hydrochloride	217
lopinavir/ritonavir	23
lorazepam	158
lorazepam intensol	158
LORBRENA	51
loryna	247
losartan potassium	117
losartan potassium/hydrochlorothiazide	117
lovastatin	98
low-ogestrel	247
loxapine	177
loxapine succinate	177
lo-zumandimine	247
lubiprostone	222
luizza 1.5/30	247
luizza 1/20	247
LUMAKRAS	51
LUMIZYME	210
LUPKYNIS	272
LUPRON DEPOT (1-MONTH)	255
LUPRON DEPOT (3-MONTH)	256
LUPRON DEPOT (4-MONTH)	256
LUPRON DEPOT (6-MONTH)	256
LUPRON DEPOT-PED (1-MONTH)	256
LUPRON DEPOT-PED (3-MONTH)	256
lurasidone hydrochloride	177
lutera	247
LYBALVI	178
lyleq	247
lyllana	254
LYNPARZA	51
LYSODREN	51
LYTGOBI	52
lyza	247
macitentan	291
magnesium sulfate	146
maraviroc	23
marlissa	248
MARPLAN	178
MATULANE	52
matzim la	110
MAVYRET	23
MAXIDEX	213
MAYZENT	278
MAYZENT STARTER PACK	278
meclizine hcl	218
meclizine hydrochloride	218
medroxyprogesterone acetate	259

Drug Name	Page #
mefloquine hydrochloride	19
megestrol acetate	259
MEKINIST	52
MEKTOVI	52
meleya	248
meloxicam	129
melphalan hydrochloride	52
memantine hcl titration pak	161
memantine hydrochloride	161
MENACTRA	77
MENEST	254
MENQUADFI	77
MENVEO	77
mercaptopurine	52
meropenem	10
MEROPENEM/SODIUM CHLORIDE	10
merzee	248
mesalamine	217
mesalamine dr	217
mesalamine er	217
mesna	285
metformin hydrochloride	236
metformin hydrochloride er	236
METHADONE HCL	129
methadone hydrochloride	129
methadone hydrochloride intensol	129
METHADOSE	129
METHADOSE SUGAR-FREE	129
methazolamide	113
methenamine hippurate	27
methimazole	264
METHITEST	231
methocarbamol	82
methotrexate	53
methotrexate sodium	52
METHOXSALEN	301
methsuximide	146
methyldopa	112
methylphenidate hydrochloride	139
METHYLPHENIDATE HYDROCHLORIDE ER	139
methylphenidate hydrochloride er (cd)	138
methylphenidate hydrochloride er (dif)	138
methylphenidate hydrochloride er (la)	138
methylphenidate hydrochloride er (osm)	139
methylprednisolone	229
methylprednisolone dose pack	229
methylprednisolone sodium succinate	229
methylprednisolone sodiumsuccinate	229
metoclopramide hcl	224
metoclopramide hydrochloride	224

Drug Name	Page #
metoclopramide hydrochloride +rfid	224
metolazone	113
metoprolol succinate er	100
metoprolol tartrate	101
metoprolol/hydrochlorothiazide	101
metronidazole	19
metronidazole	294
metronidazole vaginal	294
metyrosine	192
mexiletine hydrochloride	110
mibelas 24 fe	248
micafungin	16
micafungin sodium/sodium chloride	16
MICAFUNGIN/SODIUM CHLORIDE	16
MICONAZOLE 3	294
microgestin 1.5/30	248
microgestin 1/20	248
microgestin fe 1.5/30	248
microgestin fe 1/20	248
midazolam hcl	158
midazolam hydrochloride	159
midazolam hydrochloride +rfid	159
midodrine hydrochloride	85
mifepristone	236
mifepristone	285
MIGERGOT	152
MIGLITOL	236
miglustat	209
mili	248
milnacipran hydrochloride	161
milnacipran hydrochloride titration pack	161
mimvey	254
minocycline hcl	10
minocycline hydrochloride	10
minoxidil	120
minzoya	248
MIPLYFFA	209
MIRENA	248
mirtazapine	178
mirtazapine odt	178
misoprostol	219
mitomycin	53
mitoxantrone hydrochloride	53
M-M-R II	77
modafinil	140
MODEYSO	53
moexipril hydrochloride	117
MOLINDONE HYDROCHLORIDE	178
mometasone furoate	298
mono-linyah	248
montelukast sodium	286
morphine sulfate	130
morphine sulfate er	130
MOUNJARO	237
MOVANTIK	222

Drug Name	Page #
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	11
MOXIFLOXACIN HYDROCHLORIDE	11
moxifloxacin hydrochloride	211
MRESVIA	77
MULPLETA	92
MULTAQ	110
MULTIPLE ELECTROLYTES INJECTION TYPE 1	205
mupirocin	294
mutamycin	53
MYALEPT	257
MYCAPSSA	259
mycophenolate mofetil	276
mycophenolate mofetil	282
mycophenolic acid dr	282
MYFEMBREE	256
MYHIBBIN	282
MYLOTARG	53
MYQORZO	110
MYRBETRIQ	303
nabumetone	130
nadolol	101
NAFCILLIN	11
nafcillin sodium	11
NAGLAZYME	210
nalbuphine hydrochloride	130
naloxone hcl	162
naloxone hydrochloride	162
naltrexone hydrochloride	162
naproxen	131
naproxen dr	130
naratriptan hcl	152
NATACYN	211
NATAZIA	248
nateglinide	237
NAYZILAM	146
nebivolol hydrochloride	101
necon 0.5/35-28	248
NEFAZODONE HYDROCHLORIDE	179
nelarabine	54
neomycin sulfate	11
neomycin/polymyxin/bacitracin	211
neomycin/polymyxin/bacitracin/hydrocortisone	213
neomycin/polymyxin/dexamethasone	213
NEOMYCIN/POLYMYXIN/GRAMICIDIN	211
neomycin/polymyxin/hc	213
neomycin/polymyxin/hydrocortisone	213
neo-polycin	211
neo-polycin hc	213
NERLYNX	54
NEULASTA	92
NEVIRAPINE	23
nevirapine er	23
NEXLETOL	98

Drug Name	Page #
NEXLIZET	98
NEXPLANON	248
niacin er	98
nicardipine hcl	105
nicardipine hydrochloride	105
NICOTROL INHALER	80
NICOTROL NS	80
nifedipine er	105
nikki	248
nilotinib hydrochloride	54
nilutamide	54
NINLARO	54
nintedanib esylate	286
NIPENT	54
nitazoxanide	19
nitisinone	209
nitrofurantoin macrocrystals	27
nitrofurantoin monohydrate	27
nitrofurantoin monohydrate/macrocrystals	27
NITROGLYCERIN	120
nitroglycerin	301
nitroglycerin transdermal	120
NITYR	209
nora-be	248
NORDITROPIN FLEXPRO	261
norelgestromin/ethinyl estradiol	248
norethindrone	249
norethindrone & ethinyl estradiol ferrous fumarate	248
norethindrone acetate	259
norethindrone acetate/ethinyl estradiol	249
norethindrone acetate/ethinyl estradiol/ferrous fumarate	248
norethindrone/ethinyl estradiol/ferrous fumarate	249
norgestimate/ethinyl estradiol	249
norlyroc	249
NORMOSOL -R	206
NORMOSOL-M/D5W	206
NORMOSOL-R	206
NORPACE CR	110
nortrel 0.5/35 (28)	249
nortrel 1/35	249
nortrel 7/7/7	249
nortriptyline hcl	179
nortriptyline hydrochloride	179
NORVIR	24
NOVOLIN 70/30	237
NOVOLIN 70/30 FLEXPEN	237
NOVOLIN N	237
NOVOLIN N FLEXPEN	237
NOVOLIN R	238
NOVOLIN R FLEXPEN	237
NOVOLOG	238
NOVOLOG FLEXPEN	238
NOVOLOG FLEXPEN RELION	238
NOVOLOG MIX 70/30	238
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	238

Drug Name	Page #
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	238
NOVOLOG MIX 70/30 RELION	238
NOVOLOG PENFILL	238
NOVOLOG RELION	238
NOXAFIL	17
NP THYROID 120	265
NP THYROID 15	265
NP THYROID 30	265
NP THYROID 60	265
NP THYROID 90	265
NUBEQA	54
NUCALA	286
NULOJIX	276
NUPLAZID	179
NURTEC	152
NUTRILIPID	199
NUTROPIN AQ NUSPIN 10	261
NUTROPIN AQ NUSPIN 20	262
NUTROPIN AQ NUSPIN 5	262
nyamyc	294
nylia 1/35	249
nylia 7/7/7	249
nystatin	17
nystatin	294
nystatin/triamcinolone	298
nystatin/triamcinolone acetonide	298
nystop	295
OCALIVA	221
ocella	249
OCREVUS	281
OCREVUS ZUNOVO	281
OCTAGAM	75
octreotide acetate	259
ODACTRA	72
ODEFSEY	24
ODOMZO	54
ofloxacin	211
OGSIVEO	55
OJEMDA	55
OJJAARA	55
olanzapine	180
olanzapine odt	179
olanzapine/fluoxetine	180
olmesartan medoxomil	117
olmesartan medoxomil/amlodipine/hydrochlorothiazide	106
olmesartan medoxomil/hydrochlorothiazide	117
omega-3-acid ethyl esters	98
omeprazole	219
omeprazole dr	219
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	191
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	191
OMNIPOD 5 G7 INTRO KIT (GEN 5)	191

Drug Name	Page #
OMNIPOD 5 G7 PODS (GEN 5)	191
OMNIPOD 5 LIBRE INTRO KIT	191
OMNIPOD 5 LIBRE PODS	191
OMNIPOD CLASSIC PODS (GEN 3)	192
OMNIPOD DASH INTRO KIT (GEN 4)	192
OMNIPOD DASH PDM KIT (GEN 4)	192
OMNIPOD DASH PODS (GEN 4)	192
OMNITROPE	262
ondansetron hcl	218
ondansetron hydrochloride	218
ondansetron hydrochloride +rfid	218
ondansetron odt	219
ONGENTYS	155
ONUREG	56
OPDIVO	56
OPFOLDA	210
OPIPZA	180
opium	131
opium tincture	131
OPVEE	162
oralone dental paste	298
ORENCIA	272
ORENCIA CLICKJECT	272
ORENITRAM	291
ORENITRAM TITRATION KIT MONTH 1	291
ORENITRAM TITRATION KIT MONTH 2	291
ORENITRAM TITRATION KIT MONTH 3	291
ORFADIN	210
ORGOVYX	256
ORIAHNN	256
ORILISSA	256
ORKAMBI	288
orquidea	249
ORSERDU	56
oseltamivir phosphate	24
OSENVELT	267
OTEZLA	272
OTEZLA XR	272
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK	272
oxacillin sodium	11
oxcarbazepine	146
OXERVATE	213
oxybutynin chloride	304
oxybutynin chloride er	303
oxycodone hcl	131
oxycodone hydrochloride	131
OXYCODONE HYDROCHLORIDE ER	131
oxycodone/acetaminophen	132
OXYCONTIN	132
OZEMPIC	238

Drug Name	Page #
pacerone	110
PACLITAXEL	56
paclitaxel protein-bound particles	56
paliperidone er	181
PALYNZIQ	210
pamidronate disodium	280
PANRETIN	300
pantoprazole sodium	220
paricalcitol	306
paroxetine	181
paroxetine hcl	181
paroxetine hydrochloride	181
PAXLOVID	24
pazopanib hydrochloride	56
PEDIARIX	77
PEDVAXHIB	77
peg-3350/electrolytes	220
peg-3350/nacl/na bicarbonate/kcl	220
PEGASYS	24
PEMAZYRE	57
pemetrexed	57
pemetrexed disodium	57
PENBRAYA	77
penciclovir	295
penicillamine	226
penicillin g potassium	11
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	11
PENICILLIN G SODIUM	11
penicillin v potassium	11
PENMENVY	77
PENTACEL	78
pentamidine isethionate	19
pentoxifylline er	95
perampanel	146
perindopril erbumine	118
periogard	211
PERJETA	57
permethrin	295
perphenazine	182
PERPHENAZINE/AMITRIPTYLINE	181
phenazopyridine hydrochloride	300
PHENELZINE SULFATE	182
phenobarbital	159
phenytek	147
phenytoin	147
phenytoin infatabs	147
phenytoin sodium	147
phenytoin sodium extended	147
philith	250
PIFELTRO	24
pilocarpine hcl	215
pilocarpine hydrochloride	81
pilocarpine hydrochloride	215
pimecrolimus	303
PIMOZIDE	182
pimtrea	250
pindolol	101
pioglitazone hcl	239

Drug Name	Page #
pioglitazone hcl/metformin hcl	239
pioglitazone hydrochloride	239
piperacillin sodium/tazobactam sodium	12
piperacillin sodium/tazobactam sodium/nacl	12
PIQRAY 200MG DAILY DOSE	57
PIQRAY 250MG DAILY DOSE	57
PIQRAY 300MG DAILY DOSE	58
pirfenidone	287
piroxicam	133
plenamine	199
plerixafor	93
PNV PRENATAL PLUS MULTIVITAMIN + DHA	306
PODOFILOX	302
polycin	211
polymyxin b sulfate/trimethoprim sulfate	211
pomalidomide	58
portia-28	250
posaconazole	17
posaconazole dr	17
POTASSIUM CHLORIDE	207
potassium chloride cr	206
potassium chloride er	206
potassium chloride/dextrose	207
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	206
potassium chloride/dextrose/sodium chloride	206
potassium chloride/sodium chloride	207
potassium citrate er	192
pralatrexate	58
PRALUENT	98
pramipexole dihydrochloride	155
prasugrel hydrochloride	89
pravastatin sodium	98
praziquantel	1
prazosin hydrochloride	96
PRED MILD	213
prednisolone	230
prednisolone acetate	213
PREDNISOLONE SODIUM PHOSPHATE	213
prednisolone sodium phosphate	230
PREDNISONE	230
pregabalin	147
PREHEVBRIO	78
PREMARIN	254
PREMASOL	199
premium lidocaine	300
PRENATAL	306
PRETOMANID	18
prevalite	99

Drug Name	Page #
PREVIDENT 5000 DRY MOUTH	190
PREVIDENT FLUORIDE	190
PREVYMIS	24
PREZCOBIX	24
PREZISTA	24
PRIMAQUINE PHOSPHATE	19
PRIMIDONE	148
PRIORIX	78
PRIVIGEN	75
probenecid	208
probenecid/colchicine	208
procainamide hydrochloride	110
prochlorperazine	182
prochlorperazine edisylate	182
prochlorperazine maleate	182
PROCRIT	93
procto-med hc	298
proctosol hc	299
proctozone-hc	299
progesterone	259
PROGRAF	276
PROLASTIN-C	86
PROLEUKIN	58
promethazine dm	287
promethazine hcl	28
promethazine hcl	159
promethazine hydrochloride	29
promethazine hydrochloride	159
promethazine hydrochloride plain	28
promethazine hydrochloride/dextromethorphan hydrobromide	287
PROMETHAZINE HYDROCHLORIDE/PHENYLEPHRINE HYDROCHLORIDE	29
promethazine vc/codeine	287
promethazine/codeine	288
promethazine/dextromethorphan	288
propafenone hcl	110
propafenone hydrochloride	111
proparacaine hcl	216
proparacaine hydrochloride	216
PROPRANOLOL HCL	101
PROPRANOLOL HYDROCHLORIDE	102
propranolol hydrochloride er	102
propylthiouracil	265
PROQUAD	78
PROSOL	200
protriptyline hcl	182
prucalopride	223
PULMOZYME	289
pyquvi	230
pyrazinamide	18
pyridostigmine bromide	81
pyridostigmine bromide er	81
pyrimethamine	19
PYRUKYND	90
PYRUKYND TAPER PACK	90

Drug Name	Page #
QBREXZA	301
QINLOCK	58
QTERN	239
QUADRACEL	76
quetiapine fumarate	182
quetiapine fumarate er	182
quinapril hydrochloride	118
quinapril/hydrochlorothiazide	118
quinidine gluconate cr	111
QUINIDINE SULFATE	111
quinine sulfate	19
QVAR REDIHALER	230
RABAVERT	78
rabeprazole sodium	220
RADICAVA ORS	122
RADICAVA ORS STARTER KIT	122
RAGWITEK	72
RALDESY	183
raloxifene hydrochloride	255
ramelteon	159
ramipril	118
ranolazine er	111
rasagiline mesylate	155
reclipsen	250
RECOMBIVAX HB	78
REDEMPLO	99
REGONOL	81
RELENZA DISKHALER	25
RELISTOR	222
RENTHYROID	265
repaglinide	239
REPATHA	99
REPATHA SURECLICK	99
RETACRIT	94
RETEVMO	58
RETROVIR IV INFUSION	25
REVCOVI	210
REVUFORJ	59
REXTOVY	162
REXULTI	183
REYATAZ	25
REYVOW	152
REZDIFFRA	265
REZENOPY	162
REZLIDHIA	59
REZUROCK	283
RHOPRESSA	215
RIABNI	59
ribavirin	25
RIDAURA	224
rifabutin	18
rifampin	18
rifapentine	18
rilpivirine hydrochloride	25
riluzole	122
RIMANTADINE HYDROCHLORIDE	25
ringers injection	208
RINGERS IRRIGATION	203
RINVOQ	273
RINVOQ LQ	272
riociguat	291

Drug Name	Page #
risedronate sodium	280
risperidone	183
risperidone er	183
risperidone odt	183
ritonavir	25
RITUXAN	59
rivaroxaban	89
rivastigmine tartrate	81
rivastigmine transdermal system	82
rivelsa	250
RIVFLOZA	283
rizatriptan benzoate	153
rizatriptan benzoate odt	153
ROCKLATAN	215
roflumilast	289
romidepsin	59
ROMVIMZA	59
ropinirole hcl	156
ropinirole hydrochloride	156
rosuvastatin calcium	99
rosyrah	250
ROTARIX	78
ROTATEQ	78
roweepra	148
ROZLYTREK	60
RUBRACA	60
rufinamide	148
RUKOBIA	25
RUXIENCE	60
RYBELSUS	239
RYDAPT	61
RYTARY	156
sacubitril/valsartan	118
SANTYL	301
SAPHNELO	273
sapropterin dihydrochloride	209
SAVELLA	161
SAVELLA TITRATION PACK	161
saxagliptin hydrochloride	240
saxagliptin hydrochloride/metformin hydrochloride er	240
SCEMBLIX	61
scopolamine	79
SECUADO	184
selegiline hcl	156
selegiline hydrochloride	156
selenium sulfide	295
SELZENTRY	25
SEPHIENCE	209
SEREVENT DISKUS	85
sertraline hcl	184
sertraline hydrochloride	184
setlakin	250
sf	190
sf 5000 plus	190
sharobel	250
SHINGRIX	78
SIGNIFOR	260
SIKLOS	61
sildenafil	121
sildenafil citrate	121

Drug Name	Page #
sildenafil citrate	292
silver sulfadiazine	295
simliya	250
simpesse	250
SIMPONI	273
SIMPONI ARIA	273
simvastatin	99
sirolimus	276
SIRTURO	18
sitagliptin phosphate	240
sitagliptin phosphate/metformin hydrochloride	240
SIVEXTRO	12
SKYCLARYS	284
SKYLA	250
SKYRIZI	224
SKYRIZI	303
SKYRIZI PEN	303
sodium bicarbonate	192
sodium chloride	208
sodium chloride 0.45%	208
sodium chloride 0.9%	203
sodium fluoride	190
sodium fluoride 5000 plus	190
sodium fluoride 5000 ppm	189
sodium fluoride 5000 ppm	190
sodium fluoride 5000 ppm dry mouth	190
SODIUM OXYBATE	140
sodium phenylbutyrate	193
sodium polystyrene sulfonate	202
sodium sulfate/potassium sulfate/magnesium sulfate	220
SOFOSBUVIR/VELPATASVIR	25
SOHONOS	284
solifenacin succinate	304
SOLTAMOX	255
SOLU-CORTEF	230
SOMATULINE DEPOT	260
SOMAVERT	262
sorafenib	61
sorafenib tosylate	61
sotalol hcl	102
sotalol hcl (af)	102
sotalol hcl af	102
sotalol hydrochloride	102
sotalol hydrochloride (af)	102
sotalol hydrochloride af	102
SOTYLIZE	102
SPIRIVA RESPIMAT	79
spironolactone	119
spironolactone/hydrochlorothiazide	118
SPRAVATO 56MG DOSE	184
SPRAVATO 84MG DOSE	184
sprintec 28	250
SPRITAM	148
sps	202
sronyx	250
ssd	295
STAMARIL	78
STELARA	273

Drug Name	Page #
STEQEYMA	274
sterile water for irrigation	203
STIMUFEND	95
STIOLTO RESPIMAT	80
STIVARGA	61
STOBOCLO	267
STRENSIQ	210
STREPTOMYCIN SULFATE	12
STRIBILD	25
SUBLOCADE	133
subvenite	148
SUCRAID	211
sucralfate	220
SULFACETAMIDE SODIUM	212
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	214
sulfadiazine	12
sulfamethoxazole/trimethoprim	12
sulfamethoxazole/trimethoprim ds	12
sulfasalazine	12
sulindac	133
sumatriptan	153
sumatriptan succinate	153
SUMATRIPTAN SUCCINATE REFILL	153
sunitinib malate	61
SUNLENCA	25
syeda	250
SYMDEKO	289
SYMLINPEN 120	240
SYMLINPEN 60	240
SYMPAZAN	149
SYMPROIC	222
SYMTUZA	26
SYNAREL	256
SYNJARDY	241
SYNJARDY XR	240
SYNTHROID	265
TABLOID	62
TABRECTA	62
tacrolimus	277
tacrolimus	303
tacrolimus er	276
tadalafil	121
tadalafil	292
TADLIQ	292
TAFINLAR	62
TAGRISSO	62
TAKHZYRO	114
TALTZ	274
TALZENNA	62
tamoxifen citrate	255
tamsulosin hydrochloride	83
tarina 24 fe	250
tarina fe 1/20 eq	250
TARPEYO	230
tasimelteon	160
TAVALISSE	91
TAVNEOS	268

Drug Name	Page #
taysofy	250
tazarotene	302
tazicef	13
taztia xt	111
TAZVERIK	63
TDVAX	76
TECENTRIQ	63
TECENTRIQ HYBREZA	63
TEGSEDI	279
telmisartan	119
telmisartan/amlodipine	106
telmisartan/hydrochlorothiazide	119
temazepam	160
temsirolimus	63
TENCON	133
TENIVAC	76
tenofovir disoproxil fumarate	26
TEPMETKO	63
terazosin hcl	96
terazosin hydrochloride	96
terbinafine hcl	17
terbinafine hydrochloride	17
terbutaline sulfate	85
terconazole	295
teriflunomide	278
TERIPARATIDE	257
TESTOSTERONE	231
testosterone cypionate	231
TESTOSTERONE ENANTHATE	231
testosterone pump	231
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	76
tetrabenazine	189
tetracycline hydrochloride	13
TEVIMBRA	64
THALOMID	282
THEO-24	305
theophylline	305
THEOPHYLLINE ER	305
thioridazine hydrochloride	184
thiotepa	64
thiothixene	184
THYMOGLOBULIN	277
tiadylt er	111
tiagabine hydrochloride	149
TIBSOVO	64
ticagrelor	89
TICOVAC	78
tigecycline	13
tilia fe	250
timolol maleate	102
timolol maleate	215
timolol maleate ophthalmic gel forming	215
tinidazole	19
tiotropium bromide	80
TIROSINT-SOL	266
tis-u-sol	203
TIVICAY	26
TIVICAY PD	26
tizanidine hcl	82

Drug Name	Page #
tizanidine hydrochloride	82
TOBRADEX	214
TOBRADEX ST	214
tobramycin	13
tobramycin	212
tobramycin sulfate	13
tobramycin/dexamethasone	214
tofacitinib citrate	274
tofacitinib citrate er	274
tolterodine tartrate	304
tolterodine tartrate er	304
tolvaptan	201
topiramate	149
topotecan hcl	64
topotecan hydrochloride	64
toremifene citrate	255
torsemide	201
TOUJEO MAX SOLOSTAR	241
TOUJEO SOLOSTAR	241
tovet	299
TPN ELECTROLYTES	208
tramadol hydrochloride	133
tramadol hydrochloride/acetaminophen	133
trandolapril	119
tranexamic acid	86
tranylcypromine sulfate	185
TRAVASOL	200
travoprost	215
trazodone hydrochloride	185
TRELEGY ELLIPTA	231
TRELSTAR MIXJECT	257
TREMFYA	299
TREMFYA	303
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS	299
TREMFYA PEN	299
treprostinil	292
TRESIBA	241
TRESIBA FLEXTOUCH	241
tretinoin	64
tretinoin	301
triamcinolone acetonide	231
triamcinolone acetonide	299
triamcinolone acetonide dental paste	299
triamterene/hydrochlorothiazide	201
triderm	299
trientine hydrochloride	226
tri-estarylla	250
trifluoperazine hcl	185
trifluoperazine hydrochloride	185
TRIFLURIDINE	212
TRIHEXYPHENIDYL HYDROCHLORIDE	156
TRIJARDY XR	241
TRIKAFTA	289
tri-legest fe	250
tri-linyah	250
tri-lo-estarylla	250

Drug Name	Page #
tri-lo-marzia	250
tri-lo-mili	250
tri-lo-sprintec	250
trimethoprim	27
tri-mili	250
trimipramine maleate	185
TRINTELLIX	185
tri-nymyo	250
tri-sprintec	250
TRIUMEQ	26
TRIUMEQ PD	26
tri-vylibra	251
tri-vylibra lo	250
TROPHAMINE	200
trospium chloride	305
trospium chloride er	305
TRULICITY	242
TRUMENBA	78
TRUQAP	64
TRUXIMA	64
TRYNGOLZA	99
TRYVIO	293
TUKYSA	65
TURALIO	65
turqoz	251
TWINRIX	78
TYBLUME	251
TYBOST	284
tydemy	251
TYMLOS	257
TYPHIM VI	78
TYRVAYA	216
TYSABRI	282
UBRELVY	153
UDENYCA	95
UDENYCA ONBODY	95
unithroid	267
ursodiol	221
USTEKINUMAB	274
UZEDY	185
valacyclovir hydrochloride	26
VALCHLOR	300
valganciclovir	26
valganciclovir hydrochloride	26
valproate sodium	149
valproic acid	150
valsartan	119
valsartan/hydrochlorothiazide	119
VALTOCO 10 MG DOSE	150
VALTOCO 15 MG DOSE	150
VALTOCO 20 MG DOSE	150
VALTOCO 5 MG DOSE	150
valtya 1/35	251
valtya 1/50	251
VANCOMYCIN	15
VANCOMYCIN HCL	13
vancomycin hydrochloride	14
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	13
VANFLYTA	65
VANRAFIA	293
VAQTA	78

Drug Name	Page #
varenicline starting month	80
varenicline tartrate	80
varenicline tartrate continuing month	82
VARIVAX	78
VARIZIG	75
VAXCHORA	78
VECTIBIX	65
velivet	251
VELTASSA	202
VENCLEXTA	65
VENCLEXTA STARTING PACK	65
VENLAFAXINE BESYLATE ER	186
venlafaxine hydrochloride	186
venlafaxine hydrochloride er	186
VEOZAH	161
VEPPANU	66
verapamil hcl er	111
verapamil hcl sr	111
verapamil hydrochloride	112
verapamil hydrochloride er	111
verapamil hydrochloride sr	112
VEREGEN	302
VERKAZIA	214
VERQUVO	121
VERSACLOZ	187
VERZENIO	66
VESICARE LS	305
vestura	251
VIBERZI	217
vienva	251
vigabatrin	150
VIGAFYDE	150
vigpoder	150
VIJOICE	284
vilazodone hydrochloride	187
VIMKUNYA	79
VINBLASTINE SULFATE	66
vinorelbine tartrate	66
viorele	251
VIRACEPT	26
VIREAD	26
VITRAKVI	66
VIVITROL	162
VIVOTIF	79
VIZIMPRO	67
volnea	251
VONJO	67
VOQUEZNA DUAL PAK	15
VOQUEZNA TRIPLE PAK	15
VORANIGO	67
voriconazole	17
VOSEVI	26
VOWST	224
VOXZOGO	284
VOYDEYA	282
VOYXACT	277
VPRIV	211
VRAYLAR	187
vyfemla	251
vylibra	251
VYNDAMAX	112

Drug Name	Page #
VYNDAQEL	112
VYVGART HYTRULO	278
VYXEOS	67
WAINUA	279
WAKIX	140
warfarin sodium	89
WAYRILZ	91
WELIREG	67
wera	251
WINREVAIR	290
wixela inhub	85
wymzya fe	251
WYOST	267
XALKORI	68
xarah fe	251
XARELTO	90
XARELTO STARTER PACK	90
XATMEP	68
XCOPRI	150
XDEMVY	212
XELJANZ	275
XELJANZ XR	275
xelria fe	251
XEOMIN	285
XERMELO	217
XGEVA	267
XIFAXAN	15
XIGDUO XR	242
XIIDRA	214
XOLAIR	277
XOLREMDI	95
XOSPATA	68
XPOVIO	68
XPOVIO 60 MG TWICE WEEKLY	68
XPOVIO 80 MG TWICE WEEKLY	68
XROMI	69
XTANDI	69
xulane	251
XURIDEN	28
XYREM	140
XYWAV	161
yargesa	210
YERVOY	70
YESINTEK	275
YF-VAX	79
YONDELIS	70
YONSA	70
YORVIPATH	257
yulithira	70
YUTREPIA	293
yuvafem	255
zafemy	251
zafirlukast	286
zaleplon	160
ZALTRAP	70
ZANOSAR	70
ZARXIO	95
ZEGALOGUE	243
ZEJULA	71
ZELBORAF	71
ZELSUVMI	295

Drug Name	Page #
zelvysia	209
ZEMAIRA	86
zenatane	302
ZENBEXUS	71
ZENPEP	223
ZERBAXA	15
zidovudine	27
ZILBRYSQ	279
ZIMHI	162
ZINPLAVA	75
ziprasidone hcl	187
ziprasidone mesylate	188
ZIRGAN	212
ZOKINVY	210
ZOLEDRONIC ACID	281
ZOLINZA	71
zolmitriptan	153
zolmitriptan odt	153
zolpidem tartrate	160
ZONISADE	151
zonisamide	151
ZORBTIVE	262
ZOSYN	15
zovia 1/35	251
ZTALMY	151
zumandimine	251
ZURNAI	162
ZURZUVAE	188
ZYCUBO	208
ZYDELIG	71
ZYKADIA	71
ZYPREXA RELPREVV	188

CareOregon Advantage Customer Service

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Hours of operation:

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